

## HOMŒOPATHY INSTEAD OF SURGERY

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Surgery is mechanical and its application should be restricted to the correction of faulty mechanical conditions. There are two misfortunes that require surgery: lacerations or breaks in any tissue; obstructions that cannot be reduced by any other means.

A doctor is sometimes "put on his mettle" to bring a case to a successful conclusion with only homœopathic remedies, disregarding the popular surgical processes. I shall cite a few cases from my practice.

*Glaucoma from Contusion.* Mr. C. S., aged 57. Four weeks before he consulted me, he was looking upward to direct some carpentry on a ceiling. The workman missed a square blow as he struck a nail, and the nail fell with considerable force, striking the patient's left eyeball. The mark of the head of the nail could still be seen on the sclera, appearing as a round, flat-bottomed depression surrounded by the swollen conjunctiva. And palpation disclosed that area as the most indurated. Left eyeball was bloodshot, and eyelids were very red and much swollen. Entire eyeball bulged, so that the right one felt sunken in contrast.

Lachrymation, severe photophobia, sensation of a foreign body on conjunctiva, inability to focus eyes were the symptoms. He had been given some kind of eye treatments at a Clinic for a week or more before coming to me. He thought that particles of something had fallen from the ceiling and were still in the eye. But there was no foreign matter. The trouble was unquestionably due to the bruise, and an intraocular hemorrhage of some degree must have occurred.

The eye was kept covered with gauze to rest it as much as possible, and to protect it from external irritation. *Ruta graveolens* 10M was the first remedy administered. *Pulsatilla* 200. was given four days later, and *Symphytum* 1M the next day. By that time there was less inflammation, and no sensation of a foreign body. But there was still much soreness and photophobia.

That evening he attended a movie, and in the middle of the

night there was profuse lachrymation. A few hours later he was so much distressed that he went into a mild state of shock; felt faint, nauseated; perspired; pulse weak and slow. But he soon recovered. There was still induration of the eyeball, especially where the nail had struck.

I gave *Spigelia* 30.; later *Spigelia* 1M. By the next day all symptoms were decreasing. I later gave *Spigelia* 10M. Immediately after that he overtaxed the eyes by driving his auto 160 miles, part of the trip after dark. As a result swelling, redness, lachrymation, and inability to focus recurred. *Spigelia* CM was given. Three weeks after my first prescription, the eye was normal.

*Tuberculosis of Femur.* C. F., aged 15 years, was in hospital for ten weeks, sent by the High School, as he had an abscess on elbow thought due to injury while playing football. He was given large doses of Sulfa and Penicillin. Nobody paid any attention to his complaints of pain in left hip until a nurse lifted the leg to swing the "charley horse" out of it. The boy screamed. Then an X-ray picture was taken. Head of femur was eroded. The parents were told that Dr. So-and-So would operate. The hospital was told that nobody would operate and that the patient would be taken home.

My first prescription was *Mercurius chromicus* 10M, Dec. 28, 1944, although I did not see him until May 17, 1945. All those months he had fever a part of every day. Temperature varied from 97 to 101. Pain developed in left knee and in other parts of left leg. Abscesses appeared in thigh, and particles of bone were discharged.

His mother described a symptom that he had, which disappeared before I saw him. He is a decided blonde. While still in hospital black hair appeared all over him. Sometime after beginning my treatment, that hair began to fall out. His mother cleaned quantities of it from the bed every day.

During the four and a half months before I visited the young man, I had sent numerous remedies by mail. I don't think any of them was a similimum, but he improved steadily. Some of the remedies were *Calcarea fluorica*, *Symphytum*, *Calcarea carbonica*, *Guaiacum*, *Silicea*, *Sulphur*, *Hecla lava*, *Calcarea sulphurica*,

*Ruta graveolens, Cadmium iodatum, Alumumina silicata, Calcareas silicata.*

When I visited him on May 17, 1945, he still had a little fever every day; pulse was 120. He was very pale. The upper half of left thigh was indurated; the left knee was painful if moved. But he could now lift the leg from the bed, which had not been possible all those first months.

Just one year from the time he had had to leave High School, he returned. The femur was adherent in the acetabulum at a bad angle, which caused a very bad limp. He is more than six feet tall, has weighed 240 to 280 pounds. At every step he leaned far to the left, putting great strain on the spine.

He completed High School and had four years at Millikin University. Then he was selected for employment at Research Institute, a medical department of the University of Illinois. When he began at Research in November 1951, he still had two small openings in the thigh. He was under skilled observation, and in July 1952 two pieces of bone were removed, as they were too large to emerge from either opening. The fistula healed in much less time than the surgeons expected.

Major surgery on the adherent femur had been under consideration, but they wanted to be sure that active tuberculosis would not be aroused by such an operation. On the other hand, some intervertebral disk might be damaged at any time. So the head bone surgeons decided to correct the faulty alignment. That operation was done April 30, 1953.

He had continued to take my prescriptions. Besides those named previously, he had *Thuja* and some of the *Calcareas*, mainly. When operations were done, he was given such remedies as *Ledum, Ruta, Symphytum*.

After seven or eight months postoperative use of trunk and leg casts, he walks erect. There is some mobility of the pelvic girdle, which compensates partially for the immobilized hip joint, which was done deliberately by the surgeons, instead of using some device that might permit movement in the socket.

