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CONVULSIONS IN CHILDHOOD

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The treatment of this sickness is often discussed in homeopathic literature in a manner unsatisfactory to a thinking physician. Influenced by a compilation of symptom lists, some authors advanced superficial descriptions of the attacks without mentioning the causative moments, as if they were irrelevant in the remedy choice. Since scientific homeopathy has always opposed such mechanical remedy-selection, I wish here to show how in my opinion we should proceed in choosing a similimum for convulsions in childhood. The impetus to this subject was a lecture "Homeopathic Therapy in Convulsions of Childhood" by Dr. Karl Fischer at the Hahnemann Medical College in Philadelphia (1935). Basing his lecture on the observation of the American pediatrician Dr. Petermann who had treated 500 convulsive children, Fischer published the differential schemata, which I now desire to enlarge in a therapeutic way.

A. In the period between birth and the end of the first month convulsions may be caused by:

1. Injuries to the skull in 54.7%.

Antecedents: Precipitate labor, difficult confinement, breech presentation, forceps delivery.

Symptoms: Bulging of fontanel, "cri encephalique," sucking difficulty.

Examination finding: Increased intra-spinal pressure and bloody spinal fluid.

2. *Acute infections* in 12.3%.

Antecedents: Umbilical infection, etc.

Symptoms: Infections on skin, umbilicus and chest organs.

Examination finding: Usually leucocytosis.

3. *Epilepsy* in 9%.

4. *Hydrocephalus* in 6%.

Antecedents: Increased head-circumference, vomiting, rolling of head.

Symptoms: Fontanelles and sutures larger. Fundus oculi changes, etc.

Examination finding: Blood and cerebro-spinal fluid positive Wassermann reaction.

5. *Spasmophilia* in 6%.

6. *Inherited syphilis* in 3%.

Antecedents: Family anamnesis, skin eruptions, etc.

Examination finding: Positive Wassermann reaction of blood and cerebro-spinal fluid. Roentgenology of bones etc.

7. *Gastro-enteritis* in 3%.

8. *Meningitis* in 3%.

Of course, other causes during the first month come in question, but they are so rare that we shall not consider them here. In studying this schema A, it is evident that convulsions produced by differing causes can *never* be properly treated without regard to the basic pathology. Since *Fischer* unfortunately does not give any therapeutic hints, and finishes his lecture with the recital of the diagnostic presentation, I wish to give "my therapy" for the individual conditions. Though I deplore that I can not present the material of 500 cases of infantile convulsions treated homeopathically against *Petermann's* large group, yet I believe that my smaller group with therapeutical observation and

study of critical homœopathic literature justify me to try giving rational remedy indications.

1. Results of *cranial trauma* at confinement, mostly intra-cranial hemorrhages, suggest the following remedies for choice: At first a few doses of *belladonna* (given every half hour in sterile water in mouth by pipette); then *arnica*, perhaps in hourly alternation with *hypericum*. These remedies are also indicated in symptoms of intra-cranial pressure from hemorrhage; also *opium* may be useful for symptoms of brain pressure according to *Hellmuth sen.*, who administered it prophylactically before brain operations to reduce hyperemia in the field of operation. The recommendation of *opium* in pre-apoplectic conditions is on the same basis, the reduction of cerebral congestion. Since the bulging of fontanels is not due to increased intra-cranial pressure from inflammatory irritation of the serous membranes, but caused by intra-cranial hemorrhages, serosa remedies like *apis*, *helleborus*, etc. are not now indicated, but perhaps in later stages. Convulsive conditions following confinement may also be due to pressure from a cephal-hematoma. We recognize, aside from the external birth trauma-cephalahematoma, also an internal kind caused by hemorrhage under the inner periost of a flat cranial bone—and here the resorption stimulating *calcareæ fluorica* is our most effective remedy. It may be given every hour to twice daily in alternation with *arnica*, *symphytum* or *hamamelis*. The "convulsion remedy" *cuprum* must also be considered—especially in the later stage. In copper poisoning a cerebral hyperemia was found in several cases. One should also consider *Clarke's* recommendation of *zincum sulphuricum* after forceps delivery.

