

WHAT SHALL WE TREAT, SICK INDIVIDUALS, BACTERIA OR VIRUSES?

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Modern medical science with its research and alleged advances in the field of medicinal therapy has increasingly stressed the necessity of curing diseases by arresting and overcoming the bacteria and viruses which presumably cause them. Assuming that many, if not most, of the diseases with which we contend in daily practice are of bacterial origin or are the result of the baneful effects of a virus, it would seem logically to follow that these causative agents ought to be combatted as quickly as possible, if the sick man is to be restored to normal health before damage to him has been done. Apparently, this concept of successful therapy is almost universally held to-day, not only by the dominant school, but by a very large number of homœopathic physicians as well. Hence we find the rapidly increasing resort to such bacterio-static therapeutic agents as penicillin, streptomycin, the sulfonamides, etc. It is true that the last named are not as extensively employed as formerly and it is also true that all these agents do at times, in susceptible patients, cause unpleasant and often serious, unlooked for side-effects. The great research laboratories which produce and market these preparations through clever and compelling propaganda make it almost a matter of necessity for the physician to employ them and the pressure and insistence of laymen, themselves indoctrinated through widespread publicity, compel physicians to yield to their patients, even though, in some instances, such compliance is against their own better judgment. For homœopathic physicians who feel that thereby their Hahnemannian principles must be sacrificed and have been violated the matter is a very serious one.

Homœopathic philosophy, as expounded by Hahnemann and to which, as least supposedly, homœopathic physicians are loyal, teaches that it is the patient who is

to be treated and not the disease which has overwhelmed him. Case-taking by the homœopath is an art and differs widely from what is known as case-taking in the orthodox school. Both schools subscribe to the necessity of establishing, so far as this is possible, a correct diagnosis and employ all known methods of arriving at this. But the homœopathic therapist, having taken the case and noted the symptoms which individualize the patient, attempts to select that remedy which, in its proving, has caused symptoms similar to those of the patient before him, though not the same disease. He treats the patient as an individual, different in many respects from other patients who may, perhaps, have the same disease or in whom the same diagnosis has been made. Such individualization does not embrace the anti-bacterial agents nor the viruses which allegedly have caused the illness. Thus we have the possibilities of a serious disagreement in methods of therapeutic procedure. As is usual in disagreements arguments can be advanced by either side which seem compelling. Yet it would appear that the homœopathic side has the better of the argument; for this allegation can be proved, if we will observe the cases treated by both methods and compare the outcome and, more particularly, the length of the sickness and the character of the patient's convalescence. To those physicians who are in a favourable position to observe, the Hahnemannian method of treatment will quickly impress itself as by far superior.

A few illustrations may be helpful in the determination of the justice of the foregoing assertion. A robust man of middle age had come to me several years ago for an annoying blepharitis which was entirely cured by Sulphur 200, one dose. He considered himself thereafter to be in better general health than before, but a few months ago, due to exposure to the elements and a neglected coryza, he complained of earache and rushed off to a specialist in the mistaken and popular belief that this was the right thing to do. The specialist in ear, nose and

throat diseases, accustomed as he is to treat diseases and not patients, gave the man both penicillin and one of the sulfa preparations, stating, however, that it might become necessary to incise the membrana tympani should the drugs not accomplish all that was hoped for. The hope, however, was fulfilled, for the pain disappeared, although rather slowly, leaving the man more or less of a physical wreck, so much as that each day he was compelled to leave his work and go home to rest; his limbs were shakey and his usual strength very much depleted. In commenting upon his condition, he said: "Well, I suppose this will take time, but these wonderful sulfa drugs do take it out of you!" To which I gracefully assented. This particular case illustrates, also, why the family doctor, eulogized in song and story, finds his sphere of activity and usefulness shrinking and why our younger physicians strive to become specialists as rapidly as possible. But then, we Americans are a very gullible people and rarely think of ourselves.

In contrast to the above experience is the following case: A woman, seventy-six years of age, came down with what appeared to be an attack of virus influenza; the outstanding symptoms were those of *Gelsemium* which was given in the 200th potency at three hourly intervals. Careful physical examination showed the lungs to be clear and there was no cough. On the following day conditions were much the same, though the patient felt somewhat better; the temperature was below 100 and the lungs were still clear. The heart action was good, also the pulse. The remedy was discontinued and *sac. lac.* given instead. The third morning there was a cough and some sharp pain in the lower left side of the chest; auscultation revealed crepitant rales in the lower lobes on both sides. The temperature had risen to 100.5 and the pulse was now somewhat accelerated and small. The cough was non-productive. The patient herself was dull, lethargic and she could not lie upon the left side, as this aggravated the chest pain. The tongue was but slightly coated and there was absolutely

no thirst, a symptom which had suggested the earlier selection of *Gelsemium*. *Phosphorus*-200, was now given in the time-honoured half glass of water, at three hourly intervals. That night the temperature rose to 103, but by the next morning had dropped to 99.6. The crepitant râles had completely disappeared and the patient felt decidedly better. Within a week she was up and about and has been well since, in spite of living through several heatless days when, due to a severe sleet-storm, all electric and power lines had been broken by falling limbs and branches.

Had this patient been under orthodox treatment the customary, modern scientific therapy would have been resorted to and the patient would still be dragging herself about, to say the least. Homœopathy is so far superior that comment to the contrary is stupid as well as silly.

Phosphorus, although it has the marked symptom of unquenchable thirst for cold drinks, also is a thirstless remedy, a fact which is very easily overlooked. The lethargy, though marked in *Gelsemium*, is found in *Phosphorus* also and when coupled with the symptom of indifference, the latter remedy is likely to be needed. It is these seemingly unimportant symptoms which may make the difference between success and failure in homœopathic prescribing.

Many additional cases might be cited, but to those who understand the basic principles of homœopathy the above experiences are sufficient. However, it may with good reason be observed that to swim against the tide of prejudice and to attempt to combat sheer ignorance, often blatant in character, is a thankless, if not a hopeless, task. Homœopathy is a therapeutic speciality, supreme in its legitimate sphere, but, as long as orthodox medicine refuses to investigate its principles and likewise denies a place for the teaching of these principles in the curricula of medical colleges, homœopathy will continue to remain the neglected step-child of medical science.

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