

HOMŒOPATHIC INJURY REMEDIES

Dr. Kathleen Gordon Priestman: One cannot get away from influenza these days, it has caused a lot of comment in the press, it has caused a lot of inconvenience, and has been the subject of a lot of excuses. It is my excuse today; I am late, and I have had very little time to give much thought to this discussion. It has, however, provided me with an introduction to my introduction to the discussion. I had to see a patient a few days ago who told me that her house-keeper had sat down to a meal with a temperature of 102, thoroughly enjoyed it, she had gone out with a broom to sweep up the leaves in the garden and had had to be relieved of her broom and sent to bed complaining of aching all-over and as if she had been beaten. I did not treat her, so that I cannot tell you that she was given *Arnica* and made a wonderful recovery! But the symptoms reminded me of a patient, a man of 70, who had pneumonia, he was desperately ill, and he insisted upon having steak for his dinner. That combined with the fact that he insisted that there was nothing wrong with him, which is a characteristic symptom which comes up in *Arnica* at times, made me give him *Arnica*. He had had several remedies before, he was going steadily down hill. He had complained that the bed felt hard and he made a wonderful and surprising recovery. It took a lot of searching to find that symptom hunger with fever, I cannot remember where I found it, but it may be in the *Repertory* under "Increased appetite", *Arnica* being under light type. Under "decreased appetite" *Arnica* is not there at all. I have on one other occasion used it in similar circumstances so that to me it is a rare symptom. On these two occasions however it proved of value in my pneumonia cases. *Arnica* is not a remedy that one commonly thinks of in pneumonia, we know it chiefly as a remedy for injury and shock and it is as an injury remedy that it is predominantly used.

I was thinking of morphia, which is the most frequently indicated or used remedy apart from the homœopathic remedies for shock and there are some interesting comparisons between *Arnica* and *Opium*. You get a condition sometimes of a bright

red face and cold extremities, then there is the opposite, pallor and cold sweat, the symptom which I have already mentioned when they are desperately ill or in a desperately shocked condition, that they declare that they are all right, there is nothing the matter with them, comes into both the remedies.

There is another interesting comparison, that the *Arnica* patient will dream and wake up in a fright out of his dreams, the *Opium* patient will be perfectly quiet while he is asleep and full of fancies and illusions while he is awake. Quite apart from the typical symptom of feeling as if they are aching and bruised, the patients do not often complain of feeling shocked, but a dose of *Arnica*, I am sure you have all found, will raise the blood pressure, raise the strength of the pulse, increase the fulness of the pulse, and decrease the rate of the pulse, and combat the effect of shock on the body. Incidentally, the reaction of the pupil is a symptom: in *Arnica* there is a dilated pupil, as a rule in *Opium* the pupil is contracted, even when it is indicated for the homœopathic symptoms.

The other condition of shock that I think of, which is a contrast, is that *Arnica* is more typically used for physical shock and *Opium* perhaps for mental shock. I had one interesting patient who came to me during the second world war for epileptic fits. I treated her for a long time without any really appreciable benefit at all. One day she asked if I had time for her to discuss a problem which had been worrying her for a long time and we went right back to the first world war and the first air raids over London, she remembered them and her complete and utter terror and that was when she first had her epileptic fits. She was then about six years old. She told me that the aura of her present fits was that awful sense of fear which she had experienced when the first bombs fell and that at once put me on to *Opium*. It did not stop the fits entirely, she had them about once every 18 months or two years, but it took away from her the sense of worry and tension in her mind and body which she had had for years.

Another interesting case was that of a woman who was told of the sudden death of her husband. I saw her in casualty when I was a resident, and she complained of the most dreadful abdominal pains. She had not had her bowels open since she heard

the news 21 days before, she was in an extreme state, the lumps could be felt all round the colon. We gave her olive oil by mouth, olive oil enemas and 10M *Opium*. She went home and came up three days later absolutely transformed. It had taken her 24 hours to get going, but once she did there was a remarkable clear out.

