

Dr. Ralph S. Faris (*closing discussion*): I wish to thank the gentlemen for their comments and criticisms. I believe that I will stick by my guns in saying that the final test in a pregnancy is time. The A-Z test is often of value, and X-ray will often help, but there are chances that both of them may fail sometimes, but time is not going to fail!

—*The Homœopathic Recorder, April, 1948.*

## THE HOMŒOPATHIC TREATMENT OF BRONCHIAL ASTHMA

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Kent and after him Roberts of Derby, Connecticut, have perhaps had the widest experience and the greatest success in the treatment of asthma homœopathically. They are agreed that asthma is a sycotic disease. In the lesser writings of the former author on pages 168 and 169, we read in part as follows: "... Since I have learned that asthma is a sycotic disease and since I have made a judicious application of anti-sycotics I have been able to relieve or cure a great number of such cases . . . Hence it is that silicea is one of the greatest cures for asthma. You will be surprised how quickly it will eradicate it." Note carefully the following statements on page 169 of the lesser writings: "While the ipec., spong., and ars., will correspond just as clearly to the *supervening* symptoms and to everything that you can find about the case, yet what do they do? They palliate; they repress the symptoms; but your asthma is no better off, your patient is not cured. Arsenicum is one of the most frequently indicated remedies for the relief of asthma; so also are bryonia, ipecac, spongia and carbo veg., but they do not cure, though they relieve surprisingly at times. . . . If the asthma is hereditary, if it

occurs in a growing subject, Natrum Sulph. goes down to the bottom of such a case and will cure when its symptoms are present; and the symptoms will so often be present. . . . If a child has asthma, give Natrum Sulph. as the first remedy."

For the characteristics of sycosis see the Homœopathic Recorder for July, 1941, and Volume II of J. H. Allen's "The Chronic Miasms."

Let us see what Roberts has to say on the subject. In the Homœopathic Recorder for December, 1931, on page 882 we read: "Asthmatic symptoms manifest themselves frequently in sycotic patients." Dr. Roberts recommends the greatest care in taking the case if we would be successful in its treatment; especially the early history, as well as the present, the modalities—in fact, everything pertaining to the patient himself, and then analyze the case carefully to get the *generals* as the skeleton on which to hang the particulars of each case.

Other important factors in the treatment of asthma to bear in mind are: (1) the single dose; (2) not repeating the dose too frequently; and (3) not changing the remedy unless absolutely certain that a change is indicated. Now, a brief abatement may follow the administration of the remedy, but a few days later perhaps you may be called in to see the patient with another acute attack. Wait. If you are sure of your remedy, wait. *Do not repeat.* You may have to wait a week for improvement to set in again, administering Sac lac in the meantime. The patient will most likely improve again and for a long time—6, 8 weeks or more, when another attack may come on. *You must at this point wait again.* If the case is not spoiled now by change of remedy or repetition of the dose, a long improvement of months will most likely ensue. Jahr cured many of his cases this way.

The following nine cases, though not all showing a strict adherence to the rules of procedure just mentioned because of lack of knowledge and experience in the earlier years

of practice, do, however, more or less confirm the conclusion of the sycotic nature of asthma. They also demonstrate the inadequacy of remedies like arsenicum, nux vom., ipec., etc., and the good result obtained with such anti-sycotics as silicea, nat. sul., thuja, lachesis and lycopodium. Kali Carb. and tuberculinum, not prescribed for any of my cases, have also rendered great service when they have been indicated.

I. October 3, 1932, Mrs. V. S., age 38 years. Very nervous, sensitive to everything. Asthma after emotions, worse cold air, evening and night. Nux v. 200. Bad attack followed by improvement.

November 4, a month later, another bad attack. Nux v. I M. Improved.

June 23, 1933, 8 months later, asthma after an emotional upset. Nux 50 M. No more asthma after this dose, but the patient remained in poor health for several years, during which she had phos., lach., and a few other remedies.