2. The second most frequent cause of convulsions in the first month, *acute infections*, are, of course, to be treated as such. They are generally umbilical infections, for which we have remedies like *mercurius corrosivus*, *belladonna*, etc. For cerebral hyperemia with high temperature and restless-

ness, jactitation and even so-called convulsions "of convenience" (as in later life, of course), we use *belladonna* first, and then if necessarily indicated *veratrum viride*, *hyoscyamus*, *stramonium*, and perhaps *cuprum metallicum*. In meningism, which at times follows acute infections, we prescribe especially *bryonia*, *apis*, *helleborus*, *belladonna*. For the "first year" *pachymeningitis hemorrhagica interna* following hemorrhagic coryza (lues or diphtheria), in which brain pressure symptoms gradually occur without fever, but with restlessness, somnolence, vomiting, choked disk, tension and bulging fontanels, spasms and cramps in extremities—we find no mention in homeopathic literature. If such conditions follow diphtheria, *lachesis* might be indicated. *Cartier* mentions a case of pachymeningitis which *Sole y Pla* treated with *lachesis* and *opium*. That in syphilitic pachymeningitis especially gold-preparations (*aurum iodatum*, *mercurius auratus*, then *mercurius biniodatus*, etc.) must be considered is presupposed. My father *Dr. Hans Donner* reports in his "Late Forms of Hereditary Syphilis" several such convulsion cases in which he gave *kali iodatum*, *gelsemium*, *mercurius dulcis* and *cinnabaris* with success.—In cerebral syphilis and syphilitic hydrocephalus the treatment of the basic disease is of primary importance, which in hydrocephalus demands our serosa-remedies like *apis*, *helleborus*, etc., possibly given in daily alternation.

3. Epilepsy will be considered repeatedly in the following schemata, and its treatment will be mentioned extensively under schema E.

Hydrocephalus is treated in the following manner:

4. a. *Hydrocephalus acutus* (meningitis serosa), usually occurring after passed or still present infectious disease (grip, pertussis, pneumonia, enteritis, measles, otitis media), sudden eclamptic attacks occur, usually with high fever. The prognosis itself is not bad, only the inclination to chronic hydrocephalus is a grave tendency. The intra-cranial pressure can, of course, be immediately over-

come by lumbar puncture.—Of internal remedies we consider aside from *apis*, and *belladonna*, especially the "acute" serosa-remedy *bryonia*, which, according to *Cartier* is the *similimum* for serous meningitis. Aside from these serosa-remedies, among which the most suitable will be chosen for the special case, one can appropriately give in hourly alternation such additional ones which influence the inclination to convulsion, like *cuprum metallicum* or a *zincum* preparation like *zincum metallicum*, *zincum valerianum*, etc.

b. In *chronic hydrocephalus*—the treatment of luetic forms has been mentioned above—one may try *apis*, *apissinum*, then *helleborus* and *hedera helix* tinct. (recommended by *Blackwood*). The use of the so highly praised *apocynum cannabinum* which we know as efficient heart-remedy and diuretic, seems to me hardly suitable for chronic hydrocephalus; but the serosa remedies *abrotanum*, *arsenicum iodatum* and *cantharis* are surely more often indicated. That in the treatment of this disease the constitutional moments must not be overlooked—*Calcarea carbonica* and *calcarea phosphorica*, then *silicea*, and at times interposed *sulphur* and *thuja*—needs hardly to be mentioned.

5. The treatment of spasmophilia, gastro-enteritis and meningitis will be given later.

Let us now consider the next life-period.

B. *Between the first and sixth month of life* we find the following distribution of frequency of convulsions:

1. *Acute Infections* in 29.4% of cases. See schema A.
2. *Residue of confinement trauma* 23.5%. See schema A.
3. *Spasmophilia* 16.1%.

