

POLYCHREST VERSUS LESS FREQUENTLY USED
REMEDY : ADDITIONAL SYMPTOMS OF
LATRODECTUS MACTANS

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As a rule, a case defies our efforts to find the curative remedy, not because there is no remedy which would cover its symptom totality, but because we have failed to consider or to recognize this remedy. Every single substance of the mineral, plant and animal world represents a potential medicine which may be required in a given disorder. Of all these millions of therapeutic possibilities even the most encompassing of all, Boericke's *Materia Medica*, lists approximately twelve hundred. Yet even of the greater majority of those we have only a very fragmentary knowledge as far as symptoms for exact prescribing are concerned. We usually limit our prescribing to perhaps a hundred of our best proven polychrests.

It is often held that a really thorough knowledge of those polychrests is sufficient to cover every and any case we may be confronted with. After all, these drugs are polychrests because their nature and composition bears such a fundamental relation to the human organization that the majority of disorders requires their prescription. On the other hand we ought to admit to ourselves that, because we are more familiar with them than with the other medicines, we tend to lean upon the polychrests more heavily than is sometimes justified by the patients' needs. No remedy can ever take the place of the simillimum. Undoubtedly, the polychrests are most basic substances and of deep action. Yet, when a remedy of only a superficial sphere of action happens to be indicated by the symptoms, any other one, though of constitutionally deeper repute, will act no better than distilled water. Often we meet with references to certain drugs as "good" remedies for this or that. This way of thinking is contrary to Homœopathy.

There are no "good" or "bad" medicines, but only *indicated* or not indicated medicines. *Sulphur* or *Calcarea* may be quite "bad" medicines and some little obscure herb with but a supposedly superficial effect a "good" one, if required by the symptoms of the individual case.

It has been the writer's experience that from among every ten patients seven or eight, in the average, will actually require and satisfactorily respond to a polychrest. The other two or three, however, require a more unusual remedy, at least temporarily. From among these cases we recruit the bulk of our failures and unsatisfactory improvements. Often we assume obstacles to recovery where the only obstacles lie in our yet fragmentary knowledge of the *Materia Medica*.

The case presented in this paper at first defied the best efforts of diagnosis and of prescribing. Failing to respond to the apparently well indicated polychrests, this case furnished valuable, well-defined symptom material for the relatively unproven drug which turned out to be the correct simillimum.

Mrs. S., 36 yrs. Two years before the onset of the present illness she had lost a little son through an accident. She never regained her peace of mind. During the last preceding months she was under great additional strain, emotionally and physically, caring for her disabled parents. At the end of December, 1948, in a state of utter physical exhaustion and nervous strain she contracted a cold. A few days later, at the exact anniversary of the child's death, she was completely immobilized by an excruciating pain in the right lumbosacral area. The next day found her unable to void urine and to move her legs at all. Examination showed an area of muscular constriction along the lower spine with somewhat accentuated but normal reflexes and undisturbed skin sensorium. However, the patient was in a state of frenzied restlessness, screaming and crying with pain, unable to lie still, yet aggravated by any motion. There was no urge for stool whatsoever and

urination could be induced only by pouring warm water over the perineum. The temperature was between 99.5 and 100. An orthopedic specialist ruled out a slipped or ruptured disk, though an incipient caries remained a remote possibility. The modalities were: worse at night; very chilly, yet better open air; tearful disposition; restlessness; and the fact that the last period had been extremely scanty, almost completely suppressed. Rx *Pulsatilla* 200. Relief moderate and shortlived. *Pulsatilla* 1M followed by a temperature rise to 101; for a day the pains became somewhat more tolerable. The paralysis, on the other hand, increased. The possibility of a myelitis was considered now, and neurological consultation was requested. The neurologist, one of the best men in his field, at first leaned towards the diagnosis of a myelitis, then, learning about the emotional background was more inclined to consider it a conversion hysteria. Since the family was extremely alarmed, he suggested immediate hospitalization for a diagnostic "work-up". Before she was taken to the hospital the symptoms were reviewed again. Additional features, now, were an extreme drum-like distension of the abdomen, loud belching, nausea, loss of appetite, at times brownish vomiting, a great thirst for cold water which was taken in little sips, and aversion to sweets, an offensive odor from the mouth, and a feeling of heaviness and oppression on the chest. Still tearful with indefinite fears. The pain now cramping and shooting in waves like labor pains. *Phosphorus* 200. Upon arriving at the hospital the next day the pain was somewhat easier and the bladder function gradually became normal but the inactivity of the rectum remained. The patient remained in the hospital for about 5 weeks with all diagnostic and therapeutic attempts unavailing. She returned home unimproved and without definite diagnosis. However the homœopathic study of the case could be resumed again. Because now a status of utter exhaustion dominated the picture and in view of *Phosphor* having done relatively

best, though failing upon repetition in the same as well as in a higher potency, *Phosphoric acid* 200. and later 1M was given. For several weeks the patient improved and became able to rise from her bed and move about, slowly and with support. However, the pains were still almost unbearable, particularly during the night, after the first sleep, and with every change of weather towards rain or electric storms. Mentally also she was not better. After a few weeks *Phos. acid* did not elicit any further response. Additional symptoms, now, were flushes of heat and an inability to concentrate on any thoughts. *Lachesis*, *Sepia*, *Mag. carb.*, and *Rhus tox.* gave absolutely no response.

