

ON THE ATTRACTIVENESS OF GEOGRAPHIC HOMŒOPATHY

DR. GERARD BAKKER, M.D., THE NETHERLANDS

When on a walk with one of my German colleagues in the surroundings of Bordeaux— it was August 1957—we saw, by the side of the footpath amidst some grass, *Dulcamara* in flower. He called attention to the special significance of *Dulcamara* in case of urticaria.

His remark struck me because in case of *Dulcamara* I sooner think of a change of the weather in summer, of bowel-complaints as a result of a sudden cold set in. Moreover I could not help thinking of a female patient whom I had been treating on account of urticaria for two months, without result (without having given *Dulcamara*). It is true the patient was evidently influenced by suddenly being chilled ; when cycling with bare hands and cold raindrops fall on her hands—urticaria is the immediate result.

When, I returned from the League Congress I saw the non-recovered patient again, I joyfully prescribed *Dulcamara*.

The result of this too was nil.

Continued anamnesis. It appears that patient had concealed that she had daily been taking some Optalidon-tablets for years to repress headache.

But I had told the patient to take no coffee, spices or other medicine than those prescribed!

Indeed, but the patient could not do without Optalidon a single day ; a University professor had, as she told now, dismissed her from his clinical treatment on account of her clandestine use of Optalidon.

I considered: *Nux vomica* might be able to break the patient's obstinacy and act as an antidote with a decreased use of Optalidon. The patient, however, refused to listen to reason.

The knowledge of his remedies the homœopathic physician has obtained, first by studying the *Materia Medica homœopathica*, in various issues ; secondly from the experience obtained by

practice. As far as the *Materia Medica* is concerned, it is obvious that it is of a comparatively heterogeneous composition. For the provings on people in good health with potentized remedies or drugs to be examined, relate in different countries to individually greatly different native provers, even of greatly different races of human beings. Moreover the work is done under climatologically greatly different conditions and not seldom with drugs bearing the same name, but as a plant—having a greatly different habitat and as a mineral or as animal substance greatly different locations. These differences can, in case of provings on human beings, yield differences as regards the symptom picture of the remedy. In the event of practical application—at least theoretically—little differences of the medicine and individual differences of the race of the patient can again play a part. These facts are generally known and accepted. Yet it is of importance, at a congress convened by the *Ligue Medicale Homœopathique Internationale* to defend the thesis that with all this the matter has not been sufficiently considered. In the beginning of our discourse we mentioned the plant and remedy name *Dulcamara*. Well then, original examinations of remedies in geographically different areas yield variations of the drug-picture, contribute to a geographically differentiated pharmacology and with it to a geographically differentiated homœopathical practice.

Practice requires the ability to distinguish the geographically qualified variations in the domain of homœopathy. With two well-known and much read American authors urticaria does not occur in the drug-picture of *Dulcamara*. So in Europe we should take into account this and similar geographically-founded differences.

In this discourse we approach the field meant by means of a comparison of a greatly limited number of data of the current pharmacology and of homœopathical practice as they are at our disposal from several countries. In a discourse we do not yet come further. Before acquitting myself of this task, Mr. Chairman, you may allow me to express my sincere regret that—faute d'éducation concernante—I shall have to disregard the original Italian literature. Besides there are still other great areas with a language of their own and homœopathic activities.

Please allow me to restrict myself from practical necessity to drawing from some German, French, English and American sources for homœopathical materia medica.

Our first comparison is concerned with:

A. *The drug-picture of Dulcamara in relation to the morbid symptom Urticaria.*

1. *Hahnemann* gives us, in his 'Materia Medica Pura' (in the drug-picture of 'bittersuz', Dulcamara): Eruption on arms and thighs, as white pimples surrounded by a red rim; the pimples only itch stingingly and after rubbing stinging arises.

So unmistakably Urticaria is described here. It can be understood that this symptom, also on the ground of experience in practice, is found back in German materia medica as a component item.

2. So it is in English homœopathical pharmacology too: With *Clarke*, *Margaret Tyler*, and others.

3. But in American literature, with the authoritative authors *Kent* and *Nash* no nettle-rash is mentioned under Dulcamara, which probably is based on a geographical difference, either of the American Dulcamara or on the American sensitiveness for it, in this respect; insensibility. When describing the drug-picture the English authoress, *Margaret Tyler*, mentioned just now, draws much from *Kent*; inserts, however, urticaria without comment. We should be glad to know the motive of it. Perhaps we should study the English periodical literature of the past and reports of meetings for the purpose. Perhaps we may one day have an opportunity to ask *Sir John Weir*, who several times worked together with *Margaret Tyler*: Are there differences between the English and American data which may be called geographical?