Previous history: Attacks in spring; accompanying symptoms of infection to gastro-intestinal tract, or to respiratory organs.

Symptoms: Chvostek's sign. Trousseau's sign. Carpedal spasm. Slow respiration.

Examination finding: Lowered blood calcium.

4. *Epilepsy* 7.4%. See schema E.

5. *Gastro-enteritis* 4.5%.

Previous history: Faulty diet or acute infection.

Symptoms: Only gastro-intestinal canal.

Examination finding: Normal blood calcium.

6. *Meningitis* 1.5%. See schema C.

1. *Convulsive conditions in acute infections* have been previously mentioned.

2. *Residua of confinement: trauma*, an unpleasant chapter for the attending physician. One has to begin with resorption remedies like *calcarea fluorica*, *arnica*, *symphytum*, also *hypericum* (the *arnica* for nerves). Furthermore consult also *cuprum metallicum*, and of the zincum group *zincum metallicum*, *zincum picricum* and *zincum valerianum*; then also remedies like *strychninum arsenicum*, *cocculus*, *cicuta*, *oenanthe* and *solanum Carolinese*. Increased pressure in lumbar fluid demand the remedies mentioned under hydrocephalus.

3. The *spasmophilia* must above all be attacked from the constitutional side. Here *calcarea phosphorica*, *carbonica*, *calcarea hypophosphorosa*, *kali phosphoricum*, etc. must be consulted. *Ignatia*, *nux vomica*, *magnesia phosphorica* are also mentioned as at times indicated. Aside from these constitutional remedies one may have to use *cuprum metallicum*, *cuprum arsenicum*, also *solanum nigrum* (Boericke) and zinc preparations when indicated.

4. *Epilepsy* will be treated at the end of this article.

5. *Convulsions in gastro-enteritis* demand above all dietetic treatment; the younger the child the more important is the regulation of diet. For details see textbooks on Pediatrics.

Symptoms of intoxication: Fever, severe diarrhea; due to loss of water we see eyes sunken, nose pointed, emaciation, rapid loss of weight—make us think of *arsenicum*. The occasional convulsions point to the similimum for such conditions: *cuprum arsenicosum* which is our most often

indicated remedy in vomiting and diarrhea of children (which condition might be called *cholera nostras*). *Chininum arsenicosum* is surely our next best and often indicated remedy in gastro-enteritis of sucklings and small children. Aside from these remedies we have the choice of *magnesia phosphorica*, *colocynthis*, *croton*, *arsenicum album*, *veratrum album*, *cuprum metallicum* and *aethusa cynapium*. The last named remedy has the endorsement of many clinicians and hence is mentioned here, even though its provings still have to be somewhat questioned. We must also think of *acidum hydrocyanicum* in a fulminating course and *chamomilla* in diarrhea during dentition. Chronic gastro-enteritis also demands dietetic views; then in addition to the customary diarrhea remedies, a constitutional treatment with remedies like *calcareo carbonica*, *calcareo phosphorica*, *calcareo iodatum*, *ferrum phosphoricum*, *arsenicum album*, *chininum arsenicosum*, *cuprum arsenitum*, etc. *Apis* in chronic gastro-enteritis accompanied by "hydro-encephalitic symptoms" (Cartier). *Sulphur*.

In worm conditions a causal treatment is important.

6. *Meningitis* will be considered in the following schema:

C. At the age between six months and three years the different cause of convulsive conditions are as follows:

1. *Acute Infections* in 29.3%. See schema A.
2. *Spasmophilia* in 22.4%. See schema B.
3. *Epilepsy* in 19.4%. See schema E.
4. *Residues from confinement trauma* in 12.4%. See schema A.
5. *Meningitis* in 5%.

Previous history: Vomiting, fever, also infections (of ear, accessory sinuses, etc.)