Now, two months after the first onset of her illness, *Latrodectus mact.* 200. was given. There was such an immediate and gratifying relief of all mental and physical symptoms that there can be no doubt but the *Latrodectus* was indicated from the very beginning. Within a few days the patient moved and walked freely and had only slight distress at night. Within 2 weeks she became practically normal.

Four weeks after this, a sore throat occurred with desire for and better form cold drinks. *Merc. solub.* 200 given with little improvement; 1M improved the throat but brought back the backache with the patient generally worse. *Latrodectus* 200 again removed the whole of the disturbance including the throat. Four and one half months after the onset, heart palpitations, hot flashes and chilliness, back pain on bending, sore throat and clogged up nose, soft bleeding spongy gums, ravenous appetite and thirst again responded to *Latrodectus* 200.

Subsequently, the toxicology of *Latrodectus mactans*, the black widow spider, was studied. It was rather embarrassing to find that even the crude toxicological symptoms, as far as they are known, represent a perfect replica of this patient's condition. From the very beginning, even from the toxicological picture, the remedy would have been indicated had this picture only been known then to

the prescriber. Unfortunately, however, *Latrodectus* had been mentally associated with angina pectoris and nothing else, a very unhomœopathic mental attitude indeed!

The symptoms observed in clinical cases of spider bite, which were also outstanding in this case and removed by the potentized drug, should be added to our symptomatology of *Latrodectus*, thus enlarging the scope of its use.

The following is a digest of this material which so far does not appear in any of our *Materia Medica*s, to my knowledge.

Latrodectus mactans.

The leading and determining features are:

Extremes of *tension*, *spasticity* and *constrictiveness* and *prostration*.

They manifest themselves in the *mind*, the *chest*, *abdomen*, the *lumber spine* and the lower *extremities* in the first place.

The modalities are worse during the night, worse during damp weather and change of weather, worse before a thunder-storm, restless, tossing about but worse from motion and exhausted by every effort, chilliness, lack of vital heat but flashes of heat. Syphilitics and alcoholics are hypersensitive to *Latrodectus*; alcohol especially aggravates all of its symptoms, thus suggesting alcoholism and constitutional syphilis among the general indications for *Latrodectus*.

Mind: Extremest restlessness, constantly tossing around, fear, depression, hysteria, unrestrained and causeless crying in usually emotionally stable strong men.

General: Extremest prostration, every effort is too much. Perhaps ill effects of overwork, etc. Muscle spasms with twitching, knotting, tremor, hyperactive reflexes and excruciating cramplike unbearable pains, coming and going in waves like labor pains. Muscles sore to the touch. Worse motion, yet patient so restless that he cannot lie still.

Chest: Angina pectoris; constrictive pain spreading to left shoulder and back; feeling of oppression; laboured

respiration with an uncontrollable expiratory grunt. Palpitations of heart.

Abdomen: Rigid as a board (*defense musculaire?*); distended like a drum. The distension is only slightly relieved by passing flatus. The whole picture most closely simulates an acute surgical emergency like perforated gastric ulcer, ruptured appendix and incipient peritonitis. (The temperature is subfebrile in the poisonings).

Spine and back: The lumbar area shows the greatest degree of constriction; shooting cramping pains; feeling as if the back were broken. Feeling of icy coldness from the hips downward. Paralysis of all function associated with the lumbosacral nerve plexus (genitals, urinary, rectum, lower extremities).

Extremities: Paralysis, increased reflexes, spasticity, inability to lift legs because of spasm of the extensor muscles of the hips. Tenderness of the calf muscles upon palpation, tingling sensation and numbness in hands and feet. Burning and stinging of the soles of the feet, as if they were on fire. Swelling of ankles.

Head: Headache (worse lying, better sitting?) probably congestive; tendency to apoplexy. Stiffness of the nose.

Digestive: Dry mouth, sore throat, great thirst for cold water which betters the throat, continuously drinking. Loss of appetite or ravenous hunger. Vomiting of bitter brown matter. Extreme gaseous distension. Absolute inactivity of the rectum.

Female: Menses suppressed, scanty, delayed.

Urinary: Retention of urine, paralysis of the bladder, better warm application and pouring warm water over perineum.

Circulatory: Flushes of heat followed by chilliness; apoplectic tendency, elevation of blood pressure; heavy perspiration. Temperature subfebrile.

The restlessness and constriction is shared with *Tarentula*; the coldness worse from dampness, worse night and

the neuralgic tendency with *Aranea*. However, *Aranea* has diarrhea and profuse menses; *Latrodectus* has suppressed menstruation and constipation.

