

PRIMUM NON NOCERE

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In June 1955, David P. Barr, M.D. of New York City delivered the Frank Billings Memorial Lecture before the 104th annual meeting of the American Medical Association. The theme of this stimulating lecture was "First of all, be sure you do no harm." The title of his paper was *Hazards of Modern Diagnosis and Therapy—The Price We Pay*. In this lecture Dr. Barr enumerates some of the dangers which confront a patient who goes into a hospital for examination and treatment. Although the picture might be somewhat distorted and exaggerated, the list of dangers is alarming, and all thoughtful physicians should search their consciences and do some thinking about the problem.

It does no harm for Hahnemannians to have these facts called to their attention. Dr. Barr's article is painstakingly documented, sanely presented. He faces facts honestly and calls the attention of the entire medical profession to the dangers and hazards of modern diagnosis and treatment.

Dr. Walter Alvarez, commenting editorially in *Modern Medicine* said :

"Until I read Dr. Barr's paper, I did not realize the danger that a patient risks during a complete overhauling in a teaching hospital. Barr said that as many as 20 or 30 tests may require the use of 20 to 40 drugs. Among 1,000 patients, 50 suffered major toxic reactions and accidents. Many patients came into the hospital because of serious illness produced by drugs given at home."

According to Dr. Barr the patient now has a 1 to 20 chance of getting into serious troubles because of one or more drugs that are given him for either diagnosis or treatment.

Dr. Robert Schaeffer, the immediate past president of the Pennsylvania Medical Society, said in his inaugural address :

"All people have lived in some Age . . . To me this is the Speed Age . . . Faster, faster, faster is the motto of the Ameri-

can people. We work faster, we play faster, and we even sleep faster . . . In this Age of Speed, we are making medical robots of many of our young physicians, and it behooves American medicine to place "Stop, Look and Listen" signs in the paths of its doctors. Speed has no place in the life of the successful practitioner of medicine, and this is a plea that we reduce our tempo whether it be in our office, in the home of the patient, or in the hospital . . . Now, there is an ever-increasing demand for drugs and antibiotics that act speedily. Diseases must be cured in hours and days instead of weeks and months . . . We doctors are pouring the antihistamines, the new antibiotics, the antispasmodics, and the hypnotics into the American people at alarming rate. Because of the glamour surrounding some of the new wonder drugs, many of our fellow citizens are stampeding to their druggists or physicians to obtain the latest miracle remedy. Because we do not know the permanent effects of these complicated chemicals and highly potent drugs on the liver, the heart, the brain, the bone marrow, the blood stream, the internal glands, and the immunizing system of the human body, I believe that it is our continuing responsibility to explain the hazards of drugs and their dangers to our patients."

In this light, even a cursory study of current orthodox medical literature is fascinatingly illuminating—albeit in a very different way from that intended by the author and publisher.

Dr. Dale G. Friend, from Harvard Medical School, is fully aware of these conditions, and he with many others recognizes that the appearance of new remedies and new substances has been so rapid as to keep anyone from being able to understand them fully and to evaluate them wisely, much less to employ them with skill in the treatment of the patient.

These, then, are just a few examples of recent expressions from the leaders of orthodox medicine. Patients living in the protection of a homœopathic environment probably never realize the extent of their blessings nor the extent to which they are shielded from harmful agents.

In Osler's day, he could find use for only a dozen or so medicines to recommend to his students for detailed study, and, even then, these few drugs were "as well known for their toxic

as for their therapeutic effects." (By the way, the same Osler admitted "no one individual had done more good to the medical profession than Hahnemann.")

In 1953 there were more than 140,000 different types of medication which were available to doctors and at least 14,000 new ones were added that year. The addition of new remedies is increasing far more rapidly than their deletion. It has been estimated that 90% of the drugs now in common use have been introduced within the last 25 years.

A physician once remarked to the writer, "Let the regulars diagnose your disease, but let a homœopath treat you." Diagnostic methods formerly were simple. Today, when therapeutic and diagnostic methods are becoming more and more complex and are relatively untried, and are used more and more in the practice of medicine, I am sure that we realize that Dr. Barr's admonition "Be sure you do no harm" (*Primum non nocere*) applies more than ever before.

Let us run down the list and consider, for example, the procedures, and the drugs introduced into the body, for "examination of the liver, gall bladder, urinary tract, bronchi, lungs, heart, blood vessels, spinal canal; visualization of the brain by air injections, cystoscopies, bronchoscopies, esophagoscopies, and gastroscopies; punctures with large needles of bone marrow, liver, and even of lungs, spleen, and kidneys; and catheterization of the great vessels and the heart." Not one of these may be undertaken without risk. The simplest of these procedures carries inherent danger. As Dr. Barr says, "As yet no drug has been found with a single action and no human body with a single reaction. Risks accompany the use even of those remedies that are regarded as the safest." Surely we are paying for the modern management of disease.

