

notarized, which impresses people in Suez or some other place, and so far I have had no kick and nobody knows I don't do it the conventional way; but I am careful, believe me.

Dr. Grimmer shamed me. He made me feel I ought to stand up in the middle of Broadway and say "Hi, hi, you are not doing right in the board of health." I believe that but I don't believe for a single doctor it is really worthwhile to battle with them alone. I think we ought to battle with them as a group; alone, I aim to keep out of trouble.

A wise old lady once said to me, "Never pick a bone unless you know you are going to get what you want off it." That has saved me a lot of trouble.

—*Homœopathic Recorder, Dec. '49.*

MODALITIES

VICTOR C. LAUGHLIN, M.D., F.A.C.S.

Cleveland, Ohio

During the twenty-three years that I have been a member of the American Institute of Homeopathy, I have been privileged on occasions to listen to many papers dealing with various phases of homeopathic materia medica and therapeutics. These learned dissertations have invariably dealt with drug pictures, provings and modalities. They have stressed the importance of the single remedy prescribed in the smallest dose which would bring about the desired results.

In order that the drug may be considered well-chosen, it is further recommended that only that remedy be prescribed in a given case which in its provings presents a symptom picture most closely resembling the diseased state to be treated. Since many drugs present similar symptom pictures, selection of the indicated remedy is somewhat

facilitated by the use of what is known as peculiar symptoms or *modalities* (to be discussed more fully later).

The impression is given, therefore, that such a system of practice is complete within itself and that mastery of the art of homeopathic prescribing leaves little for the more clinical branches of medicine to add in the way of helpful assistance. The fact that the goal of every prescriber should be first, the establishment of an accurate diagnosis and then, therapy, too often does not seem to enter the consideration.

Lest this article falls into the hands of unsympathetic readers, let me hasten to state that the modern homeopathic prescriber for the most part does not limit his therapeutic armamentarium so narrowly. On the contrary, he rightfully makes use of any and all diagnostic methods. I say rightfully because it will be remembered that by definition, a homeopath is a physician who adds to his knowledge of general medicine a special knowledge of homeopathic *materia medica*.

This paper is not written for the modern homeopathic physician who knows his orthodox clinical medicine but rather for the physician who, having been reasonably successful down through the years by making use of homeopathic remedy alone, has been lulled into a false sense of security by the most religious adherence to a *system of practice* which is not, never can be, and furthermore, was never meant to be self-sufficient, i.e. to the exclusion of the helpful assistance of the more clinical branches of medicine.

Modalities then may be defined as a condition which modifies a drug. It may also be considered a condition under which symptoms develop, become better, or worse.

What then should be a modern attitude toward modalities? Certainly we should make use of these valuable aids to prescribing, for how else could the average prescriber select his drug from our voluminous *materia medica*? The thing we should not do is to forget that

modalities also have clinico-pathological significance and from this point of view may have far more importance as an index of diseases, serious disease, than their use for the selection of a drug.

Our enthusiastic prescriber may find himself, frequently does, so engrossed in a repertorial study of a complicated symptom picture, differentiating this drug and that drug, modifying his selection with this or that modality to the end that when his search is ended, what happens? He sits back and says to himself, "Ah! This is it. This drug fits the perfect similimum. Now all I have to do is determine the dilution or potency and the interval of dosage."

No, gentleman! There is more to it than that, for too often in the pre-occupation of his search for the indicated remedy, a big job in itself, the prescriber has missed something very important—the clinico-pathological significance of key symptoms, leading and peculiar symptoms and the modalities.

The human body is divided into so many systems, the variety of diseases so numerous, and the materia medica so voluminous, that I must of necessity confine my examples to a single system with which I have had the greatest clinical experience—the genito-urinary system.

