

RELATIONSHIP OF PLUMBUM TO MULTIPLE SCLEROSIS

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Plumbum is a remedy adapted to diseases of spinal or cerebro-spinal origin. Violent contractions and retractions worse at night characterize. In the limbs there is stinging, tearing, tingling, and twitching, with paralysis. There may be convulsions or spasms, followed by paralysis without consciousness, or muscular atrophy from spinal sclerosis. Patient assumes strangest positions in bed. With *Plumbum*, processes are slow and insidious. There is wasting of single parts, especially upper limbs.

A prominent symptom is retraction of the abdomen with violent colic and sensation as if the abdominal wall was drawn as if by a string to the spine. There is constriction of internal organs and painful contraction of the arms which are drawn up. Colic may alternate with delirium or may occur during a costive state. Stools become hard, lumpy, black—similar to sheep dung—or conglomerate masses, during spasms of arms. A peculiar sensation in abdomen at night requires violent stretching in every direction for hours. *Plumbum* affects the liver, also left side of abdomen, produces dark brown so-called liver spots at climacteric. On the skin, anæsthesia or hyperæsthesia may be marked. Excessive and rapid emaciation is not uncommon. The face may be greasy or shiny, expressive of great anxiety and suffering—or ash colored, pale, corpse-like and sunken.

We find great despondency, melancholy, debility, and weakness, excessive fear, hysteria; or patient may be timid, taciturn, changeable emotionally; or again of slow perception and intellectual torpor and unable to find the right word, or showing globus hystericus.

Remember *Plumbum* where assimilation is destroyed, in obstructive fistula with terrible colic, fecal vomiting, in intussusception or strangulated hernia, paralysis of urinary organs with

granular kidney, cold sweat during stool, offensive foot sweat, coldness from exertion, and burning in body and limbs. In general there is aggravation from motion and company and relief from hard pressure or rubbing.

Thus, in *Plumbum* we find a patient gradually slowing down, and similar in symptomatology to the susceptibility to Lead Palsy in industry or Lead Colic of painters. Paresis, then paralysis, is the picture. Blue line on gums or wrist-drop shows depth of action of the element. The hysterical phenomena, paralysis of extensors, and above symptoms point to a remedy affecting spinal cord and nerves, muscles, the abdomen, kidneys, blood vessels and blood. The powerful action on the cerebrospinal system results from softening and induration of nerve centers followed by paralysis and atrophy. Recall the spasmodic paralysis of the abdomen of most violent character and most obstinate constipation. *Plumbum* produces complete or partial paralysis with atrophy and excessive loss of tissue.

A. OCULAR FORM

1. *Diplopia*
 - a. *Clarke, Hering, Allen, Knerr*
 - b. could see distinctly as ever with either eye separately, but when he looked with both, the object appeared double . . . *Allen*
2. *Ocular Palsy*
 - a. complete paralysis and insensibility of eyelids . . . *Hempel*
 - b. external muscle of the eye was paralyzed . . . *Allen*
 - c. strabismus; one eye turned toward the nose and unable to be rolled out . . . *Allen*
3. *Impaired Visional Acuity*
 - a. sight confused, as if directed through a mist, which forces the patient to rub his eyes . . . *Clarke*
 - b. one eye never goes blind alone . . . *Hull*
 - c. convulsions or paralysis of the hands are succeeded by a sudden obscuration of sight, increasing in a few hours to sudden blindness and generally disappearing as suddenly . . . *Hull*
 - d. dimness of sight, especially of right eye . . . *Allen*

- e. sudden loss of vision followed by a paralytic spasm, and loss of consciousness . . . *Allen*

B. SPINAL FORM

1. debility of arms, with atrophy, loss of sensation and trembling . . . *Hering*
2. numbness, formication and weakness in upper parts, followed by all symptoms of motor and sensory paralysis in these parts . . . *Allen*
3. some anæsthesia of the forearm . . . *Allen*
4. an anæsthesia of hands . . . *Allen*
5. numbness of legs and feet . . . *Clarke*
6. insensibility of legs . . . *Knerr*
7. feeling of numbness outside of right leg, from hip to knees, always coming on at night and continuing for an uncertain time . . . *Hering*
8. a sensation of numbness in the feet with difficulty in putting them to the ground . . . *Clarke*
9. the soles feel dead, as if made of wood, and when stepping on them as if there were several round sausages under them, that prevented a free gait . . . *Allen*
10. pain in back ; at times better from hard pressure . . . *Knerr*
11. diminished sensibility of whole right side of the body . . . *Hering*
12. anæsthesia—the entire surface of the body was deprived of sensibility . . . *Allen*
13. urging of urine . . . *Knerr*
14. inco-ordination of movements of the upper extremities, which consist in an indefinite and irregular series of contractions, and have root alternately in the flexor and extensor muscles . . . *Allen*
15. indicated in the disease known as Multiple Sclerosis by this symptom ; tremor, followed by paralysis . . . *Farrington*
16. paralysis of arm, and wrist-joint . . . *Hull*
17. excepting in cases of general paralysis, only the posterior muscles of the limb are deprived of contractility in paralysis of the upper extremities . . . *Allen*

