

## HOMŒOPATHIC TONIC THERAPY

DR. CHARLES C. BOERICKE, M.D., CALIFORNIA

The thoughtfully selected homœopathic remedy is definitely the best tonic to stimulate the return to normalcy. Armed with this therapeutic weapon, the physician need not resort to iron, vitamins and minerals, let alone quinine, strychnia, and potassium iodide. Nor need he specify the use of unsaturated fats, yeast, wheat germ, sunflower seed, and black strap molasses. In this brief paper I have purposely failed to mention the standby fool-proof tonics with which every homœopath is so well conversant such as *Nux vomica* for the irritable, overworked, costive dyspeptic male; *Pulsatilla* for the contradictory, changeable, lachrymose female; *Chamomilla* for the whining, restless, irritable child; *China* and *Chininum arsenicosum* for post-grippal asthenia.

In chronic coronary artery disease, and in the recuperative stage following acute myocardial infarction, a valuable and often neglected heart tonic is *Iodide of Arsenic*. This remedy covers the weakness, prostration, apprehension, restlessness, nightly aggravation, substernal soreness and burning pains relieved by heat, paresthesias, and chronicity of complaints.

In arteriosclerotic heart disease, where the pathology is angina pectoris and right heart disease, with cold and blue extremities, intermittent claudication and endarteritis, the remedy that pops into one's thoughts is *Secale*, particularly if the patient is intolerant of heat and feels better in the cold and from cold applications. *Secale* may well turn out to be the homœopathic nitroglycerine.

In neuro-circulatory asthenia and hyperventilation syndrome, I have found *Scutellaria* has tonic virtue. It seems to quiet the marked apprehension due to cardiac irregularities. (cf. *Moschus*)

An excellent rheumatic tonic is *Natrum sulphuricum*, particularly in the hydrogenoid constitution where the patient feels each change of temperature from dry to wet, always weak ankles and knees, and a tearing rending pain from hips to knees aggravated at night.

*Carbo vegetabilis* is to be thought of as a post-influenzal tonic, where the patient has complete asthenia, easy perspiration, a stubborn persistent tracheo-bronchial cough and evening huskiness of the voice.

*Staphysagria* is an excellent tonic for the residual pain and nervousness after teeth extraction. Also one of the best constitutional tonics for the early paranoid psychosis characterized by hypersensitivity, easy offense over trifles, indignation about things done by others, inward sufferings from pride, envy, or chagrin. The patient harbors imagined slights as an obsession.

*Picric acid* is the tonic par excellence for extreme mental and physical prostration. The patient is always tired, so much so that he must lie down and sleep most of the time. There is a heaviness and numbness of the limbs and a persistent weakness of the back.

*Echinacea* is the great and well-authenticated eclectic blood tonic. Staphylococcic infections, viral herpes of the lips, canker sores, and so-called blood poisoning.

*Zincum* is the ideal tonic for the older individual who is oversensitive and prostrated. This remedy typifies slow cerebration. The mind seems weak and sluggish. He repeats questions before answering, waits a moment, looks blank, then his face lights up and he answers.

Dr. Margaret Tyler said, "When the reflexes are abolished *Zincum* comes in." *Zincum* might well be considered for the paralysis following cerebral thrombosis.

*Ambra grisea* is a valuable geriatric tonic. Indicated for the prematurely old with feebleness and trembling. The patient exhibits confusion with vanishing of ideas. He jumps from one subject to another. He asks question after question, never waiting for an answer. The presence of another person seems to aggravate all symptoms. The mind runs on unpleasant fancies, diabolical faces and sights. Physically the patient has asthmatic breathing and a nervous spasmodic cough. General nervous hypersensitivity is a keynote symptom.

*Phosphorus* is the great tonic for the delicate and sensitive adolescent. The patient is apathetic, responds slowly and moves sluggishly. He seems weary of life and has gloomy forebodings.

He has weak and "all gone" sensations in all parts of the body. He craves salt and iced drinks. He elicits fears of being alone, of the dark, of thunder, that something will happen. He is indifferent to friends and loved ones. He has vivid imaginations.

*Phosphoric acid* is similar to *Phosphorus* in some respects, but these patients complain of crushing weight on vertex, occiput, and nape of neck. A painless diarrhoea is common. The nervous system is in a state of debility without erethism. There are profuse night sweats. This remedy is a great tonic to young people who are overgrown. To be considered for the chronic and long lasting effects of grief.

*Calcarea phosphorica* is the great tonic of pregnancy and prophylactic to toxemias and anemias. This remedy seems to regulate calcium-phosphorus metabolism and is a catalyst for the assimilation of iron.

#### DISCUSSION

DR. JOHN A. SWARTWOUT [Medford, Massachusetts]: Mr. Chairman, I found this a very interesting paper, as Dr. Boericke's always are. We also have staphylococcus raising its ugly head in Boston. How would you suggest I present this idea to these allopathic surgeons, that we use *Echinacea*? I know one of them whom I feel would accept anything because he has had a lot of these infections.

DR. F. K. BELLOKOSSY [Denver, Colorado]: May I talk to that. I have impression that these drug-resistant germs are not really drug resistant. The diagnosis is wrong. These patients have a virus infection and the remedy should be given for the virus and not for staphylococcus.