He is still employed at Research Institute. There has been no indication of active tuberculosis of bone for more than five years. It took seven years of Homœopathy to accomplish that.

*Tuberculosis of the Shaft of the Right Femur.* W. B., a boy aged 8 years, had been sickly from birth. He had had jaundice at one month. He cried a lot his first two years.

In June 1939, he developed pain in the right leg and lay with his knee flexed. He would not let his parents move him, as he feared he would have more pain. He would move himself, little by little, across the bed.

After six weeks, he was able to walk with crutches. The leg had been flexed both at groin and at knee, but now was straight, and there was no joint involvement.

Four fistulous openings developed in the middle of the thigh. They began as abscesses about six months after the onset of the trouble. Two openings closed after two years; the other two discharged for four years. When bits of bone did not necrose any more, the fistulae healed.

Some of the remedies used were *Symphytum*, *Toxicophis*, *Viola tricolor*, *Guaiaacum*, *Vespa cressa*, *Trombidium*, *Ledum*, *Calcarea iodata*, *Calcarea fluorica*, *Baryta carbonica*, *Strontium carbonicum*, *Calcarea carbonica*, *Magnetis polus australis*, *Anthracinum*, *Mercurius vivus*, *Tarentala cubensis*, *Lycopodium*, *Hecla lava*, *Causticum*, *Scrophularius*, *Echinacea*, *Sanicula*, *Thuja*.

He is now 26 years old, married and has two children. He is a carpenter and has done strenuous physical work all his adult life. He has never had a return of the trouble, although several times subjected to bruising of bones.

*Tumor of Breast.* Mrs. J. H., aged 79. In June 1954 she noted irregular lumps in her left breast, like a group of several nodules, each projecting forward to different degrees, like a miniature mountain range. Adherent behind the nipple, and just to the left; dark bluish-gray at that area. Some pain extended towards the left axilla, and a thin ridge was palpable along the line of pain.

In four months the irregularity of the surface had disappeared and the entire mass had been gradually reducing. I could not find the ridge, but there was some enlargement of a lymphatic gland in that region. The patient told me that she had practically no pain. The nipple became so hard and dry that it dropped off. Discoloration is less dark where adherent.

Only one remedy has been administered: *Ferrum magneticum* in potencies from 10M to CM, at intervals of four to six weeks. *Conium* was given once, but was not beneficial. While this condition is far from being cured and may never wholly disappear, she has reacted favourably thus far. She looks fairly well and does a good deal of work in her home. Her daughters think she is getting along better than she would under any other kind of treatment.

*Gallstone.* M. B., a woman aged 48, had had many attacks of gallstone colic, of varying degrees of severity, over a long period of years. My predecessor, Dr. J. D. Knott, had prescribed for her, and I continued to do so. In April 1935 she was seized with unusually great pains. The gall-bladder could be outlined by palpation; the muscles were rigid and the face dusky-hued. I gave her *Berberis vulgaris* 30., one dose, then *Carduus marianus* 30. The acute pain gradually subsided, but the patient never lost the deep sallow color of skin.

Seven months later agonizing pain came on one evening. Nothing that I sent to her gave any relief. I visited her at 2 a.m., when she was in collapse, but conscious. She could not endure the slightest touch in gall-bladder region. I gave Morphine sulphate gr.  $\frac{1}{4}$  by hypodermic; and *Belladonna* 30. every fifteen minutes. There was violent but ineffective urging to vomit about every half-hour. She recovered sufficiently to get out of bed after a few days, but lost twelve pounds in one week, and had constant aching and soreness. I gave *Lycopodium*, then *Kali carbonica*.

After another week, pain was increasing to the colic stage again. Urine contained bile, stools were clay-colored. She went into a paroxysm of pain that was frightful to witness, as I learned later from a neighbor who was present at the time. I was giving her *Chelidonium* tincture at that time, and had her take Morphine sulphate gr.  $\frac{1}{4}$  by mouth. But that stone was passing towards the duodenum, and had to move through some very small ducts. Retching was violent. Then, in a flash, the pain ended. Immediately, she could turn in bed as she wished.

The next day the urine was black with bile. The second day after the terrible attack, a stone was found in the stool. She

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*Commentary:* In the symptoms above selected from his lengthy narration, "Phos." stands out quite prominently with its bold relief: and the following analysis too confirms it. Of all the burners with amelioration on cold drink, "Caust." and "Phos." can be thought of. But "Caust." feels paralysed to claim jurisdiction over involuntary and nocturnal vital drain and impotency. So it was ruled out. The modalities and other symptoms—amelioration on cold drink or rest and vertigo, ptyalism, hæmoptysis etc. fall within the compass of Phos. Moreover it had to deal with symptoms, purely subjective or phenomenal devoid of structural changes or pathology.

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brought it to me. It just went through the half-inch mouth diameter of a vial. It is still in that bottle, and I measured it again. It is black on the outside, with a brown center, that can be seen because some of the surface has flaked off. The patient found quantities of smaller stones, down to mere sand, for more than a week after the large one was expelled. She has never had another attack of gallstone colic in these past twenty-two years. I have always been sure that the stone was lodged some place in the duct, probably the common bile duct, throughout the seven months preceding its final expulsion.

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