The only other remedy I would like to mention—I felt I should not go through the whole of the homœopathic injury remedies, and will leave most of them to the general discussion—is *Bellis perennis*. I am sure you all know that *Arnica* is the mountain daisy and *Bellis* is the ordinary common daisy, and that it has one or two interesting associations with *Arnica*. It has the same bruised sore feeling, I do not think it has the same state of shock, but it does have the chill and chilliness, and aggravations from being chilled, complaints from drinking cold water when over-heated, or bathing when over-heated, and a patient who had suffered from hours of exposure in cold and wet complained of the interesting symptom of constriction as if she had tied garters round her wrists and ankles. I could not find the symptom in the *Repertory*, but she told me she happened to be allergic to *Rhus*, which was the remedy I would have given her, and on the condition that it was from cold and exposure to wet, we gave her *Bellis*, which completely cured her aches and pains and the symptom of constriction like a tight band.

Arnica and *Bellis* both have 3 a.m. as the time aggravation, but *Arnica* will be sleepless until 3 a.m., *Bellis* will be sleepless after 3 a.m., which is a useful little tip to remember. *Bellis* is also useful for the after effects of bruising which take a long while to clear up.

I do apologize if this is rather rough, but influenza is my excuse!

Dr. F. H. Bodman said that Dr. Priestman had pointed out the potential relationship of *Arnica* and *Bellis* which both belonged to the natural order of Compositæ. *Calendula*, too, belonged to that natural order and so did *Eupatorium*. There was the bone pain which was characteristic in certain influenzas, also in *Eupatorium*.

He had been interested in *Bellis* since Dr. Cameron drew

attention to it not long ago. He had a patient who had had attacks of acute rheumatism and on one occasion he was trying to mow his lawn after a stormy day, the grass was slippery, he slipped and fell heavily on one knee. Early the next morning he had an acute attack of gout. Remembering Dr. Cameron's paper he prescribed *Bellis* for a change and curiously enough his gout subsided in a most miraculous way, quicker than he had seen it under *Colchicine*. With regard to the 3 a.m. aggravation, the attack of gout often came on early in the morning.

Bellis also he had found useful in cases where a woman sustained a bruise on the breast. It seemed to be almost a specific for these bruised breasts where the bruise did not seem to resolve and there seemed to be a sort of fibrosis going on in the area which had been bruised. *Bellis* would often clear that up satisfactorily.

Dr. Harling said that a few weeks ago she was given an interesting paper to read, by Dr. Guy de Saint-Felix of France, which contained 15 remedies not in the materia medica. Two of them she thought might be relevant to this discussion: they were both from Brazil. The first one was a spider, *Lycosa raptoria*, about which Dr. de Saint-Felix said:

"It only has a cutaneous action which is, however, markedly necrotizing. Vellard reports that in three years he has collected fifty-three cases of necrosis following its bite in man.

"This spider, whose body measures 15 to 30 millimetres in length, lives among old stones. She comes into houses in the cold season. Around Sao Paulo she is a regular scourge, so much so that it has been necessary—not without difficulty—to develop an anti-lycosa serum.

"The bite is painful. As the spider's fangs are very short, the poisonous secretion is injected intradermally. Erythema quickly appears, and then the tissues are infiltrated by œdema. In the days that follow, blisters develop which slough off, leaving an area of necrosis. The œdema disperses on the fourth day. There are no general signs, no alteration of the pulse or temperature, no enlarged lymph glands. Healing of the wound takes a long time

(two or three months), though this can be shortened by the use of anti-lycosa serum. Often three remains a very painful keloid.

"In vitro, the secretion does not appear to contain coagulant or hæmolytic properties. In this respect it differs from necrotic poisons of the type *Lachesis*. On the other hand, the necrotic action does not seem to result from ischæmia following vasoconstriction, it is almost certainly due to direct effect upon cellular vitality."

The second spider was *Nephila cruentata*:

"The bite is similarly necrotizing. A subcutaneous injection of 2 mg. in the guinea-pig results in a white necrotic zone surrounded by a warm, red halo of œdema which does not disperse for three or four days. The dead tissues slough off and leave a scab. There is some salivary and bronchial hypersecretion."

"As well as its necrotizing power, *Nephila cruentata* raises another matter of interest which was demonstrated by Vellard in the following experiment: if one tenth of a milligramme of this spider's secretion is added to a cubic centimetre of blood which has been rendered incoagulable (by the addition of 0.3 per cent. fluoride), coagulation begins to take place. If half a milligramme of venom is added, coagulation is complete in one hour. By comparison, it takes one milligramme of *Lachesis mutus* to produce the same result."