Symptoms: Fever, Kernig's sign. Opisthotonos, etc.

Examination finding: Result of lumbar puncture;

demonstration of exciter in material obtained by puncture.

6. *Encephalitis* in 1.5%.

Previous history: Prevailing of present epidemic.
Recent grip infection. Fever, headache, vomiting, etc.

Symptoms: Sleepiness or irritability. Localized symptoms differing according to seat.

Examination finding: Result of lumbar puncture.

1. Acute infections see schema A.
2. *Spasmophilia* see schema B.
3. Epilepsy see schema E.
4. Residues of delivery trauma.

5. *Treatment of meningitis*, is less concerned about cause than symptoms. At the beginning *belladonna*, and in pneumococcus meningitis *Cartier* praises *veratrum viride*. One fares best by giving the indicated remedy hourly in alternation with the serosa-inflammation remedy *bryonia*. If exudation increases—symptoms of brain pressure—then go over to *apis*, or *helleborus niger* in apathy, or *mercurius biniodatus*, or *gelsemium*. Further, in suppuration meningitis consider *lachesis*, *echinacea* tincture, *arsenicum iodatum*, *crotalus*, etc.

In epidemic cerebro-spinal meningitis *Spalding* (based on 32 years experience) recommends *gelsemium* which *Roberts* also praises here in low potency. In convulsions one should remember *zincum metallicum*, *cuprum aceticum*, *agaricus* and *cicuta virosa*.

In tuberculous meningitis *iodoformum* is recommended also by *Boericke*. Careful examination of literature of interviews with homeopathic clinicians failed to elicit a cure of tuberculous meningitis. I agree with *Cartier* that cures of this condition were based on false diagnosis.

Encephalitis demands in the acute stage *veratrum viride*, *belladonna* and especially *gelsemium*.

After the acute stage the resulting symptoms of encephalitis like: change of character, Parkinsonism, disturbed sleep, etc., demand especially *gelsemium*, *manganum*, *zincum phosphoricum*, *strychninum arsenicosum*, then *phosphorus*, *calcareo phosphorica*, *arsenicum iodatum*. *Causticum* (still a very doubtful pathogenesis) is recommended by some authors.

D. Between the *third* and *tenth* year the causes are:

1. *Epilepsy* in 59%. See schema E.
2. *Acute infections* in 13% see schema A.
3. *Residues of delivery trauma*, 10% see schema A.
4. *Traumatic tetanus* in 3%.

Previous history: Dirty injuries.

Symptoms: Stiff neck and lockjaw. Painful muscle cramps, disturbed deglutition, etc.

Examination finding: Normal lumbar puncture fluid.

5. *Jacksonian epilepsy* in 2%.

Previous history: Corresponding head injury.

Symptoms: Convulsions of certain muscle groups.

Examination finding: Roentgen picture and encephalogram.

6. *Congenital brain defect* in 1.5%.

Previous history: Family anamnesis, slow mental and physical development.

Examination finding: Encephalogram.

7. *Brain tumor* in 1.5%.

8. *Brain trauma* in 1.5%.

Previous history: Brain concussion, cranial fracture.

Symptoms: Slow pulse; the usual neurological symptoms of concussion of brain.

Examination finding: Roentgenogram of cranium, blood in lumbar puncture, etc.

9. *Encephalitis* in 1.5%. See schema C.

The causes named under 6, 7 and 8 may also be found at other ages; there they are only a very small

percentual part, hence they were not there mentioned, the same as some other rare causes.

1. The treatment of epilepsy see under schema E.
2. The treatment of acute infections see under schema

A.

3. The treatment of delivery trauma residues see under schema B.

4. For traumatic tetanus we have no prophylaxis which can compete with injection of tetanus serum. After traumatic tetanus is established allopathy is helpless; the same applies to homeopathic therapy. In repertories we find perhaps a large number of so-called "indication for remedies"; really helpful, if at all, may be only a few. Yet we ought to give a trial with *hypericum*, *gelsemium*, *upas tiente* (upas tree—strychnos tiente), *strychninum arsenicosum*, *acidum hydrocyanicum*, etc.; one should endeavor, however, to find a similimum, for at times a well chosen remedy may lighten the insoluble condition of the patient.