Latrodectus presents itself as a medicine with very characteristic symptoms of broad range and deep effect upon the vital force. It probably deserves an important place in our therapeutic armamentarium. We should consider it in acutest emergencies of surgical as well as of circulatory nature, as well as in the spastic paralytic and neuralgic syndromes which conform with the mental and general symptoms thus far elicited.

DISCUSSION

★ *Dr. Elizabeth Wright Hubbard* (New York City) : Mr. Chairman, I would like to say that I am tremendously interested in this remedy. I too have only used it in anginas and I think now of two cases of very obstinate so-called myositis which I have been struggling with and to which this may be the answer. I shall go home and study it again. I am very grateful to the doctor for bringing out these aspects of *Latrodectus*.

★ *Dr. Harvey Farrington* (Chicago, Illinois) : Yes, I have had quite a bit of experience with this remedy and nearly all the symptoms that the doctor gave were represented in some of the cases, although not in all. I confess that I, like some of my fellow homœopaths, am inclined to give it more or less empirically if the pain streams down the arms. Just at this moment, I cannot recall the definite picture of a case that would add very much to the discussion but it is a deep acting and marvellous remedy, and an excellent remedy in an emergency.

★ *Dr. Marion B. Rood* (Lapeer, Michigan) : Dr. Grimmer, it just happens that I have one patient among my list who has had a very serious operation on the skull, whose reaction to *Latrodectus* confirms much of Dr. Whitmonts paper. She had a skull tumor removed which was exerting pressure both on the inner table of the skull and on the outer table with pressure on the brain and I believe

the operation was serious enough so that she went into collapse or shock on the operating table. But they finished the operation.

They replaced the bone with a plate and this patient has improved under homœopathic care very much. She is a brilliant woman. In fact, she is ordained in the Methodist Church as a minister.

Every time she came into my office she would develop hiccoughs. Every time I gave her a remedy she would develop hiccoughs, belching and gas, and sometimes she would develop some symptoms of angina pectoris which also threatened her at other times, apparently spreading down from the lesion in the brain which caused symptoms suggestive of something like damage to the surface of the brain, some Jacksonian symptoms, and *Latrodectus* would remove them in a few minutes in the 200th.

Dr. Thomas K. Moore (Akron, Ohio) : You folks will have to understand that I am a regular practitioner and not a homœopath. I prescribe pathologically. (*Laughter*).

I have had two cases of angina and one of them was taken care of beautifully by *Arsenicum* and the other by *Spigelia*, and I am glad to hear this one today on *Latrodectus* because I will put that on the list and the next case coming up I will try that. (*Laughter*).

Dr. Wilbur K. Bond (Greensfork, Indiana) : Angina pectoris I have prescribed for a number of times. It always seemed to be relatively easy. The pain went down the left arm and then again another remedy was indicated quite clearly if the pain went down the right arm. But I confess I was completely stumped a number of times when the pain started in the heart and was referred to the root of the neck until I got busy on a case which was a matter of life and death and sat up about half the night to find out what angina remedy has its pains referred to the root of the neck, and found it to be nothing other than good old *Arsenicum*. It saved life.

Dr. Allan D. Sutherland (Brattleboro, Vermont) : Mr.

Chairman, this really isn't on the subject of *Latrodectus mactans* but Dr. Bond's remarks about the pains referred to the base of the neck in coronary conditions make me think of *Lachesis*. *Lachesis* has pain in the neck, not necessarily referred, but pain in the neck in coronary conditions. I had a case once whose life was saved within three minutes by *Lachesis*. That was one of the symptoms—pain in the neck.

Dr. C. P. Bryant (Seattle, Washington) : I have had, I guess, probably the most unusual experience of seeing a case of a black widow spider poisoning. This man was living on an island in the Puget Sound District and was bitten just above the eye on the right side and my only reason for being able to tell what kind of poison it was was that he had a typical proving of *Latrodectus mactans*. I didn't give him *Latrodectus mactans*; I gave him *Spigelia*. He made a good recovery.

Dr. J. W. Waffensmith (New Haven, Connecticut) : I want to call attention to *Naja tripudians* which has this radiation of pain and may be confused with *Latrodectus*. The difference, in my experience, is that *Naja's* condition is more of a pseudo angina rather than a typical and pure angina which would come under the *Latrodectus* type of suffering.

Dr. Moore : The difference between the true angina and the false angina is that the ones that are cured by homœopathic remedies are all false angina! (*Laughter*).

Dr. Whitmont (*closing*) : I would only say I believe these symptoms are still incomplete. What we need would be a proving if ever such a thing could be done. I gave the remedy with great misgivings. I could absolutely not see it. I finally did give it because it has the spectral numbers that Dr. Morgan has listed for *Latrodectus* and in this way we got a new remedy. It shows that the objective method, far from making bad prescribers of us, I think, make us better prescribers, if we, of course, study afterwards those remedies that we gave upon the basis of the objective test.

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