It is altogether un-homœopathic to think we have any drug-resistant germs, because it is not the drug that kills the germs when we treat a patient, it is the body, the system, of the patient that kills the germs, that resists the germs, and the system produces substances or antibodies that kill the germs, and not the drug, not the penicillin, not aureomycin and the other "mycins". Therefore, we cannot, as homœopaths, talk about any drug-resisting germs.

If the allopaths do not cure with penicillin, it is because they

did not have any staphylococcus to treat; they had a virus to treat. And for virus diseases we have plenty of good remedies. One of the best is *Tuberculinum*. If you give 1m every two hours for two days, the patient will be saved.

There are other remedies—*Ferrum metallicum* is a wonderful remedy, every two hours for two days. Maybe *Rhus toxicodendron* would be the first choice—every two hours, 1m. First *Rhus toxicodendron*, then *Ferrum metallicum* and then *Tuberculinum*. Then come the others—*Sulphur* and sometimes *Nux vomica*. As soon as you start you will probably save the patient.

DR. JOHN E. AMES [Niles, Michigan]: I don't know whether I am allowed to speak here after yesterday, but I feel a little better after hearing some of the repetition of dosages and not waiting long.

I use *Echinacea* when I see the red streaks going up the arms. I use the tincture in 20 to 30 drop doses, about every three hours, in conjunction with the indicated remedy which is usually *Belladonna* or *Hepar*, and almost universally get good results.

I think the injudicious use of antibiotics has caused a lot of trouble. What they have done is put the fire out before the system has made its own antibodies. If you are going to use the antibiotics at all, it is much better to wait twenty-four to forty-eight hours, until the system gets its own antibodies into the blood-stream, and then aid them with the antibiotics. They will clear up much better that way.

I had a case of mastitis just last week to whom I gave *Echinacea* tincture and *Belladonna*. The next day she was some better. I continued with the *Echinacea* and substituted *Hepar*, which frequently follows.

DR. SWARTWOUT: What I was referring to is post-operative situations where you get wound infections.

DR. ALLAN D. SUTHERLAND [Brattleboro, Vermont]: Are those patients, Dr. Swartwout, given an antibiotic as a sort of prophylactic at the time of operation or just before?

DR. SWARTWOUT: Well, this particular surgeon, after all of the difficult cases he has had post-operatively, gives them the works beforehand. He will give them I.V. penicillin and ery-

thromycin, the whole works, and then he squirts the aureomycin ointment on the wound at the time of closure. I mean he does everything.

DR. SUTHERLAND: Does it make any difference?

DR. AMES: Yes, he gets infection.

DR. SCHMIDT: He makes it worse.

DR. SUTHERLAND: Maybe he should leave those things off and give the patient a chance. You may suggest that to him. Of course, that is heresy and you might lose your job. (*Laughter*).

DR. ELIZABETH W. HUBBARD [New York City]: May I add one thing. Dr. Margaret Tyler held a great brief for *Echinacea*, as she did for *Calendula*. She says when you are using *Calendula* as wet dressings locally, you should also, if there is any indication according to the provings, give a potency internally. I have seen *Echinacea* used internally and externally, do wonders. Just as when you are treating a wart, you can put *Thuja* cerate on at night and give the *Thuja* internally without the cerate, but it works infinitely faster with the cerate and internally. Of course, it depends on the patient's reaction.

DR. SWARTWOUT: What would be the recommended dosage?

DR. HUBBARD: I would think 200 or 1M, but not more than three doses, one every four hours.

DR. BOND: Does that hold true for *Calendula* also?

DR. HUBBARD: Yes. If you are speaking of warts and so on, you have to go high, from 10M up.

DR. BOERICKE: I agree as to the dose of *Echinacea*. We have been using 20 to 30 drops of the tincture, about every four hours, and our hospital keeps a bottle of Lloyd's specific *Echinacea* and we have no trouble using it. In fact, the old-school men are very glad to try anything, because they certainly have nothing to offer.

There is a sub-culoid—or there used to be—that can be used hypodermically. I don't know if it is still available. If it isn't, Dr. Wilbur Schwabe of Carlsruhe, Germany, puts out a parenteral *Echinacea* which you can get, and that might please the boys if you can give them a shot hypodermically. Not that it is an improvement over our way of doing it. (*Laughter*)

Incidentally, Dr. Schwabe, that big firm in Germany, puts out granules of *Crataegus* ampules which all schools in Germany

are now using following acute coronary infarction, giving one ampule hypodermically three times a day, and they claim amazing results.

There is a young German physician who recently started practicing in San Francisco, who interned and had a residency in the homœopathic hospital in Stuttgart and he says that all of their coronaries are treated with these 2 cc. injections of *Crataegus* three times a day and the results are simply phenomenal. I don't know anything about it; I am just quoting what was told to me.

I think you can get the *Echinacea* ampules from Dr. Schwabe and it is possible you can still get the sub-culoid *Echinacea*. That is Lloyd's coined term. They had two or three sub-culoids they put out.

I might add that post-operative dressings must be kept moist. If you just use *Echinacea* wet dressings and have the nurse pour on a little bit of the diluted tincture in aqua, keep it moist, you will get much better results.

DR. SWARTWOUT: How do you dilute it?

DR. BOERICKE: Twenty drops in a pint of water.

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## ERRATA

Article	Page	Line	Printed	Read
Pointers for Diagnosis	71	25	marrow may now show	marrow may not show
Your Eyes need Care	78	12	what is called "painting"	what is called "palming"