

X-RAY AS A REMEDY

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This is a little known remedy in so far homœopathic literature is concerned. The sketchy symptomatic picture available consists mostly of the results of accidents, and so forth; where the modality was physically used, either diagnostically or therapeutically. Even as we write this paper, we receive a warning in the press of the harmful effects of treating certain food substances with this modality, emphasizing strongly the fact that fats contained in foods may become toxic after exposure.

For the purpose of this bureau we offer this remedy as an interesting subject. First, because it needed provings and a good deal of study and application, secondly, because of my clinical experience with it; some of which we hope will prove helpful and useful to others.

I was probably originally attracted to the study of the effects of x-ray when we discovered that a member of my family (suffering from chronic bronchietasis) reacted very severely every time a chest x-ray was made. The aggravation would last at least a month, and sometimes two months, with tightness across chest, burning, increased DRY cough, constipation; coupled with a noticeable apprehensiveness until the patient refused to submit to further study. This is not an isolated example. Now with campaigns all over the country whereby free x-rayings are given, we are finding that there are an extremely large number of "sensitives," and that even x-ray examinations are not as innocuous as we have been led to believe.

In trying to tap other sources for material, through Dr. Boericke I wrote to our good friend, Dr. William B. Griggs, who to my gratification and surprise, informed me that he is conducting a scientific proving of the homœopathic remedy, x-ray findings of which he was to present before the 1951 International Hahnemannian meeting. I

feel, therefore, that our choice of subject on this occasion may prove more timely than one might ordinarily hope for.

Out in my state, a newcomer looks with considerable interest and expectation for at least two things: large doses of sunshine and to eat freely of oranges picked off the trees. Both of these wishes, when fulfilled, raise hob with the skins of "sensitives," and we would recommend that for the sun and ultra violet sensitive individual, x-ray as a remedy homœopathically administered, may go a long way toward de-sensitizing this patient. The "juicers" may require an entirely different treatment, though not necessarily. We have prescribed the remedy x-ray in a rather wide variety of cases over a period of ten years more or less, and have found it to be of great value in dealing with several types. The first group are those who have previously received x-ray in treatment and have been affected in varying degrees, and need, therefore, to be de-sensitized (or shall we say, isopathically treated). This is particularly true of the pruritic anal cases, post-operative breast tumor cases, and a wide variety of dermatitic problems with special emphasis on the allergies. We grant you, the reaction is quite slow, but recommend your considering this remedy very seriously if you fail in determining a similia, until we can establish its complete proving picture. It has been noticeable to us, how strikingly effective this remedy has been in psoriasis cases, with cure in some instances.

Let us now turn to some examples to illustrate the use of this remedy, and the results obtained therefrom.

Case No. 1. Mrs. L., Age 75. First office call—October 15th, 1951. History: Right breast removed (Carcinoma) 1944. Given deep x-ray therapy to the limit of her endurance. Right arm and hand now swollen 3 to 4 times normal size with deep reddish-purple discoloration over all, and in addition, there were large honey colored blebs up to 4 inches in length, 1 inch in breadth and almost $\frac{1}{2}$ inch in depth found on back of hand, fingers, wrist and various areas

of the arm. Patient suffered deeply, both emotionally, and physically, complaining of darting, startling pains with marked feeling of great weight, and "underneath" feeling of numbness. Has been under constant sedation, but of late this gives no relief. Her surgeon finally informed the family there was nothing more to be done other than possibly further surgery.

We accepted the patient for treatment for two reasons ; first, she and the family asked that we do so, secondly, they at least wanted some relief if possible, as you can well understand, X-ray 30X was first given, later in the 200th, and then in the 1M potency. Within a week's time, the edema was lessening, discoloration was fading and the arm above the elbow looked as if it had been bruised and healing. Patient complained of feeling tired most of the time, but no other complaint. The blebs continued getting smaller and drying up. Later the 10M potency was given with more marked improvement of the patient; when unfortunately in our opinion, the family considered social obligations rather than medical appointments and continuing of efforts as being more important. We did not see her from the 20th of December until the 23rd of February following. In the meantime pain developed in the chest (mid-sternally), right arm had begun to swell again and discoloration was returning. X-ray 10M was repeated with a very limited period of improvement. A slight cough now appeared—arm continued to swell. Swelling slowly was reduced though patient had become nervous and restless. In the meantime, the family seemed to be plagued with the idea that the patient was suffering from a skin infection which accounted for the blebs, and decided to consult a dermatologist. The most recent word comes that surgery proposes amputating the arm at the shoulder. While this case to all intents and purposes was hopeless, it seems to me that none-the-less it gives us a background for the use of this potent remedy.