"Worse on motion" does not necessarily mean that one of the seventy-seven drugs under this heading in the Materia Medica is actually indicated. When the modality "right side" is added to the consideration, none of the thirty-one drugs which remain may be the proper thing to prescribe. In fact, when we further consider—"better in the morning on arising, when rested"—"worse as the day goes on"—"better pressure, i.e., when a tight belt or abdominal binder is applied," we still further reduce the number of drugs to consider. The study is very absorbing from the stand-point of the selection of a drug, but it just so happens that right-sided nephroptosis with obstructive pyelonephritis has exactly the same symptoms and modalities, and requires a far different form of therapy.

Under the heading *arsenicum*, we find scanty burning, even involuntary urination; epithelial, white and red blood cells on analysis. The great peculiar symptom is *weakness—prostration* but particularly bladder weakness, sometimes as if paralyzed. The *modalities* include: "worse wet weather, after mid-night and from cold drinks"; "better heat and from warm drinks." Suppose a great deal of time was devoted to a study which revealed that arsenicum was indicated in a particular genito-urinary case, or perhaps the drug was immediately apparent and more time was used to see what its effect would be upon the patient. Perhaps you were not sure and other drugs were tried, drugs which had a near similitum. Finally, all efforts may prove unsatisfactory and the patient is now impatient. Would it not have been better to have recognized that the symptoms elicited were characteristic of prostatic hypertrophy, or carcinoma with secondary infection (cystitis)? For then the pathology could have been removed at the earliest possible moment. A drug could then be prescribed justifiably for the symptoms, which persist post-operatively.

Even the maestros among homeopathic prescribers are not removing gross pathology with their remedies in many instances. For the most part, however, the clinical examinations which follow after months of such treatment do not bear out the impressions of cure which many prescribers have been lulled into believing. Even so, I am astonished occasionally by the effects of certain remedies administered internally for the removal of new growths. *Thuja Accidentalis* is among these drugs.

Think for a moment of all the modalities which surround the symptom of hematuria. Of course, its "worse motion—walking and exercise." Certainly it may be "intermittent"; "dark red blood"; "foul offensive discharges." I have seen almost every type of bleeding come from benign and malignant tumors of the bladder. Their one out-standing characteristic is the "intermittency of

the bleeding." Think how foolish it is to ascribe credit for stopping the hemorrhage to a particular drug, thus developing a sense of reliability, when the bleeding would have stopped in many instances, regardless of the drug used. I hasten to state that the effect of certain remedies on the prothrombin or bleeding time is well-known to all of us. No where in the homeopathic armamentarium is this effect more striking than in the proving of the drug, *thalaspi bursa pastoris* (shepherd's purse). In this instance, the results are ascribed to the oxalic acid content of the drug. Is the temporary assistance obtained from such remedies sufficient reason to deny the patient the advantages of a clinical investigation?

My very good friends in the homeopathic school would have me believe that the indicated remedy will completely eradicate the underlying pathology, but with all due respect, I do not believe even they really think this invariably happens. Much less can they prove it, particularly without highly specialized controlled examinations before and after such therapy. Certainly this is particularly true in the genito-urinary system.

Considering the drug, *belladonna*, the acute red hot hyperemic clinical picture of this drug is well-known. Also with *belladonna*, the testicle may be drawn up, hard and acutely inflamed. From the modalities of this drug, we learn that the lesion may be "worse on touch, jars, noise, draught, afternoons"; better, semi-erect. This is reasonable, considering the hypertensive state which exists. Acute epididymitis has the same picture. The indicated homeopathic remedy works well in this condition; however, intravenous calcium gluconate, assisted by appropriate antibiotics, works better, pain is relieved more rapidly and to the greater satisfaction of the patient. Calcium will be discussed further along.

Let me cite an even more striking example. The violently acute testicle may present a picture of *belladonna* or another equally well indicated remedy, yet the same

clinical picture for which the drug is prescribed may actually be a torsion of the spermatic chord, for which immediate operation is the only treatment that will save the testicle from necrosis. In such instances, the delay encountered through trial-failure drug therapy is inexcusable.