Dr. de Saint-Felix went on to discuss the importance of these two spiders which, unlike other spiders, did not seem to produce central nervous or autonomic nervous symptoms. He said:

"*Lycosa raptoria* and *Nephila* seem less promising than the others whose symptoms range from neurology and cardiology to hæmatology. Nonetheless they can probably win their laurels in no mean fashion with bedsores, ulcers, and local frostbite. Indeed, do we not approach the similitum here, with extensive indolent lesions, taking a desperately long time to heal, and often going on to keloid formation? The question gains in interest when we consider that there is no treatment for bedsores and localized frostbite. In connection with the latter, Dr. Spain-Jaloustre, a doctor on the French South Polar Expedition, has recently written a well-

documented account, the last chapter of which, dealing with treatment, is as empty as the polar wastes. Everything tried seemed to give a negative result: vasodilators did not prove efficient, and anticoagulants did not help. In any case, these last must not be used in the wounded.

Sympathetic block gave controversial and uncertain results.

ACTH and cortisone did not solve the problem.

Surgery is contra-indicated, except for removing dead tissue.

Hibernation is being studied, as are embryonic and placental extracts.

"The only positive steps recommended are:

Warming-up, and there is still argument as to whether it should be gradual or sudden.

Prevention of infection.

"Should not all this encourage us to test a tropical spider whose effects are strangely similar to those provoked by the cold?

"It must be stressed that alone amongst all the spiders considered here, *Nephila cruentata* has coagulant properties twice as strong as those of *Lachesis*."

Dr. Harling thought Homœopathy was full of ingenious paradoxes, but this one of treating frostbite with tropical animals seemed to be one of the best she had yet heard.

Dr. O. E. Manasse: Mrs. M. W., aged 52, an old patient of mine, was in the street when a large bomb exploded in 1944. She had some minor injuries, and was detained in hospital suffering mostly from shock. She complained on and off of pains in her left thigh, but X-ray and examination by a surgeon did not reveal any abnormality. In September 1946 I looked at her leg again and on questioning she told me that this pain started soon after the bomb incident in 1944. Although I was unable to feel any tumour or resistance in the thigh, I thought there might be a small splinter left inside, and gave her *Silica* 12x twice daily. After 19 days she came back to me and had a small discharging wound on the thigh. After another 11 days she came to me and I could feel something hard inside a small wound on the thigh, and with the help of some

forceps was able to get a piece of plate glass, size 3×2.5 cm., out of the thigh. Within 10 days the wound close without any further complications and the pain in the leg had disappeared.

Dr. Fraser Kerr: I have used the heat treatment for burns of the painful varieties—not those of the third or fourth degrees. I would like to detail two cases. I inadvertently poured a couple of pints of almost boiling water on to my foot. As soon as I could I had my sock off and stood in front of an electric barfire. As the blister increased I held the foot nearer the fire and the pain became really terrific—I could think of nothing except the pain. But as I held it there the blister went down. If I withdrew the foot too far from the fire the blister began to increase again. As far as I can remember I held it there for between 20 and 30 minutes, by which time there was no pain of the burn, though the skin was very tender. Three hours later I was able to pay my usual round of morning visits with a slipper on that foot; by next day a lace-up shoe was no inconvenience, the skin was whole.

The other case was more interesting—it was somebody else. A lady of almost 80 years poured a newly-made custard over her hand. It was about an hour before I saw her, when the back of her hand and fingers were blistered. I persuaded her to hold the hand to a coal fire and she did it really well. By tea time she was fairly comfortable and the blisters had gone from the back of her hand. Next day I had a phone call that the fingers were blistered, and went round fearing failure. The blisters were there—but *between* the fingers! To show her, I had put my hand to the fire with the fingers together and she had copied my action exactly, and while the custard had spread round the fingers the heat from the fire had not done so. However, she repeated the heat treatment and these blisters also went.

Of course, everyone will have mentioned *Arnica* for concussion. I always give the CM and one young man who had lain unconscious for three days quite quickly regained consciousness after his brother smuggled the dose to him.