5. Jacksonian epilepsy is obviously not readily amenable to internal treatment. Yet, at times we can ease the attacks and their frequency, hence we must not idly despair, but keep searching for a suitable remedy. Remembering the possible cause we must think of *aurum iodatum* (it is also believed to have action on pericardial concretions), *aurum muriaticum natronatum*, *hypericum* and the diverse convulsion remedies like *cuprum metallicum*, *oenanthe crocata*, *cicuta virosa*, *solanum Carolinese* tincture 20 gtt. per die, etc. We must keep on trying to produce relief.

6. Congenital brain defects suggest above all a trial with anti-luetic remedies if the family history is at all suspicious, and even if the child gives a negative Wassermann.

Furthermore, one should try the different *phosphorus* and *picrin* preparations singly, or in combination with *calcium*, *strychninum* or *zincum*. In such cases I have always given *calcareo phosphorica* as basic remedy. Judg-

ment, which is always difficult, is here especially so. We do not ask to see the patients very often—one has to give the remedy time to act; and it is difficult to properly evaluate an apparent improvement. Is it due to our remedy, or to physiological development of brain function as always found in growing idiotical children? In addition to the mentioned remedies we have to treat the convulsive state symptomatically with corresponding "convulsion remedies."

7. For *brain tumors* we do not know an effective therapy. Here one also has to relieve the patient with symptomatically selected remedies. In pressure symptoms think of the remedies mentioned in the treatment of chronic hydrocephalus.

8. *Brain trauma*: In brain concussion give *arnica* in alternation with *hypericum*. If convulsions occur we must consider *cuprum metallicum*, *cicuta virosa*. Also think of *hamamelis* and *opium*. In skull fractures the same remedies may be indicated; and for fractured skull proper *symphytum*, *calcareæ fluorica* and *lapis albus*.

9. *Encephalitis*. See schema C.

Finally we mention the ages between 10 and 15 years.

1. *Essential epilepsy* in 81.2%.

Previous history: Anamnesis, a certain periodicity of attacks. Aura and prodromes: Loss of consciousness. Biting of tongue. Involuntary urination. Psychic changes. Epileptic equivalents. Symptoms and examination findings are presumed to be known.

2. *Traumatic tetanus* in 6.3%. See schema D.

3. *Congenital brain defects* in 6.3%. See schema D.

4. *Resulting conditions after encephalitis*. See schema C.

5. *Residues after birth-trauma*. See schema A.

Acute Infectious Diseases, Meningitis, Gastro-enteritis, Hydrocephalus, Spasmophilia, Encephalitis, Jacksonian Epilepsy, Brain Trauma, Tumors, Epileptoid Premenstrual

Conditions, Hysteria, etc., may produce convulsions also at this age, but they are only a small percentage of the causes and are therefore not treated of here.

1. *The essential epilepsy* which from the 10th year on has a large percentage of the causes of convulsions, must not be mistaken for "reflectoric epilepsy," i.e., epileptiform convulsions from various causes. Here we find especially premenstrual epileptic—and choreiform conditions, which occur especially at the time of menarche (establishment of menstrual function) and react well to remedies like *pulsatilla, cyclamen, graphites, cimicifuga, etc.* Then also vasomotoric conditions with gastro-cerebral symptom-complex are encountered. The "reflectoric epilepsy" usually responds favorable to homeopathic remedies, as also to psychotherapy. The treatment of "essential epilepsy" with homeopathic remedies has been tried with varying potencies, and with remedies chosen according to the most different views. Since the physician generally sees only such patients a second or third time in which he has been successful to some degree, and since he usually is consulted for mild cases, beginning conditions, he naturally is inclined to consider his therapeutic result too hopefully. This leads him to believe the remedies and potencies very reliable, but conscientious application of the same on large numbers of epileptics have too often proved failures. And since conditions are not always the same in epileptic, but some attacks may be mild, and followed by serious seizures, again they may last for a short time only and the next spell may be severe and long lasting—one may be easily deceived regarding remedy action without proper critic. A more reliable evaluation of the result of homeopathic treatment can be gleaned from the records of the large homeopathic state institutions in the U.S. of America. Unfortunately this source flows only sparingly; personal interviews with chiefs and assistants of such institutions brought out very little information. From the institution for the insane at