18. first indication of paralysis of the arm noticed after writing, and manifested itself by weariness and trembling of hands, and inability to completely extend fingers . . . *Allen*
19. spasms in fingers lead to paralysis . . . *Allen*
20. paralysis of hands . . . *Knerr*
21. paralysis of lower limbs . . . *Hull*
22. stiff neck, paralysis of cervical muscles . . . *Hull*
23. *Plumbum* is indicated in paralysis of organic origin ; in paralysis of the spinal cord as in multiple sclerosis . . . *Farrington*
24. motor and sensory paralysis affecting whole right side of the body . . . *Allen*

C. CEREBRAL FORM

1. convulsive movements of arms and hands, with pain in joints . . . *Clarke*
2. slow perception . . . *Clarke*
3. head convulsed and heavy, as from apathy and melancholy . . . *Clarke*
4. weakness or loss of memory ; unable to find the proper word . . . *Hering*

D. CEREBELLAR FORM

1. multiple sclerosis ; tremor of right arm during voluntary motion ; arms are "shaky" when he attempts to use them ; tremor of arms preceded by weakness and numbness . . . *Hering*
2. whole arm trembles so much that he could not bring a glass to the lips . . . *Allen*
3. well-defined oscillations in upper limbs . . . *Allen*
4. trembling of hands . . . *Allen*
5. uniform oscillations of hand . . . *Allen*
6. when walking, the assistance of a servant was required on each side, and then his knees bent under him and his gait was tottering . . . *Allen*
7. shaking, like a trembling of the legs . . . *Allen*
8. unsteady walk with tendency to paralysis . . . *Allen*

E. MID-BRAIN FORM

1. slowness of mind, melancholia, sadness, feeling of sin,

inclination to deceive, hysteria, changing from one group of symptoms and emotions to another, mental and emotional symptoms exaggerated by exertion, patient is always cold and emaciated, no ability to digest food, assimilation destroyed . . . *Kent*

F. BRAIN STEM FORM

1. paralysis of tongue preventing speech; cannot put out the tongue . . . *Clarke*
2. paralysis of throat and inability to swallow . . . *Kent*
3. globus hystericus . . . *Kent*
4. tongue trembles without being paralyzed . . . *Allen*
5. an attempt at articulation, tongue is seen to move with difficulty . . . *Knerr*
6. heavy tongue . . . *Kneer*
7. dizziness to point of falling senseless . . . *Clarke*
8. vertigo—especially on stooping or looking up into air . . . *Clarke*
9. faintness; faints on going into a room full of company . . . *Hering*
10. while hard at work, and apparently in the best of health, fell suddenly back, unconscious . . . *Allen*
11. everything seemed to tremble and whirl . . . *Allen*

G. PERIPHERAL NERVE FORM

1. falling asleep of left leg from knee to foot . . . *Allen*
2. feet constantly inclined to fall asleep . . . *Allen*
3. wrist-drop . . . *Clarke*

H. MISCELLANEOUS

1. drawing and tearing in arms . . . *Clarke*
2. drawing and tearing in fingers . . . *Clarke*
3. difficulty in moving fingers . . . *Clarke*
4. great languor and weariness of lower limbs . . . *Hull*
5. lame feeling in legs . . . *Hering*
6. lay with the limbs drawn up . . . *Allen*
7. cramps in legs . . . *Knerr*
8. cramps in soles of feet . . . *Clarke*
9. the feet are pressed to the floor with difficulty, as if made of wood . . . *Hering*

10. one foot began to drag, and soon it was only possible to creep on all fours . . . *Hering*
11. a spasmodic working of feet from side to side and they would often draw back out of the shoes . . . *Allen*
12. toes moderately flexed, could not be extended . . . *Allen*
13. weakness of feet . . . *Allen*
14. heaviness and weariness of soles of feet, especially noticed when sitting . . . *Allen*
15. quite painful formication in soles of feet . . . *Allen*
16. paralyzed feeling in joints of feet . . . *Knerr*
17. heaviness of eyes when moving them . . . *Clarke*
18. lids spasmodically contracted . . . *Hering*
19. sensation of pricking in the eyes . . . *Allen*
20. jerking tearing in left eyeball . . . *Allen*
21. contraction of muscles in neck . . . *Kent*
22. tension in neck extending to ears when moving . . . *Hering*
23. distortion of spine . . . *Clarke*
24. weakness of the back and extremities . . . *Allen*
25. general debility . . . *Hering*

DISCUSSION

DR. CARL H. ENSTAM (Los Angeles, Calif.) : Could I ask you for a list of books that you searched through. I am particularly interested in the question of whether you used anything from Hughes.