Dr. Dunce mentioned the use of both *Arnica* and *Bellis* in obstetrics. Dr. Bodman brought to his mind a case he had recently

of a woman, who after a difficult childbirth was badly shocked. He kept her on two-hourly doses of *Arnica* 6x and she was quite comfortable in the morning, and continued well for two days. She then developed a painful breast, which she described as if she had been bruised by jostling in a crowd. In view of the feeling of bruising the patient put herself on *Arnica* again until he arrived, but without success, but upon being given *Bellis* the pain went within 20 minutes. The full lactating breast at 4 a.m. the next day was quite bearable.

Dr. Stuart McAusland said that *Calendula* had been mentioned. Ulcers of the leg were sometimes due to injury and he had found in cases in which he had not put on a closed dressing that it was advantageous to put *Calendula* ointment into the ulcer.

Hypericum had not been mentioned as an injury remedy but if nerve tissue or muscle tissue was badly torn *Hypericum* 30 was a very good remedy. Placental extraction had been mentioned; he had recently tried it in the form of an ointment in ulcers. It was recommended that it would help in the granulation of ulcers; that had not been his experience, except in one case.

The Acting President wondered whether members used *Calendula* in potency for severe wounds, or for wounds slow in healing. It had a remarkable effect in the 200th potency in some of these cases. Another remedy worth while remembering for injuries was *Sulphuric acid* 200. It seemed to come in at a later stage than *Arnica*, for patients who remained bruised for a longer period than usual.

Sir John Weir said that *Ruta* was a wonderful remedy, especially where the smaller joints like the wrist and ankle were affected. *Rhus.* was very much like it, but it was more the tendons which were affected. He remembered a horse which had got knocked, it was quite lame, and he suggested giving it *Ruta*, it was given *Ruta* on Saturday and on Monday it was so much better that it won the race.

Bellis was useful for the pain which a patient got deep down after an abdominal operation. *Hypericum* had been mentioned and it was one of the best remedies he knew for traumatic neuralgia.

He had a patient recently who had trouble with his neck, the foramen was involved and the pain was dreadful, nothing would stop it. He gave him two doses of *Hypericum* and within a few hours the whole thing disappeared. *Sympaticum* was excellent with a broken bone, it penetrated to the periosteum and the pain; it also helped the non-union flexures.

Dr. Pratt said that he had looked through his case records, and was surprised to find that of the 600 or so cases he had collected from his own practice in the last 8 years, over 10 per cent. related to some form of injury. This alone was an indication of the importance of the subject.

He would not attempt to summarize them now, but thought the meeting would be interested to know that of the 74 cases, *Arnica* was the successful remedy in 30, *Ledum* in 14, *Ruta* in 9, *Hypericum* in 8, *Symphytum* in 8, *Calendula* in 3, and *Silica* in 2.

Dr. McCready said that he found himself competing with Sir John Weir who had told a story about a horse; his own concerned a dog. When he was still a medical student he had wished to discover whether homœopathic remedies were really as effective as was claimed. In the country his parents had a bull terrier called Furgatroyd and it became inexplicably lame. Whilst, formerly, it had loved to go for walks and would spend hours—usually unsuccessfully—trying to catch rabbits, it could not now be persuaded to go more than a hundred yards down the drive. The distressing state of affairs had been going on for four months when he decided to try Homœopathy. Assuming that it was suffering from some kind of rheumatism he tried *Bryonia* and, later, *Rhus toxicodendron*; but to no avail. He became depressed by his failure; and so did the dog. Prescribing on so little available information proved to be very difficult; this was not a “shaggy dog” story and the bull-terrier could not help him. Then one day, when he had gone down for the week-end, the cook happened to tell him that the animal’s lameness had followed a severe dog-fight. This, of course, immediately made him suspect a sprain. He had a small bottle of *Arnica montana* 6x at home and he asked a cousin, who was staying with them, if she would kindly give it

a tablet twice daily when he was in London. Upon going home a fortnight later he was delighted—and amazed—to learn that the dog was out chasing rabbits again. It transpired that the treatment, which had been started on the Sunday, had resulted in a complete cure by the following Thursday.