Now let us consider some of these hazards. Digitalis has an inherent toxicity with a wide individual range. A very "narrow margin separates the therapeutic and the toxic dose." I shall only say that the use and abuse of digitalis today is one of the most frequent causes of physician induced, or 'iatrogenic, disease.

Think of all the intravenous injections that are given today,

and the many electrolyte imbalances such as hypopotassemia, alkalosis, hypochloremia, ad infinitum. It is obvious to most physiologists that "no modification of homeostasis can be simple and that the manipulation of one factor by drugs or fluids may have unpredictable and subtle effects on another."

There is always some risk of infection when the body cavities or tissues are entered by needles or some other instruments. Transfusions lead to hepatitis and jaundice and other reactions due to introduction of viruses. "Hepatitis must be regarded as one of the calculated risks of blood transfusion."

According to Dr. Barr, some 500 separate drugs are known to cause allergic reactions from the simple dermatitis to the more serious anaphylaxis. More and more evidence is accumulating that serious collagen diseases such as lupus erythematosus disseminated may occur after an allergic reaction to some drug. It seems to me that in our small rural hospital we have more than our share of collagen disease : Lupus, periarteritis nodosa, etc.

The antihistamines now number at least 20 and the reactions to them "are so numerous and sometimes so severe as to suggest that their use is actually more hazardous than that of sulfonamides and antibiotics employed for the most part in treatment of infections that might otherwise result in death."

"These factors, combined with confusing terminology and complicated dosage patterns, make it nearly impossible for the average orthodox physician to understand completely and to employ wisely some of the more useful preparations." Consequently, abuses have developed that are not only undermining confidence in drug therapy but also can harm the patient. As a result, according to Dr. Friend, conditions such as drug addiction, drug dyscrasias, endocrine imbalance, drug allergies, electrolyte abnormalities, all are appearing with increasing frequency.

It is being recognized even in the field of orthodox medicine that there is too much tendency toward uniformity, and that too often the "patient is made to fit the drug, rather than the drug to fit the patient." Throughout the whole therapeutic approach, the tendency to use gunshot prescriptions and multi-ingredient preparations is deplored; and it is felt by general

practitioners that maximum results from drug therapy will not be obtained in this manner. It is felt and admitted that errors and careless practice in the use of drugs are not new, but in this era of therapeutic endeavor they are becoming more important. They lead not only to a poor result when an excellent one should have been obtained, but also, owing to the real potency of many of the new drugs, they can and do result in real harm to or even death of the patient. With this in mind Dr. Friend considers the abuses peculiar to the various classes of agents.

Take, for example, *penicillin*. It is estimated that this nation is now consuming over 350 tons of it annually. I do not know exactly how much one injection of penicillin would weigh, but one c.c. would certainly not be more than a fraction of an ounce. Everywhere in orthodox medical literature one reads how unfortunate it is; that this usage of a large amount of penicillin is unwise, or totally without value. There is ample evidence that penicillin is of no value "in treating viral conditions such as acute upper respiratory infections, influenza and viral pneumonias." Some of this misuse results when the physician unwisely yields to the demands of his patient for a shot of penicillin, but more frequently results from the belief that it can do no harm. A look at the facts really shows that this opinion is fallacious. Penicillin is now the most common cause of anaphylactic reactions. Over 200 severe reactions of this type have been reported. Over 50 deaths have occurred, and the number is steadily increasing. There have been many other complications such as urticaria which occurred in as high as 6% of the cases. "Serum sickness-like reactions with fever, arthralgia and malaise in 1%; in various rare types of reactions such as blood dyscrasias, periarteritis nodosa, and disseminated lupus erythematosus."

I am mentioning only a few of the things pointed out in Dr. Friend's article. Other antibacterial agents are the members of the *tetracycline group*. Like penicillin, these, too, are used too often in futile prophylaxis. All too frequently they are given to patients with mild upper respiratory infections and severe gastrointestinal disturbances result from their use.

Diarrhœa and anal and vaginal disturbances are most troublesome and can be very disabling. "Monilia infections appear and cause mucous membrane irritation which can impair the patient's ability to ingest foods. More dangerous than these is the sudden development of staphylococcal enteritis that is fatal in a high percentage of cases."

