

CHRONIC DISEASE AND THE PATIENT

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We have now been studying and discussing the miasmatic phenomena at considerable length, for quite a number of months and no doubt some will be saying, "well what does it all add up to?" Well we must continue to study and be guided by the works of the masters of Homœopathic philosophy, principally the philosophy and technique of *the master*, Dr. Hahnemann, so if we turn to the Organon and read sec. 38 we find him stating: "If the disease which is dissimilar to the old be more powerful than the latter it will then cause its suppression, until the new disease has either performed its own course, or is cured—that is removed by the indicated remedy—but then the old or former disease reappears."

In this statement Hahnemann is merely saying that a disease which has been suppressed by another disease (crude medicine) will have allied itself with that disease (crude medicine), taken the life force into bondage and manifested disease in another form, but with the elements of homœopathic antidote (remedy) the crude drug force will be overcome and the original disease will reappear, and if the original disease has continued treatment, in direct relationship with the remedy that reproduced it, then it also will be made to disappear.

It is in studying this phenomenon that we see the rise and fall of the different miasms, that go to make up a chronic disease, or to make it chronic, if we want to put it that way. Usually one miasm is active and the others are kept in abeyance. If they are all active at the same time then we have a condition which is impossible to overcome, it is incurable—instances, cancer, phthisis. Cancer when it has reached the final stages has a high percentage of tubercule in combination with it.

Generally, however, if only one miasm is active, at the beginning of the trouble it will be Sycosis. Now we know of that great combination Sycosis on a tubercular basis and practically

everyone suffers from that combination in degrees that will be in keeping with their heredity, environment, etc.

This is where the trouble begins, the trouble in treating the patient. We have them in front of us. We observe them closely, every movement false or otherwise that they make. We examine them, take their blood pressure, percuss them, auscultate them and so forth. Previously we have questioned them minutely, getting them to state in their own way all the symptoms they have and when they are finished, we augment that with our own observations and questions, and finally we have a grand list from which we make a wonderful totality, putting down everything—if we are industrious.

Now in that grand totality the most prominent, and most numerous symptoms may be of a tubercular nature and the remedy selected will be a prominent and deep-acting one and this is probably where the mistake is made. If we had studied those symptoms properly we would have seen that the symptoms selected were in reality latent symptoms. Now the patient, if keen, will tell you every symptom he has, or has had, and most of them may at the moment be of little value in finding the "similar" remedy. Out of that grand and glorious totality one or two symptoms were prominent, but they seemed to be too deep, but nevertheless they were the predominantly active symptoms and belonged to, at that present moment, the active miasm, and the remedy based upon them alone should have been prescribed. Much more of this can better be brought forward in class and discussed. It would take a library to write about it in totality.

Another mistake that can be made is this. We have studied and we know the miasmatic remedies that are purely Psoric, purely Sycotic, or purely Syphilitic and, there are fewer than we imagine. There are many more that have a combination and the most prevalent combination, in medicines, as in miasms are those that have the tubercular-sycotic combination. Calcarea, Carbonica, Sepia, Mercury, Kali Carbonica, Silica, are a few that have that combination, and we may say, "well here we have a case that is definitely sycotic on a tubercular basis and Calcarea Carb., and Sepia are prominent on this list and have that totality," and we give one or other of them and again we would not be exactly

correct. Is the case as it now stands chronic or acute? That is what we have to ask ourselves. Are the prominent annoying symptoms chronic or acute. If acute, then for goodness sake treat them first and as they disappear the other and deeper symptoms will arise into activity.

To pursue the matter further, suppose one of the prominent and most distressing symptoms was itch, Cuban itch, itch caused by a corrosive discharge per rectum. When we think of itch—and at one time in our homœopathic career I suppose we all made the same mistake—our minds immediately fly to that statement, “itch is Psoric” no matter what the trouble and we give Sulphur or Psorinum both of which may make the case worse. We have forgotten that, although the trouble was suppressed as itch in the first instance, through the actions of the remedies and the vital forces it has now become sycotic, and nature has produced one of its “healing crises” and the remedy should be some acute sycotic medicine. Although generally considered a chronic remedy, Sepia can be acute enough and has sufficient sycotic symptoms in an acute form to enable it to be classed among the acute groupings. It is a wonderful remedy for sycotic purposes. Actually it is more sycotic than tubercular. But in all those acute sycotic symptoms we must study Dulcamara, Urtica Urens, Digitalis, Rumex Crispus and so forth. I used the symptom itch as an illustration but there are many others, prominent among which are dryness of tissues, desires and aversions of patients.

Quite a number of people are a little perturbed and perhaps afraid of the nosodes. They need not be, if they regard them as ordinary medicines, but the trouble is that they are so seldom entered into the Repertory, but this we can overcome by studying the Materia Medica and entering the symptoms of the nosodes under the various rubrics. In fact without a comprehensive study of the Materia Medica our prescribing will be extremely poor.

In these discussions I am purposely, as far as I am able, avoiding statements such as: “this remedy is useful for this, that remedy for that,” because a great many people ask for such advice, and it would be poor advice, if given and taken! Each one is an individual who should be prepared to add his or her quota of

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times to burn the midnight oil, "to scorn delights and live laborious days"; you will always have more patients than you want. Your patients will be cured and others will come.

Towards the end of his life Hahnemann wrote: "I rejoice at the benefit homœopathy has already conferred on humanity and look forward with intense pleasure to the most distant time when, though I shall no longer be here below, a future generation of mankind will do justice to this gift of a gracious God, and will thankfully avail themselves of the blessed means He has provided for the alleviation of their bodily and mental sufferings."

Let me conclude by quoting Dr. Edward Rist, writing in the French Presse Medicale (1913): "To be a good doctor you must love medicine. You cannot love it well unless you love also those who have brought it to where it is today. Then you realise that in doing your best, you are but paying a debt."

—*Homœopathy, Feb., '60*

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ascertained facts to the general pool of homœopathic knowledge and to tell anyone to use specifically this or that is all wrong. That little "microcosm" or little "universe" the patient is what has to be treated, not the name of a disease, otherwise it is not the philosophy or technique taught by the master.

—*The Homœopathic World, Dec., '60*