Skin Lesions

Case No. 1. Mrs. M. S. (Psoriasis). Arms, legs, body. Slight scaling and hot sensation (no itch). Six months duration. 5-6 miscarriages. May 1st 1948 first dose x-ray 1M. By December 1948 skin nearly normal. Couple of flare-ups of few spots in 1949. Free of any marks since July 1950. Another report March 5th, 1951—a few spots. No report since. Given x-ray 1M, 10M, 50M, CM.

Case No. 2. Mr. R. C. Age 16 (Psoriasis). December 5th 1949: Large areas over unexposed parts. Itch hands. Nervous and depressed and melancholy. Weak stomach. Some anemia. Areas burn at times. Worse after bathing. Chronic constipation. After two months psoriasis much improved. By June, 1950, constipation improved. August 1950: Last report, few spots, no itch, no burn. Feels good otherwise. August 21st 1950: Last remedy, no further report. Given x-ray 1M and 10M.

Case No. 3. Mrs. J. B. Age 55 (Psoriasis). (Both parents died of tuberculosis when patient age 2½ and 3 years.) Psoriasis past 10 years or more. Even remembers a scalp eruption which bled when mother pulled off the yellow scabs. Last year, lesions about elbows, and prior to that in both ears. Twenty-nine years age, lesion on labia majora and continued years after. Had weak lungs at 9 years and thought wouldn't live until 16. Shunted about by mother's death, and later in orphanage. Married 33 years and happy. Menstruation late by 2 months, began when patient 12 years of age. Is weeping in telling her story. Says weeps easily and especially if tries to talk at meetings, etc. No operations; but had eyes operated for crossed eyes which began at 4 years of age. Leucorrhea formerly very heavy and bad odor. Leg cramps and itching of psoriasis. Given x-ray 200 on July 31st 1950 with result of less itch and no leg cramps. By August 24th, psoriasis cleared very much and rash too, but rheumatism in jaw, back of head, neck, creaky bones.

September 7th, 1950; Has come back in vagina and ears. More constipated lately. Pain jaw and upper teeth, right side. By October 18th 1950, no pain past two weeks and skin lesions cleared quite well. November 1st, 1950: Last report. Skin flared day before yesterday enough to annoy. Given x-ray 1M. No report since. X-ray 200 and 1M only remedies given.

Case No. 4. K. R. (Age 8) (Skin Lesions). October 21st, 1949—Sent home from school with inflamed right eye—Lids matted, swollen moderately. Dried excretion on cheek. Several ulcerated lesions right cheek, bridge of nose and upper lid. Given x-ray 1M. November 14th, 1949: Skin entirely cleared. Back in school. Given x-ray 10M.

Case No. 5. Miss H. B. (Skin Lesions). Face very oily and greasy. Spirits low. At times high and full of life and fun, but can get very depressed. Lesions get red, stay sore a long time, but not open and discharge pus (except very rarely). Skin is roughened so looks like sandpaper, leave scars or lumps under skin. Turn bluish after weeks. Has been subject to wen formation in ear lobes. These may break down and discharge pus and form again. Is a strong, vigorous girl, and always has been. Perspiration inclined to be strong and offensive, especially feet. October 3, 1950: x-ray 200. On December 11th, 1950—face better than for a long time. Grease left face and no new pimples or lumps. January 5th, 1951: Face cleared very well. Yesterday it had broken out again but the oiliness has all gone. Last report on March 14th 1951: Been much better in re acne until recently. New face begins to be greasy again. Has not been greasy since x-ray 1M but has slipped back now in spite of the remedy. Given x-ray 10M. No report since. Given: x-ray 200, 1M and 10M. Patient did not report at intervals as requested, but waited until symptoms returned.

Case No. 6. Mrs. J. L. Age 38. (Skin Lesions). Dark red discoloration of entire face, cheeks, forehead, eyelids, etc., except tip of nose. It is dry, scaly, itches and burns

terribly. Started a year ago January (1950) after took antihist for a cold. Itching worse at night, worse heat, but some relief from hot moist compresses. So severe wants to kill herself but hasn't selected the method yet. Itch worse before a storm, and at menstruation. Aversion to company. Craves sweets. Has some eczema, itching on inner aspects of each forearm. Dreams of a dead brother, and dreams son was killed but is quite alive. Given x-ray 200. Later report (and last): x-ray had shown up strong in McKenzie tests in CM and she had several doses of it. No report of condition. No remedy sent.

Case No. 7. Mrs. M. C. Age 72. (Skin Lesions). September 5th 1950: Has breaking out in palm of hand. Given x-ray 200. September 16th 1950: Next report: Hand much better, only a few in palm that have not dried up, otherwise o.k. but no pep. Given x-ray 1M. October 10th 1950: Symptoms cleared. Given x-ray 1M. No further report of lesions.