DR. RAY W. SPALDING : I can't name every book but we have at least two.

DR. ENSTAM : Did you look at Hughes ?

DR. SPALDING : I looked at Hughes. We looked at Nash. We looked at Kent, Farrington, Hempel, Allen, Clarke, Hering, Boger, anything and everything ; Guernsey's Keynotes, Allen's Keynotes.

DR. ENSTAM : Lillienthal ?

DR. SPALDING : Yes. He has a list of remedies as long as both arms, but the question is what is going to distinguish it ?

The amazing thing to me was to find so many symptoms under *Plumbum* that are similar to the symptoms that you see in multiple sclerosis. We know multiple sclerosis is on the increase. I have fifteen or sixteen cases, which is more than the average person sees, I imagine. I just happened to run into quite a lot of it. It is very discouraging. The old school has nothing to offer. It occurred to me that there might be something in homœopathic Materia Medica which, if it didn't prove curative, at least might be palliative.

DR. HARVEY FARRINGTON (Chicago, Ill.) : I feel that we owe you a debt of gratitude for this work and it ought not to be allowed to pass without a favourable comment. It is the kind of paper we can hardly discuss. That is the kind of paper that we want to see in print and study.

My experience in this disease has been very limited. I imagine I have seen only four cases, and have had very little results, only meager results. In one case, *Plumbum* was undoubtedly palliative but eventually the case passed out of my hands, for which I was rather grateful.

It is a very nice, very fine paper and a worthy work.

DR. A. W. HOLCOMBE (Kokomo, Ind.) : I have no criticism whatever to offer on this paper because I was very much interested. I think it is one of the most constructive papers we have had so far.

This trouble, this multiple sclerosis, is a difficult proposition for any physician and, as the doctor said, the old school has nothing to offer at all and will dismiss the case as kindly as they can. They are very glad to get rid of them. I don't welcome those cases, myself.

I have two cases on hand at the present time. *Phosphorus* in infrequent and rising potencies has been very beneficial in one case. I have prescribed *Plumbum metallicum* for one of the cases, the last time I saw it, and I am rather anxious to see what the outcome is going to be, whether there is going to be any improvement or deterioration.

But, as Dr. Farrington said, this paper is not for much comment ; it is to be studied. Every case of multiple sclerosis requires study, not just mulling over the conditions that we see

on the outside, but they have got to be studied inside and outside.

If there is any classification that requires the strictest application of homœopathic art, it is these cases.

DR. F. K. BELLOKOSSY (Denver, Colo.) : Have you any experience as to how it would fit Parkinson's ?

DR. SPALDING : Haven't gone into that as yet. We haven't touched Parkinson's. We are going on from this into infantile. We have done some work with infantile paralysis with the same idea of trying to see what we have in the homœopathic *Materia Medica* that is similar to that disturbance.

DR. T. K. MOORE (Sharon Center, Ohio) : I am sorry I didn't get to hear this paper but I want to give you a little experience I have had with multiple sclerosis. This patient came to me last June who five years before had been diagnosed at the Mayo Clinic and had been told there was nothing to do. She couldn't tell where she was putting her feet or where her hands were going. If she would put her hands up here, there was no sensation ; she couldn't feel her face. She had double vision. She could work just a very short time and she was tired out. She had had this seven years. She was thirty-four years old. This came along at a time in her life after she was married. I think that is the time of life that a great deal of the multiple sclerosis shows up.

One point, she had a leucopenia that came along after marriage. So she got a dose of *Medorrhinum* that seemed to go to the mark. She couldn't drive her car ; she couldn't play her piano. Now she can play her piano and she can drive her car, and she has lost her double vision. She still has trouble with her walking, but it does not seem now to be the in-coordination that it was. It is a little different from that. But we are working on that. She told me lately that she had worked all day the day before and wasn't even tired, which is quite something. Her mentality is brighter, and it has made quite a different life for her.

Several other remedies have come in, but I have a feeling from the fact, if it is a fact, that multiple sclerosis comes into the life of human beings at a time when the effect of gonorrhœa

are apparent, that *Medorrhinum* may often be a remedy that will be useful in these cases, but that isn't a cure. It has made quite an impression on me, the advance that this one has made in being able to live much more satisfactorily.

