

SOME ASPECTS OF CAUSTICUM PRESCRIBING

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Causticum is one of the remedies which, in the past, I have prescribed only on rare occasions. This is partly because the indications for it have been only seldom present in my practice and partly because I may have failed to recognize them. This last has often happened on account of the absence of a certain keynote which I had thought to be indispensable in every prescription of *Causticum*, but which in reality was not indispensable at all. Especially has this been the case where there were few symptoms. This keynote of *Causticum* is its aggravation in dry, clean, fine weather. This keynote is a strong symptom and precious when it is present, yet it occurred to me not so long ago that it is unduly emphasized in all our textbooks, so much so that the materia medica student, when once under its spell, cannot easily free himself from it. Therefore, when some of my cases did not present this symptom, I summarily discarded this remedy from the list of the remedies for consideration. The brain of the homœopath easily tires from constant memorizing so that it becomes a prey to suggestion for or against certain keynotes. Such keynotes may then guide him in his prescribing too strongly and he forgets the other symptoms of his case on hand.

Then one day I re-read the *Causticum* lecture in Kent's *Materia Medica* with special attention to this symptom in order to see what Kent's opinion was about it. And there at the bottom of a page he says: "It also has rheumatic complaints aggravated in the warm, damp days, in wet weather, but this is not so striking." He says this after repeatedly mentioning the aggravation from exposure to cold, dry wind and in clear fine weather. So here we have it in black on white. This dispelled my obsession which had been caused by other books. It also shows what a thorough student of the materia medica Kent was and it teaches us how important it is to be thorough, if we are

to avoid errors in our prescribing. I often discover that I am never thorough enough and that I could have done this or that better.

While aggravation in dry weather is not an indispensable symptom, it remains a precious symptom which, when present, helps very much in our final decision. It shortens our hunt for the remedy or confirms our choice.

This leads us to a short discussion of the keynotes. The idea of keynotes is good. It simplifies our study of the remedies, helps our memory by the grouping of the symptoms and helps the clinical application of the remedies. To be aware of the greater or lesser clinical value of a symptom certainly leads to quicker prescribing.

Keynotes may be either weak or strong or even indispensable. Under indispensable I mean that it must be present in the patient we are prescribing for, else the remedy to which it belongs must be left out of consideration, e.g. tension in a patient is not only an important keynote, but it must be present if we are to prescribe *Nux vomica*. If this keynote is absent, *Nux vomica* is discarded right away.

A mother brought in her quiet, gentle, four-year-old daughter and complained that the daughter was developing a tension for no apparent reason. A year before this little girl had suffered from a virus infection with a long-lasting delirium. So, with the 'flu virus infections so prevalent all around, I speculated that she was again developing such an infection and that her brain, being a weak spot, was going to be affected first. So *Nux vomica* was the prescription. The next morning the girl developed fever which lasted ten hours, after which she was completely recovered.

Tension was not only an important but an indispensable symptom in this case. Had it been absent, *Nux* would never have been considered.

Another case was a periostitis of the mandible in a lady with a disfiguring swelling of the chin and cheek from a suspicious-looking tooth. The swelling of the bone was quite extensive and stone hard. This was an elderly, overweight and phlegmatic lady. At that time, however, she was kept in constant tension by her

worry for her only sister who suffered from a heart ailment. Again *Nux* was prescribed and the effect was phenomenal. In 48 hours not only was the swelling of the soft tissues completely gone, but also the hard swelling of the bone together with the pain and fever completely vanished and never returned. Had tension been absent, *Nux* would never have been thought of in this fat and slow patient. Her emotional state was paramount and required *Nux*. The result confirmed the correctness of the reasoning.

Some other indispensable keynotes are:

Mental distress, fear and restlessness in *Aconite*. Agitation in the nervous system must be present, or must have been present in the immediate past before we can prescribe *Aconite*. We cannot prescribe it in a relaxed and quiet patient.

Scanty menstruation and oversensitiveness in *Chamomilla*.

Scanty menstruation in *Graphites*.

Warmbloodedness in *Iodine*.

Bruised sensation all over the body or its parts in *Arnica* and in *Eupatorium perfoliatum*.

Weakness, anxiety and restlessness in *Arsenic*.

Flabbiness of the tissues in *Kali carbonicum*.

Venosity in *Carbo vegetabilis*.

Pulse not in proportion with temperature in *Pyrogen*.

Suppuration in injured parts and oversensitiveness in *Hepar*.

These are only a few of the indispensable keynotes. They are important not only by their presence but also by their absence. If I cited all of them, they would be few in comparison to the great number of strong but dispensable keynotes which are important by their presence only, but whose absence has no bearing on the choice of a remedy. Their absence has never a decisive effect on the prescription. Some such keynotes are the following:

Aggravation by dryness in *Causticum*.