Besides with *Kent* and with *Nash* we may also look up the drug-picture of Dulcamara with their compatriots *H. C. Allen* and *Timothy Allen*. They do mention urticaria in their smaller treatises, possibly as a result of compilation; with *Kent*, on the other hand, urticaria is not so much as mentioned in his description of Dulcamara, which covers 8 pages.

4. Let us now turn to French homœopathic pharmacology. The first materia medica of *Charette* (the one of 1928. *La matiere*

medicale pratique) mentions "des eruptions du type urticarien". The latest Charette (of 1952, *La Matiere medicale homœopathique expliquee*) makes mention of 'urticaire generalise'. This term is also found with *Leon Vannier* 'Precis de matiere medicale homœopathique' illuminated aetiologically as follows: 'eruptions par le froid humide'. There indications occur again in Vannier's 'Caracteristiques essentielles' (de cent remedes).

Henri Bernard, in his 'Traite de Medecine Homœopathique' makes mention of 'Eruptions polymorphes', however, without mentioning the characteristic urticaria. We wonder if it is a fact that Paris and its surroundings produce experiences different from those in the Aquitaine. In this way we collect building-materials for geographic homœopathy of importance in practice.

Our second comparison of data belonging to international homœopathy concerns paying attention to:

B. *The remedy Hypericum*

St. John's Wort occur in the whole of Europe. As known to you *Hypericum* is really indispensable when treating injury of the nerves and after a traumatic affection of the spinal marrow and brain.

1. With the French authors we notice this remarkable fact: *Charette I*, a book of nearly 600 pages, gives nothing about *Hypericum*. In *Charette II*—an exceptionally pleasant and instructive book, with introductions and explanations which are notably original—*Hypericum* does not occur either. *Leon Vannier's* *Matiere medicale*, mentioned before, gives *Hypericum* as one of 285 remedies. In the booklet of 1956—about the one hundred remedies—it does not occur. *Bernard's* *Traite de Medecine homœopathique*, a substantial book, not in the first place devoted to *materia medica*, invites attention for *Hypericum*, be it only in 5 lines.

When we consult the *German, English and American* authors we see that all the greater and smaller books and booklets describing a hundred or more homœopathic remedies, mention *Hypericum*. So smaller books which give information about *Hypericum* nevertheless are: *Herwig Storch* (Magdeburg) *Homœopathische Arzneimittel fur die Praxis*; *Stauffers* *Homœo-*

pathisches Taschenbuch, besorgt von Martin Schlegel. Of the English literature of little size we mention the instructive 'Essentials of homœopathic Prescribing' by *H. Fergie Woods*: Hypericum already occurs among 82 remedies. And in the little American book by A. and D. T. Pulford: Key to the Homœopathic Materia medica, Hypericum is considered among a total of 50 drug-pictures.

In my opinion it appears from these data that in various countries and regions homœopathy unfolds in different ways 'Geographic' homœopathy to be developed may, it seems to me, be deemed suitable to order these differences in principle and offers a working-programme. It does not seem useful to draw premature inferences.

As a type of remedies of which little is known, but which may probably contain great possibilities, I mention at last.

C. Alfalfa

It is a lucerne which—in connection of the possibilities offered by the soil among other things—is of a greatly different significance.

In antiquity Alfalfa, synonym medicago sativa, was known by the Medes and named Medicago after their country. It is even said that Medes, centuries before Christ, invaded Greece, using horses fed on Alfalfa. In our days the more important Alfalfa is grown in America. In certain regions the roots can reach a length of as much as 15 metres. This makes it possible for the plant to absorb a great variety of minerals and other matter in a particular potency—or, however this quality may be indicated. By stacking after the crop like is done with hay, much vitamin D may be developed, and so on. Alfalfa, the alpha of the alpha, 'Father of all foods', is rich in proteins (materials) and in potash (potassium carbonate—remedy for women). There is every reason to entertain admiration for potential remedies like Alfalfa in anticipation, though they are not yet found as remedies put to the test in our materia medica. In his instructive pocket manual of homœopathic materia medica *Boericke* mentions Alfalfa. As a tincture it is praised for its tonic effect on spirit and body, for its eliminating function via

(Continued on Page 314)