One of the frequently quoted modalities is "worse motion." To this is often added "right side" or "left side." Almost all acute inflammatory lesions are "worse motion." Some are "better continued motion." Seventy-five drugs have the modality "worse motion." Thirty-one of these are "right side." Twenty-one are characteristically "left side." Of the right-sided remedies which are aggravated by motion, *bryonia* is probably the one most frequently prescribed.

Gonorrheal rheumatism is non-arthritis. It usually involves one joint at a time. It may so happen that the joint involved is on the right side of the body. The pain is "worse motion." Associated symptoms may include mental irritability, pressive headaches, dry parched lips and mouth, excessive thirst, bitter taste, hard dry stools, and fever. There may even be aided modality "better from pressure to the painful area," yet to prescribe *bryonia* alone and deny the patient the immediate specific effects and the prompt therapeutic results to be derived from penicillin is to promote the possibility of spread to other joints, complicating gonococcal endocarditis or other serious membrane involvement, and through delay, permanent ankylosis of the joint.

My most critical professional friends will, at this point perhaps, have formulated the opinion that I have evidently not grasped one of the basic underlying principles of homeopathy, namely: that the remedy properly prescribed so alters the physical state as to bring about, directly or indirectly, a readjustment of the vital forces, thus resulting in cure. Again let me hasten to state that I have a profound respect for this phase of the subject. I am convinced that such changes actually are brought about by intelligent prescribing in many instances. I am equally convinced with

Hahnemann that often the pathological load is too heavy for the remedy to carry alone.

In such instances, the "lance" and the special therapeutic procedures of allied branches of medicine must be employed, if the best interest of the patient is to be served. Lest my paper seem ridiculous to the modern clinician, I reiterate, it is meant to be an appeal for a greater interest in diagnosis; a greater appreciation for the clinical phases of medicine; a sensible attitude toward drug therapy; and an understanding of the therapeutic limits of the homeopathic prescription. If it encourages the homeopath to examine his patients better and to develop a more wholesome attitude toward differential diagnosis through the more frequent use of modern clinical methods, and if by chance, it happens to stimulate in some clinician, an interest in the homeopathic method of prescribing, it will certainly have accomplished its purpose and I will be grateful.

There are many examples of the two-fold value of *modalities*. There are some drugs which are used homeopathically by the surgeon which are very valuable, modalities or no modalities. *Arnica* is one of these remedies. I cannot understand why more physicians do not use *arnica* internally. After the bruising effects of surgery, and following other contusions, *arnica* is the remedy par excellence. Congestion of the tissues—particularly venous congestion—"worse motion." Certainly worse motion. There is no special reason for me to include *arnica* in my discussion except to say that here is a wonderful remedy too often neglected and one which will in many instances obviate the need for post-operative narcotics. I have seen this demonstrated many times.

It has been proven that compounds of calcium will relieve edema through action on the permeability of the individual cell membrane. This is an exchange of electrolytes. Compounds of calcium (calcium gluconate, particularly), when given intravenously, are very helpful in relieving the acute induration of epididymitis. Similar

although in my experience, it has been less effective. Its use has been suggested for hydrocele. The provers must have meant inflammatory hydrocele, which is often transient, without medicine. I have never heard of a medicine taken internally which would influence the size of a chronic hydrocele and I know about rhododendron (the snow rose), graphites (black lead), and the old reliable pulsatilla (the wind flower). Injections of various preparations into the hydrocele sac have proved that there is absolutely no absorption therefrom. The modalities of calcarea fluorica present no opportunity for criticism; they are so general and common.

What has been said of modalities would be equally true of KEY SYMPTOMS, a fact which is as well-known to the surgeon as it is to the materia medicist. Almost any symptom of the general symptom picture in case taking has its list of pathological, etiological possibilities.