Case No. 8. S. P. Age 45. (Skin Lesions). October 18th 1950: 3 or 4 days age reddish swelling with white head on right buttock, now expanded to 5 or 6 in. across. Is swelling and getting hard toward the center. Heat relieved present pain. Has had series of pimples on back and legs lately. No temperature. Inguinal lymph nodes bothersome. Given x-ray 200. November 22nd 1950: Back at work today. Boil started draining 2 days ago. Still draining some. Lymph gland right groin sore. X-ray 1M given. No report since.

Case No. 9. Mrs. E. E. Age 50. (Previous x-ray treatment). Past history: Appendicitis: acute pyelitis, dysmenorrhea treated with estrogen and progesteren. Itching hemorrhoid removed by dissection (interior and exterior). Severe itch again. Given 2 x-ray treatments causing menstrual hemorrhage for 10 days. Tab and new hemorrhoid cauterized July 1947. January 1948: Itching anus with colorless, odorless discharge up 5 inches. Then acrid discharge. Continued severe itch. Homœopathic remedies

given (not by us)—syph, puls, sulph, graph, merc viv, nitr acid. After 4 months patient almost hysterical. Itch spread to labia majora and mons veneris, causing scales from scratching. Anal itch, sticking sensation. Worse in bed from warm covers. Feet cold. Itch improved for short while from ice and warm bath. April 29th 1948: x-ray 10M. Then severe constipation. Anal itch decreased but worse itch labia. Pustule on buttocks similar to those caused by x-ray burn. May 29th 1948: Much improved. Constipation cleared. Last of June 1948, reports complete recovery. No word since. Given: x-ray 10M and 50M.

Case No. 10. Mrs. B. S. Age 40. (Myocytis and Skin Lesions). June 9th, 1950: Stiff neck right side. No improvement from heat. X-ray 10M given. Symptoms cleared in a week. June 20th, 1950: Arms broken out (a chronic intermittent symptom) aggravated by sun. X-ray 1M given, arms cleared in 1 week. July 1950: Pain lower back, worse bending over. Sensation as if back did not belong. Feels stiff and board-like. Constipated. Pain and tightness across lower abdomen. Given x-ray 1M. October 2nd, 1950: Throat husky and dry. "Dry spot" right side throat near tonsil (a chronic intermittent symptom). Dry spot not appeared after 2 months. Given x-ray 1M. February 27th, 1951 to present: husky throat when remedy due is only remaining symptom. Now on x-ray 10M.

Case No. 11. Mr. J. P. Age 34. (Myocytis). June 19th, 1950: Awakened 3:00 A.M. with excruciating pain right shoulder blade area. No improvement from heat. No relief from osteopathic treatment. Improved moving, raising arm above head; pulling knob when opening door. X-ray 1M given. Improved next day. Slept better. Improvement noted day by day. Slight numbness right arm. Went back to work June 22nd 1950. Slight numbness in arm. One month later, all cleared except very slight numbness hand and forearm. B.M. good. By November 1950 was okey. Sexually very much improved. Given: x-ray 1M and 10M. April 7th 1951: Feeling right shoulder blade

same as last year. X-ray 1M given. April 21st, 1951: Is fine. No remedy given.

Case No. 12. Mr. G. H. Age 35. (Asthma). Asthma and chronic bronchitis. July 1944: Can't breathe in. Pneumonia 3 times, mumps, measles. Treated with lac deflor and tuberculinum. Fairly well. February 6th, 1948: Had a boil right temple hair line. Company doctor opened and treated with "some black stuff." Now raw, open and swollen. X-ray 1M given. After 1 week, swelling nearly gone. Feeling fine. X-ray 1M repeated. During 1948 better health than ever had, with only two "tightening spells." By June 1949, wonderful health, cannot believe ever had asthma. Given: x-ray 1M, 10M and CM.

Case No. 13. Girl L. G. Age 7. (Tonsils). Large tonsils. Tonsilitis in 1948. Report on August 12th, 1950: Tonsils swell almost enough to contact one another; then talks as if with head cold. Irritable when crossed—sassy. Does not like eggs (especially yolks). Prefers bread and butter to almost and food. Likes fat. Given silica. December 1950: Report general health seems okey. Tonsils still large. Given x-ray 1M. January 1951: General health good. Tonsils shrunk, not as red. Last report: May 1951: Tonsil color good. Still large. Given x-ray 1M since December 1950.

With our *Materia Medica* in its present state of incompleteness and time having become as valuable as it is, there are many among us who find it imperative in order to do good work and survive economically, to take an open attitude toward new problems as well as new remedies.

—*Journal of the A.I.H.*, December, 1952.