Dr. Gibson said that he had rather a serious problem. In Kent's *Materia Medica* there was this statement: "When you have a penetrating wound to treat give *Ledum* at once and you will prevent tetanus." How much reliance could be placed on this dogmatic statement, was there corroboration in the literature or in widespread experience? It was an important point because tetanus was still a menace in this country. One read last year of several cases of tetanus, all occurring rather unexpectedly, and in his own experience had had some horrid experiences of tetanus in China before he knew anything about *Ledum*. It was an important point whether one could justifiably withhold anti-tetanic serum or toxoid in a case of a penetrating wound and place complete reliance on *Ledum*. It was much less risky, of course, to give a person a dose of *Ledum* than a dose of ATS.

He had the case of a woman patient who was extremely sensitive to all medicaments, an extraordinarily allergic type of woman. She was bitten by a cat on 27th December 1956, on the left hand, and she was given *Ledum* 200 to take four-hourly. The next day she was seen at the hospital; she reported that she had taken the *Ledum* and had watched the swelling recede and the pain lessen. She was told to continue the *Ledum* for another day or so, and then to switch to *Hypericum* 6. A month later it was reported that the hand had healed very well, but in attending to a wound in the cat's neck she was bitten again. She had treated the bite with *Ledum* and it healed.

The other day she got into trouble with another cat and was bitten on the dorsum of the right hand. She had a very nasty hand indeed, she had some *Ledum* and took a dose and he sent her some more. On this occasion she got a local practitioner to see it and he wanted to give her an anti-tetanus inoculation. The question was whether one was justified in relying on *Ledum* or not. He thought it was justifiable to refuse the anti-tetanic serum

because the patient was so sensitive that it was necessary to balance the risks. Apart from that, in this case the *Ledum* had again proved most beneficial, she rang up one night and said that the hand was pretty swollen, was asked whether it was easier under the cold or hot tap, and said it was easier under the cold tap; she was urged to continue the *Ledum* and it came to a head and discharged. Another interesting sidelight was that when the swelling was going down, the hand started irritating and itching, and after each dose of *Ledum* the itching was more or less dispersed. He had not realized before that *Ledum* did not only benefit in the way of reducing swelling and encouraging the discharge of pus, but had an effect in allaying pruritis.

Dr. Pratt said that it would be interesting to ask the help of a bacteriologist in this problem. He would like to know the effect of *Ledum* on cultures of Tetanus, using a series of potencies up to the 30c, to see whether the cultures were inhibited.

Dr. L. R. Twentyman said that this problem was one which had puzzled him but he did not see how one could test it. Fortunately tetanus was a rare condition, whether tetanus serum was given or not, and under present conditions the medico-legal aspects could not be avoided unless it could be proved experimentally. Even if they all combined together to treat all their penetrating wounds with *Ledum* they would not get enough cases to demonstrate anything one way or the other.

If he might pick up another issue which seemed not to have received as much attention as it could have done, the psychosomatic element—no one had yet commented on such injuries as broken hearts. He imagined all of them had seen the dramatic beneficial effects of homœopathic remedies on those who had suffered broken hearts, bereavement, anguish—*Ignatia*, *Nat. mur.*, *Pulsatilla*, and so on, but he would have thought that this was an interesting aspect of Homœopathy. He entirely corroborated what Dr. Priestman said about the use of *Opium* in potency for ailments from fright. He had seen delayed shock cases. A man came up to out-patients who had been blown up by 1,000 lb. bomb which went off about 10 ft. from him, he lost an arm but not consciousness and suffered no shock or emotion at the time.

After the war he became one of the worst victims of anxiety he had ever come across, he had been to psychiatrists and all the rest of it, he was on heavy doses of sedatives and was on the point of suicide. Within 24 hours of taking *Opium* 30 he was perfectly free of symptoms and had remained so with an occasionally repeated dose. Another case also stood in his memory because it was one of the first successes he ever had. The man came up with a bad pain in his right leg, he had been to orthopaedic surgeons, neurologists, physicians, all to no effect and his life was a misery. In the course of discussion he told him he had once been terrified and scared stiff by a ghost. He had been asleep on top of a hay stack in an old barn and he had seen the ghost in the barn and was frozen stiff with terror. He developed this pain in his leg. Other things fitted and he gave him *Lycopodium* and for the next four days he got the most gigantic aggravation of the pain in his leg, it reached a crescendo and disappeared and he had had no recurrence in the succeeding years. He had a feeling that if experiences of these things were coordinated it would be found that here was a remarkable field of homœopathic therapeutics.