Cannabis indica is an excellent remedy prescribed on its genito-urinary tract symptomatology. It is especially useful for lulling the prescriber into a false sense of security, perhaps through the alleviation of symptoms. Stop to think how many serious urinary tract lesions exist which are amenable to instrumental or operative intervention and which possess the symptoms characteristic of this drug; *viz.*, urine loaded with slimy mucous; must strain; dribbling, hesitancy—act of urination; stitches and burning in the urethra; dull pain in the region of the kidneys. As for the modalities, certainly these symptoms, and the genito-urinary lesions they resemble are: "worse mornings, from coffee, liquor, tobacco; better—fresh air, cold water, and rest." The patient is toxic. He is exhausted. He is azotemic. He needs more than a drug; he needs an accurate diagnosis and, after that, accurate treatment, and then the properly prescribed medicine, if symptoms persist. We have often heard the homeopath criticized for treating symptoms. If

he prescribes treatment in the order which I have just outlined, all criticism would cease.

My point has been made, but what genito-urinary lesions do I immediately think of that have the symptoms of cannabis? When answering such a question, we think also of the drugs which have a near simillimum to cannabis: belladonna; hyocyamus; stramonium; lachesis; agaricus muscarius (bug agaric-amanta or poisonous toad stool); and anhalonium (mescal button). The lesions would be as follows: for the "backache of cannabis with the oozing of white glary mucous from the glans penis"—prostatitis, prostato-seminal vesiculitis, prostatic hypertrophy, infectious lesions of the bladder and urethra, tumors. "The chordee": inflammations of the verumontanum, the site of the ejaculatory ducts, possible new growths in this area. "Sensation of swelling in the perineum or near the anus, as of sitting on a ball." Prostatic or seminal vesicle abscess—perirectal abscess. "Urine loaded with slimy mucous": vesicle calculus—tumor, chronic inflammation. "Dribbling": the overflow incontinence of prostatism. "Stitches and burning in the urethro": foreign body and any inflammatory lesion. "Dull pain in the region of the right kidney": tumor, stone, or tuberculosis.

So you see, the tail can be made to wag the dog. There is more to it than arriving at the perfect simillimum, as I have mentioned several times. The patient today who is properly informed expects the best from his doctor and rightfully so.

We could go on, drug after drug, citing examples, but it would serve no useful purpose. If we were to choose other drugs for illustration, they would include such useful genito-urinary tract remedies as apis, cantharis, capsicum, causticum, chininum sulphuricum, colocynthis, ledum, clematis, copaiva, crotalus horridus, digitalis, echinacea, gelsemium, hepar sulphuris, calcareum, hydrangea, hydrastis, kali bichromicum, and so on down the line, some of which I have already mentioned.

CONCLUSION

Homeopathic prescribing is a speciality. The prescriber should recognize the limits of usefulness of the method. Drugs may be prescribed to alleviate symptoms. It should not be inferred that they are capable alone of removing advanced pathology. A compilation of symptoms and complex symptom pictures are a vital part of the case work-up. Modalities are equally important. The value of modalities in the practice of medicine are two-fold. This is particularly true of the practice of homeopathic medicine: (1) for the differentiation of drugs having similar symptom pictures; (2) as an index of important underlying pathology. Just as the specialist should not look all diseases through the myopic eyes of his own particular specialty, just so the homeopath must not presume that all diseases can be eradicated by drug, no matter how perfect the similimum. An appeal has been made for an accurate diagnosis first through the employment of modern clinical methods, the proper and timely removal of gross surgical pathology and finally, the homeopathic prescription to eradicate or alleviate residual symptoms. Such an orderly procedure would assist greatly to remove the criticism which has been levelled at the homeopathic branch of the profession of medicine.

—A. I. H. *Journal*, Nov. 1949.

Realistic Materia Medica—By MANORANJAN BANERJEE, M.A., containing pen-pictures of medicines on realistic basis—with methods and secrets of Drs. Kent, Younan fully explained and fully illustrated with repertory of useful symptoms. Pages 258, paper binding, price Rs. 5/-.

Hahnemann Publishing Co., 165, Bowbazar St., Calcutta.