Restlessness in *Rhus toxicodendron*.

Loquacity in *Lachesis*.

Left-sidedness of complaints in *Lachesis*.

Sleeps into aggravation in *Lachesis*.

Right-sidedness of complaints in *Lycopodium*.

Thirst for cold drinks in *Phosphorus*.

Changing of complaints from side to side in *Lac caninum*.

Nausea in *Ipecacuanha*.

Music causes weeping in *Graphites*.

In short, we can say all those keynotes which in our repertoires are found in short rubrics and in bold type are important and worth memorizing.

Causticum is also known as an influenza remedy, yet, in the recent virus 'flu epidemics, it was not indicated in my practice. It is said to be indicated more especially in sub-acute and chronic stages of these virus ailments. I prescribed it only twice after the acute state was over and this in cases where it would have been indicated before the virus attack.

Viruses weaken the nervous and the muscular systems, including the heart muscle, very markedly but *Causticum*, with its potassium content and therefore expected to be the remedy for these infections last winter, had a powerful rival in *Kali carbonicum* which took away the trophies in every case. It must be added, however, that *Kali carbonicum* had not been indicated in the beginning or in the acute stages, but after the acute stage was over and after the weakening of the heart muscle set in. Both *Kali carbonicum* and *Causticum* by their potassium content exert the potassium weakening effect on the organism, yet the shades and tints of this effect are different in the two remedies. I must refer you to the original provings as the best sources for the study of these differences.

Incidentally, I will mention here that the first remedy, the acute remedy, the epidemic remedy for almost all the virus infections of last winter and spring was *Ferrum metallicum* and, in adults, I always gave it in 1M potency for successive days and every two or three hours. In children the potency given was cc. Symptoms permitting, this remedy was preceded in some cases by several doses of *Aconite* or *Belladonna* or *Ipecac* or *Rhus toxicodendron* or *Nux vomica* or *Veratrum album* or any other acute remedy, but these were always followed by *Ferrum*. In relapses or re-infections, *Ferrum* was again indicated, but its potency this time was raised to 10M. All the cases with good vitality responded well to this remedy.

Also, incidentally, I shall interpolate here that bed rest was enjoined and treatment refused if the patient would not comply. Virus toxins are very weakening to the heart muscle and if the patient does not remain in the supine position during the whole febrile phase, the remedies may not be powerful enough to overcome the infection. Since many cases did not show much fever, it was hard persuade them to go to bed. However, at one time in the month on March, the weakening effect on the heart muscle became so marked and the pulse pressure in some cases so low that they started their sickness by fainting. The fainting would inject into them such a terror of the viruses that they did not object to going to bed and staying there until all danger was over. Other patients would be dizzy, so dizzy that the slightest movement of their head would cause the frightening sensation of falling and turning. So they realized that the safest place for them was in bed. Still others would vomit at the outset and the ensuing exhaustion would break their stubbornness and they agreed that bed was the best place.

In a number of cases *ferrum* was not quite sufficient. After *Ferrum* I waited on *placebo* for a week or two, but then, if the patients were not quite recovered, they were examined again. In these cases the pulse was often found accelerated and the heart muscle weakened. In the majority of them *Kali carbonicum* was prescribed and not *Causticum* as *Kali* seemed to fit them better. In a few cases it was *Graphites* which completed the gain made by *Ferrum*. In still fewer cases, *Sulphur* or *Natrum sulphuricum* or *Calcareo carbonica* or *Phosphorus* or *Lycopodium* were needed. Also *Lachesis*, *Tuberculinum*, *Phytolacca*, *Eupatorium perfoliatum* and *Lac Defloratum* have been given. *Baryta carbonica* was needed once in an octogenarian lady and once in a child. *Veratrum album* alone, without subsequent prescription of *Ferrum*, was needed once in a case which had a foudroyant beginning. It presented the picture of an anaphylactic shock with temperatures of two degrees below normal and with ice cold sweat flowing down his checks and body. The symptoms in this case were a perfect counterpart of *Veratrum* and this remedy was just as fast in its healing action

as the virus in its attack, hence the prompt therapeutic effect. Such cures, alas, are only sporadic; most virus infections are obstinate ailments and slow to cure. But in spite of this slowness their recovery under homœopathic management is complete and without complications. The pace of their recovery seems to be in inverse proportion to their chronic encumbrances. The virus always attacks the weak spots most. For example, a patient with a suppressed paroxysmal tachycardia in his past history will get it back with a vengeance, if he becomes infected by a virus. Also, every new attack will be harder to handle than the preceding ones. A chronic gastritis will be aggravated by the viruses and its treatment will then require great dietetic and homœopathic skill.

I had the intention of writing a paper on *Causticum*, but after I finished writing it I saw that it has become a potpourri. For this I have no apology other than your discussion which I hope it will arouse.

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