Sir Jhon Weir said that *Arnica* and *Opium* went together very well. He remembered a case in the hospital in which one or two things were tried and the patient said "I am feeling fine, there is nothing wrong", and he was given *Opium* and the condition just disappeared.

Dr. Kennedy said that there were one or two things he was surprised had not been mentioned. There were two ointments which every housewife should have: *Calendula* ointment and *Urtica urens*. *Urtica urens* should be applied as soon as a person sustained a burn, it took most of the pain out of the burn, it was easy to give and was something which patients had in the house. He had found *Calendula* very successful for grazes for relief and rapid healing.

Internally for burns he used *Apis* in the cases which were worse for heat of fire. He remembered a patient who was carrying a bowl of soup, dropped it and burnt the side of her face; whenever she got warm near a fire the pain in the burn got very much

worse and each time a dose of *Apis* took the pain away. The other remedy for burns he thought of was *Urtica urens*. *Arnica* was useful for people who fell and bruised themselves: if it was taken immediately the bruise often did not show at all, if it was taken some days afterwards, as often as not, the bruise would disappear. He remembered a patient who had a wisdom tooth extracted under general anaesthesia. One often got considerable swelling of the face with a considerable amount of pain, this patient took *Arnica* and the dental surgeon was surprised to find how little pain and swelling there was.

Ledum was useful in crush injuries. He remembered a patient who crushed his finger in the door and was given *Arnica*; nothing happened. *Hypericum* was tried without effect. He was washing his hands and he found in the hot water the pain became intense; he took a dose of *Ledum* and the pain disappeared. This shows the value of paying attention to particulars instead of routine prescribing.

Rhus tox. had not been mentioned very much, and was one of the first remedies he gave to a patient who had twisted her ankle. There was no evidence of any bony or ligamentous damage. The pain was severe, worse after sitting down, and limbered up when she started to walk. He gave her *Rhus tox.* 200 to be taken in water. She went to bed and was awakened with intense pain in her ankle; the only thing which would help was to get up and walk about! Since then she had had a little more respect for the "water" she took. An aggravation can often have as salutary an effect as a cure.

The Acting President said that one of the ear, nose and throat specialists had long ago introduced a routine pre-and post-operative treatment for removal of tonsils and adenoids. *Arnica* 30 was given four-hourly for six doses beforehand, and *Rhus tox.* in the same way post-operatively, or as required. Mist, aspirin or nepenthe was not withheld, but was seldom needed.

A full list of homœopathic pre-and post-operative treatments was available.

Dr. Newell said, with regard to *Urtica urens* for burns, that she had an accident with boiling water over her foot, and put

on diluted tincture of *Urtica urens*, and continued to put it on for 1½ hours, taking *Cantharides* 200 for the pain. The next morning all she had was redness.

Another case was that of a boy who had a bad fracture of bones of the foot. He was under hospital treatment for some time. Periodically he had localized pain and swelling and she gave him *Symphytum* 6x for several days running, whereupon a sequestrum came out and the trouble subsided.

She was called to a patient who had severe pain in the back. He could not move from his couch, she was not sure whether he might have had a disk prolapse, or an acute lumbago, but on the face of it nerve tissue was involved. She gave him *Hypericum* 10M, and asked him to see if he could walk; within five minutes he was walking with relative ease.

She also had a case of a cat with an enormous shoulder. She thought he might have injured himself, and gave *Rhus tox.* 30 with no improvement. She then noticed that he was sitting perfectly still, and put some *Bryonia* 30 in his milk. The next day he was walking, and rapidly recovered. She had found the tinctures better than the ointments for first aid application.

Dr. Alva Benjamin thought just as good a result would be obtained with *Cantharides* internally, and nothing external at all. *Cantharides* was a wonderful remedy for scalds with vesicle formation, *Belladonna* for erythema. He did not know any modalities for them.

The Acting President said that while injury remedies could be used routinely, there was always the occasional patient who reacted in a different way, and required an individual remedy chosen according to the pattern of response elicited. He remembered one case of fractured femur in an elderly lady who was given *Arnica* without relief of pain, but who responded almost immediately to *Pulsatilla* given on the indication of desire for sympathy and a weepy disposition. The old lady said to him: "Doctor, that second medicine you gave me went straight to the spot."

—*The British Homœopathic Journal*, Oct., '59