II. August 18, 1933. Mrs. M. F., age 40 years. Asthmatic attack at 3 A.M. Asthma better at sea. It was found later on that she was allergic to fur. She lived in the fur district in New York, and the relief at sea was due to the fact that then she would be away from the fur dust. Starch foods cause distention. Fullness after eating. Right foot cool, the other normal. Says she can expect an attack when her right foot is cold. Lyc. 200.

September 9, 1933. Attack last week. Right foot no longer cold. Warmth in general aggravates. Strong desire for acids. Always hungry. Sulph. I M.

September 16, 1933. Attacks every night between 2 and 3 A.M. past week. Afraid to go to sleep for fear of an attack. Severe attack comes on after she goes to bed and sleeps. Many other symptoms. Lachesis 200 I dose. After this dose of lachesis I did not see, or hear from, the patient for a year and a half. When she came to see me again in February, 1935, she remembered that after the

lachs. she had a severe aggravation for three days, but after that the asthma disappeared altogether.

February, 1935. Gastrointestinal disturbances. All her symptoms now pointed to lycopodium, a few doses of which in the 200th and 1 dose in the 1M cured promptly. Lycopodium is complementary to lachesis. Did not see this patient again for seven years. No asthma.

III. March, 1941. Mrs. F. P., age 45 years. Asthmatic attacks during rainy or snowy weather, day or night, but worse at night. Trouble began with bronchitis which she had had for 3 weeks. In damp weather for a long time has had wheezing. Nat. Sulph. 30th in water, one tablesp. every two hours. Quick relief. (Experience has taught that one dose dry under tongue would have been sufficient).

June, 1941, 3 months later, asthma during the night. Nat. Sulph. 30th. Relieved in a short time. No other attacks to the present day.

IV. August, 1942. Child first seen. Joan F., age six years. From one month to ten months of age humid eczema of face and head. Later spread all over. Disappeared after the use of many kinds of ointments. In the winter of 1938, three asthmatic attacks. Orthodox treatment. Reappearance of the asthma in the winter of 1939 and again in the winter of 1942. The 1939 attacks would come on about noon. Desires to be carried and walked during the attack.

Inoculations against diphtheria at six months of age; inoculations against whooping cough at 18 months; vaccinated against smallpox at five years.

Taking: Winter attacks, noon paroxysms, and desire to be carried, ars. alb. 200, one dose given August, 1942.

September, 1942, head cold from weather change, warm to cold, soon descended to the chest. One-thirty A.M. (note the hour, an ars. modality) dyspnoea and wheezing. Ars. alb. 1M one dose. Fine improvement after this dose of arsenicum.

October, 1942, obstruction of nose from cold weather. No asthma.

November, 1942, no attacks. Perspires during sleep, nape and neck. Sluggish in the morning. Sac. lac.

March, 1943, mild attack. Ars. alb. 1M. Two doses relieved promptly.

April, 1943, disposition much improved. Nasal discharge outdoors. Touch of asthma one night. Cough every morning. Sac. lac.

May, 1943, asthma tends to return. Cough only in the morning. *Burnett* attributed morning cough to ill effects of vaccination and prescribed thuja for it. Thuja is also complementary to ars. Thuja 200 one dose May 21, 1943.

May 28, 1943, papular eruption on face, arms and chest. No fever. Obstruction nose night, worse damp weather.

October, 1943, morning cough and nasal obstruction gone. No signs of asthma for four months. Recently a few attacks. Gained 5½ lbs. since commencement of treatment August, 1942.

February and March, 1944, eczema of back, abdomen and other parts of body.

May 1944, no asthma since a year ago.

1947, no asthma, though treatment has continued for hay fever with thuja, silicea and nat. sul.

V. September, 1943. C. G., girl, age 12 years.

Asthma for quite some time from playing with her cat, or in the country if she comes in contact with chickens.

*Tendency to catch cold from getting feet wet.* Recurrent tonsillitis. Tendency to perspire. Feet perspire and skin of soles desquamates.

Silicea 1M one dose cured. Remains cured to this day, four years later.

VI. May 3, 1944. Mrs. M.G., age 46 years. In the beginning of menopause.

Despairs over a very unruly son. Difficulty in breathing after vexation or hurrying. Nausea after eating raw

fruit. Asthma attacks in the afternoon since a bad cold two years ago.