Middletown in N.Y. we have reports by Professor Seldon Talcott. According to these, of the many enumerated remedies of the symptom-register, only a few were found active with a degree of frequent success. It may be possible that in certain cases also other homeopathic remedies, not mentioned in this article, are not only theoretically indicated, but also have been practically valuable. However, it is of great importance to emphasize such remedies which have given positive results in the instances used. Such remedies are *oenanthe crocata*, used by Talcott in the tincture, by Dewey in the 3x to 6x potency. According to Talcott it is reduced the number of attacks by 50%, and their severity, *Cuprum metallicum* 6x is especially indicated in nocturnal seizures. *Cicuta virosa* 4x to 6x, *cocculus* 4x to 6x, *solanum Carolinense* tincture 20 gtt. daily (Boericke); Cartier reports good results from 5 gtt. daily, which may be appreciated against the high price of the tincture (in Germany?).

If there are no symptoms which point strongly to one of the mentioned chief remedies, or to one of the following, then I like to begin the treatment of epilepsy according to Jousset's suggestion: For one week *rana buffo* 3x to 6x, then *salamandra* 3x to 6x, etc. alternating weekly. Both remedies are poisons acting on the central nervous system. It might be well to consider the *rana buffo* symptom "seeks solitude to practice masturbation" not as characteristically pathognomonic; in my opinion the opposite of "seeks solitude" should be so considered. *Opium*, *belladonna*, *agaricus*, *cimicifuga*, *lachesis* in climacteric vasomotoric attacks, *zincum valerianum*, etc. may also be useful in suitable cases, and should be considered adjuvants to the mentioned main remedies. One should not forget to give constitutional remedies like *calcareo carbonica*, *calcareo phosphorica*, *silicea*, *nux vomica*, *nux moschata*, *pulsatilla* and *graphites* in between for a longer time.

The homeopathic treatment of

2. *Traumatic tetanus,*
3. *Congenital brain defects,*
4. *Resulting conditions after encephalitis,*
5. *Residues after birth trauma,*

Was given in previous paragraphs.

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FAGOPYRUM AESCULENTUM

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Fagopyrum, the common buckwheat, is a neglected remedy, despite the fact that it has been rather extensively proven. Its pathogenesis occupies twenty-four pages in Allen's *Encyclopedia of Pure Materia Medica*. An instructive paper on *Fagopyrum* was read before the American Institute in 1873, by D. C. Perkins, of Rockland, Maine, and reprinted in Anshutz's *New, Old and Forgotten Remedies*. He says that there is no other remedy which possesses a more marked individuality and which more fully fills a place by itself. It is safe to say that not one in ten of those who practice the healing art has ever used it or is familiar with its pathogenesis. A study of the provings confirms Dr. Perkins' appraisal of this remedy.

Generals. Burning, stinging, soreness, rawness, dryness; itching. Pulsating, fullness and pressive, bursting sensation outwards (head, eyes, face). Aching, burning, shooting pains (limbs, face, head).

Sensation of heat, general or in local areas (hands, feet, throat, etc.).

Offensive discharges (auxillary sweat, foot sweat, stools).

Pulsation (carotids, head, hands).

Aggravations: evening (most symptoms); from heat (general itching); touching something cold (pains