You see, these antibiotic preparations, in attacking one group of diseased organs, completely throw out of balance other of nature's defensive and protective mechanisms.

As far as *analgesic agents* are concerned, morphine, demerol, butazoladin, aspirin, the salicylates—all these carry with them hazards and are not an uncommon medicinal cause of gastrointestinal ulceration, hemorrhage, and perforation. It remains to be seen just how much of a hazard these newer analgesic agents will prove to be in practice.

The *sedative and hypnotic drugs* "have long been a source of considerable difficulty and are now becoming a major national problem." The suicide death rate from barbiturates has increased 400% since 1935 and they are now "second only to carbon monoxide as a means of suicide." The American public is now consuming 350 tons a year. They spend \$100,000,000 annually on soporifics. This seems fantastic! Think of it! The American people spend 100 million dollars each year to be quieted, calmed, sedated, put to sleep at night and tranquilized during the day; Addiction to the barbiturates seems to be increasing in spite of better control by many states. The newer sedative drugs—dormin, dormison, doriden, norludar—all carry with them the same dangers as other sedative drugs. Then, of course, the thorazine and rauwolfia preparations, Miltown and Equanil are all being used in enormous quantities to calm a state of excitement and to bring a sense of tranquility. In the wake of all this, of course, comes jaundice, agranulocytosis, epistaxis, nasal congestion, gastric irritation, peptic ulcers, irritation of the colon, diarrhœa, confusing symptoms often mistaken for an acute abdomen, mental depression, etc. Says Dr. Barr :

"It is suggested that it may be as useful to the patient that his physician know when not to treat as when to treat and

that the use of potentially dangerous agents for trivial or inconsequential complaints may not be justifiable. Only by such discipline and understanding may we, as physicians, avoid doing unnecessary harm and minimize the price we and our patients pay for modern management of disease."

Let us homœopaths be just as honest and fearless.

What can Homœopathy do in its quiet harmless approach in the face of all this violence? Hahnemann said, "*Similia similibus curentur*. In order to cure gently, quickly, beneficially and permanently, select for every case of disease a medicine capable of calling forth by itself an affection similar to that which it is intended to cure."

Homœopathy is a method of treating individuals suffering from disease, curable by medicine. It is the method of treating and curing individuals with medically curable diseases on the basis of symptom-similarity.

It simply states that a curative vital reaction follows a vital stimulation by a drug which can produce in the healthy a "like" artificial disease.

Homœopathy with its individualistic approach has a hard path in a world which tends more and more to mass treatment not only in medicine but in education, agriculture and in all phases of life.

"Hahnemann's technique of diagnosing the sick man in terms of his individual susceptibility to a particular medicine emphasized the value of each individual variation and perhaps an important function of homœopathic medicine today is to serve as a carrier of individual values during a phase when these values seem in danger of being lost. (*Bodman*)"

I want to close with the words of Dr. Frank Bodman, in his presidential address before the Faculty of Homœopathy in London, England, several years ago :

"Ladies and gentlemen, the future of homœopathic medicine is the responsibility of this Faculty. I do not believe that homœopathy is at the end of a blind alley."

"Rather, I believe that homœopathic medicine is the bearer of the Hippocratic tradition, of the art and the craft as well as

the science of treatment; and I deliberately emphasize treatment."

"Let us not then rest contented with what has been done, but let us each ask himself, what is still to do? and let each contribute his mite toward the greater work." (*Dudgeon*)

—*Journl. of the Am. Inst. of Homœopathy, April, '57*

SOME OBSERVATIONS ON THE TREATMENT OF NEUROSIS IN CHILDHOOD

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ance. I then interviewed his mother separately, and she confirmed how popular the boy was at school, how well liked at home. But she said in some ways he's a funny boy. Naturally I asked for details. "Well, for one thing", she said, "he has such peculiar tastes. He has a passion for Andrew's Liver Salts—he says he likes the flavour and eats it by the spoonful, so I have to hide the tin—indeed, now I lock it up".

De minimis non curat lex—but we homœopathic physicians have to pay great attention to the "minibus"—and to recognize the significance of details without getting lost in the minutiae.

In treating neurotic children we must not only recognize the trigger situations that have precipitated the breakdown and deal appropriately with them, but we must also detect the fundamental constitutional weaknesses, whether inherited or built in by the experiences of the first few months of life and not only desensitize the individual to the bombardment of stimuli that cannot be avoided (the bombers always get through) but mobilize such assets in the constitution that will help to bridge the gap between the patients' inadequacies and his ideals.

—*The British Homœopathic Journal, Jan., '58*