Ipec. 200. Better for two months.

July 3, 1944, asthma after having eaten two bananas. Difficulty in breathing damp weather. Farinaceous agg. These are nat. sul. symptoms.

Nat. sul. 1M. No attacks for three months.

October 21, 1944, son makes her ill. A great obstacle to cure. Asthma past two days. Fever, hot and cold alternately.

Ars. 200. No result. Thuja 200 next day. Prompt relief.

Have not seen the patient since. It is not known whether she had any recurrence of the attacks.

VII. September, 1944. F. E., Boy, 13 years of age.

Eczema of face and other parts the first four years of life. The usual suppressive treatment for these conditions. Began to have asthma after an attack of pneumonia when four years old. Asthma follows a cold in the head. Catches cold from getting feet or head wet. Feet perspire but are not cold. During an attack feels hot and wants covers off.

Running ear when seven years of age. Has always been underweight. Vaccinated at two years. Inoculated against typhoid at two years, and against diphtheria at five years. Aversion to fats and onions. Fond of sugar.

Sensitiveness to poison ivy removed with chiro-practice treatments. Some time ago had many warts on fingers. Disappeared after application of iodine.

The case repertorized as follows. Sixteen symptoms used.

Calc. 13 of the 16 symptoms with numerical

totality of 26

|           |    |    |    |    |
|-----------|----|----|----|----|
| Sulph. 12 | .. | .. | .. | 26 |
| Sil. 9    | .. | .. | .. | 17 |
| Ars. 9    | .. | .. | .. | 14 |

|           |    |    |    |    |    |
|-----------|----|----|----|----|----|
| Thuj. 7   | .. | .. | .. | .. | 10 |
| Dulc. 5   | .. | .. | .. | .. | 12 |
| Nat. s. 4 | .. | .. | .. | .. | 7  |

Calc. c. came out highest and nat. s. lowest. The patient, however, was definitely not a calc. case and calc. was ruled out. Today, I should have given him nat. sul., though it ranked lowest by the repertory. In fact later on it had to be given in order to complete the cure. He received instead silicea 1M one dose, and was kept under this remedy for about one year with wonderful improvement in the asthma and in his general condition. The boy gained, believe it or not, 26 pounds and grew three inches during this year. He got one dose of silicea about every two months, going higher and higher in the potency till the CM was reached. After June, 1945, silicea did not help him any longer.

August 1, 1945, sulph. 1M did no good.

August 12, 1945, another bad attack of asthma.

The mother reports that she needs to close the windows at night, because the night air seems to aggravate. Has eaten sardines lately. The mother states that before a previous attack, the boy had eaten salmon. This mother must have great powers of intuition. Here is a good example of the hydrogenoid constitution. Patients of this makeup cannot eat anything that grows near the water or that lives in the water without having some trouble or other.

Nat. sul. 200 one dose did no good. Boy not seen again till

November, 1945, nat. sulph. 1M one dose. Result: no trouble for nine months and then only a mild attack.

August, 1946, nat. sulph. 10M one dose. No further attacks up to the present day.

VIII. August 12, 1946. Mrs. M. G., age 70 years. Asthma for the past 18 months. Hay fever for many years. Has lost 40 pounds since a year ago. Much coughing with

the asthma. Catches cold easily. Pastry and rich foods aggravate. For 18 months sleepless till 3 or 4 A.M. Tendency to weep. Damp weather seems to affect her. Asthmatic attacks about 3 or 4 A.M.