A peculiar instance. Just lately I advised her to go and listen to Margaret Coleman who is a spiritual healer who comes to the big auditorium down at Canton, which is right near Akron. She heals almost everything—wonderful, spiritual healing. We often wonder why our cures aren't noticed more. Well, her cures don't create such a sensation. But after a trip to Youngstown and attending this meeting, which was apparently quite an inspiring meeting, she came back with a greatly improved countenance. She was bright; she was hopeful, more bright and more hopeful than she had been at any time.

So this Homœopathy, with all its peculiarities, may work in a little with spiritual healing.

DR. WILBUR K. BOND (Greensfork, Ind.): I was just going to ask you what part you think vaccinosis might play in multiple sclerosis. I think Dr. Green also had some cases a few years ago that she cleared up. You might call on her.

DR. SPALDING: Did you have multiple sclerosis, or was it muscular dystrophy?

DR. JULIA M. GREEN (Washington, D. C.): I believe I gave you two cases of multiple sclerosis. One of them is just as well as she ever was in her life and has maintained that since she recovered from the disease itself. She is married and has two children, keeps house, and has no trouble whatever with her muscles.

The second one went on to quite a period of improvement. I was very much handicapped in this case because the child lived in Florida. His mother brought him up to Washington to see me about three times. In the first place, to take the case down, I went down to Florida. But the environment at home was not good. The father was sure that the child would never get well and spoke of it on all occasions.

This father was the manager of a plantation belonging to a wealthy couple, and both of these people, who sent for me to come down to Florida in the beginning, were very enthusiastic

about the thing, then lost all of their enthusiasm and told the manager that the child never could recover and there was no use going on. So, reports became few and far between.

I have not heard anything now for over a year, I think, and I am wondering weather I dare write to the mother and try to get a report, as I would like to do. The child must now be twelve or thirteen years old, may be fourteen, and I believe that he is going from bad to worse.

If you remember, this was a case in a famliy where, on the male side, there were five cases already of multiple sclerosis that went on to death during adolescence. The tendency to it was transmitted through the mothers but all the children affected were males.

DR. ENSTAM (Los Angeles, Calif.) : I think it is proper we take cognizance of the fact that Dr. Spalding not only is doing some interesting work but I think it is a pioneering work, as far as Homœopathy is concerned. If he is the least bit successful, I think we are all going to take heart and be tremendously interested and see what we can do to establish some private research department of our own.

As far as the etiology is concerned, I won't take it for Gospel truth but I will tell you what I believe for the moment.

When my brother and I were very small, we contracted diphtheria. Living in New Haven, Connecticut, we were given one of the first imported doses of diphtheria antitoxin ever shipped over here from Germany, and it damn near killed us. My brother developed many symptoms Dr. Spalding has been kind enough to describe some here of which he has never gotten rid of. I don't know whether the effect of the antitoxin can produce symptoms of this kind, but I give it to you for what it is worth. It left me with a tremor. No other member of my family has had one, and I have had it since six or seven. I do my best not to show it to you.

A little over a year ago I was asked to undertake the care of a patient suffering from what was diagnosed as multiple sclerosis. She had been admitted to one of the better hospitals in Los Angeles, and she had been given up, after making their diagnosis.

Treatment was getting nowhere; the patient was getting worse. We brought her home and put a nurse in charge of her. In the period of time between the first of March and the first of December, we got her out of bed. Her response was more than satisfactory. She was able to take care of herself as to eating and duties of that sort; had a better mental attitude toward herself. I felt the institution had failed to pay any attention to the mental side.

She was madly in love with her husband who didn't share it; in fact he got as far away from it as he could, and he went to Washington, D. C. That seemed to have something to do with the onset of the most severe symptom.

I went into the thing as carefully as I could. The family and myself were entirely convinced that progress was being made. Due to some confusion on the part of the family and disagreement, they felt they had spent enough money personally and suggested she be turned over to local authorities and the general hospital took her in charge.

The report I had was, after their tests and spinals, that suddenly something happened and the woman passed on. They have since come to me and told me they regret the fact they took her out of homœopathic hands.

DR. SPALDING (*closing*): It is rather interesting, in browsing through the literature this way, to run across so many other leads that you would like to follow.

You will find, under the clinical case by Dr. Kent, an infantile paralysis or paralysis following infantile in which he reports a cure with *Plumbum* 40M or CM, which is quite deep. You might remember the case. These symptoms don't have to be multiple sclerosis. They might be any disease, but we have simply tried to see what there was.

There are about 125 of these drugs set up this way. *Medorrhinum* comes through with a great many symptoms. In fact, it is amazing the amount of symptomatology that you find in so many of the homœopathic remedies.

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