Ipec. 1M one dose given as a palliative because she was having great difficulty in breathing and a good deal of wheezing and coughing. There was no time to work out the case. It must be said that I was called in with the express purpose of giving her an injection, because the powder she had burned did not give her any relief this time. I had to comply, but I gave her only five drops of Adrenalin 1 to 1000. I don't know if this small dose could have had any effect. It is my opinion that the ipec. 1M was responsible for the subsequent relief. I then explained that the injections would never cure her and that I should like to give her some medicine to cure her. She seemed impressed and a week later I was asked to see her again. Stated she had been much better since the first visit. Her case was then gone over and enough symptoms obtained to prescribe a remedy. On repertorizing, seven or eight remedies ranked high. *Ars. alb.*, *carb. v.*, *ipec.*, *puls.*, and *sulph.* had all or almost all of her symptoms, but they were discarded because experience has shown that they act only palliatively. *Nat. sul.*, *silicea*, and *thuja* were given special consideration. *Nat. sul.* lacked some important symptoms, like suppression of eruptions, falling asleep late and tendency to catch cold. *Thuja* lacked tendency to catch cold, difficult respiration while lying and asthmatic cough. *Silicea* had nearly all her symptoms. Therefore *silicea* 200 one dose August 28, 1946.

October 2, 1946, five weeks later. Has been feeling much better. Sleep, however, not better. *Sac. lac.*

October 31, 1946, nine weeks after the *sil. 200* return of an old eruption on the left leg which had been suppressed before the asthma came on. Leg oedematous. Oozing eruption, dark red discoloration, itching. Otherwise she continues better, and also sleeps better now.

Our homœopathic philosophy (which is experience based on facts), tells us that a remedy which can bring a symptom or symptoms to the surface will cure those symptoms without further medication. Therefore sac. lac. again was prescribed.

November 29, 1946, three months after the first dose of sil. 1M leg was almost well.

December 27, 1946, left leg lower half red and swollen. Open ulceration with oozing over the ankle, thin discharge. Sil. 200 another dose, four months after the first dose.

January 24, 1947, has had a little asthma at night. Leg looks better. Sulph. 200 as an intercurrent. Clarke recommends giving a dose of sulph. if sil. seems to lag.

February 21, 1947, the swelling and inflammation of the leg gone. There is a superficial ulcer on the ankle covered with crust. The asthma continues better, though she had a slight attack last night which she attributes to the snowstorm.

Silicea 1M one dose two months after the second dose of sil. 200. Might have waited perhaps before giving this other dose.

March 28, 1947, no asthma. Left ankle swollen, pink, oozing, yellow crusts. The condition has come down from the leg to the foot, a good sign.

May 2, 1947, three months after the last dose of sil. 1M no asthma. Foot worse. Copious oozing of thin clear fluid.

July 14, 1947, no asthma to speak of. Foot much better. The case continues. Because silicea brought back a suppressed eruption, the remedy will not be changed, unless very definite indications for another medicine should in the future make their appearance.

IX. December 2, 1946. R. V., little boy, age 3 years. Three attacks of asthma since July, 1946.

Attack begins as follows: First day sneezes about 20 times in the morning and has a clear discharge from the nose. Second day the cold is fully developed. Third day

difficulty in breathing. Before the attack the child is sensitive, fidgety, moody. During the attack he is pale, listless, feverish, mucus in the chest. At present child coughs, has great difficulty in his breathing and a good deal of mucus in the chest.

Nat. sul. 1M one dose.

As a rule, all children with asthma receive nat. sul. as the first remedy, unless there are symptoms pointing unmistakably to another remedy.

December 30, 1946, child looks very well, running around, breathing normally. About the middle of December had a slight attack.

February 20, 1947, almost three months after the dose of nat. sul. 1M gained two lbs. past two months. No attacks. February 12, the mother feared child would have an attack because he sneezed a good deal, but the cold did not go any further. Chest sounds normal. Nat. sul. 1M plussed one dose according to Hahnemann's recommendation of giving the remedy potentized a little higher and at more frequent intervals if there has been improvement.

April 3, 1947, mild attack March 1, nat. sul. 10M one dose.

May 8, 1947, slight attack May 6. but disposition not affected. Child looks very well.

June 19, 1947, no asthma and no colds. Child is well.

#### *Conclusion*

In conclusion it is interesting to note that in the cases just cited ars., ipec., nux v., did not cure. They are not anti-sycotic remedies. On the other hand, nat. sul., silicea, lach. and thuja acted deeply and curatively and in some cases bringing to the surface conditions that had been suppressed with local applications of various kinds.

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