

benefits of which they are being deprived by this prejudiced opposition. We should tell the people that they have it in their hands to alter this unsatisfactory state of things by demanding from their governments a full recognition of our system of treatment, so that it will be taught in our medical schools, preferably, I think, as a postgraduate study.

In my opinion, this approach through the laity is absolutely necessary. No medical authority has the right to deprive the community of one of its fundamental human rights, to be able to get in time of illness the kind of treatment in which it has learned to have confidence.

—*The British Homoeo. Journal, July-Oct. 1954*

PREVENTION OF FOOD AND OTHER ALLERGIES BY SPECIFIC POTENCIES

N. J. P.

We are all familiar with the child who doesn't like milk, and with the adult who dares not eat crab—two common examples of sensitivity to foodstuffs. The child will probably grow out of it—a long and tiresome process. The adult will probably sooner or later be faced with a situation in which he has to risk eating the offending food—for example, at a dinner, when it would be awkward to refuse it. Then, unless he already has some antidote to the "food poisoning" which may follow, he is likely to have an uncomfortable time.

Orthodox medical treatment is satisfactory up to a point. The new antihistamine drugs neutralise the histamine which the body produces in its reaction to the foodstuff or other substance. But antihistaminics sometimes have side effects, and these side effects can be inconvenient or even disagreeable.

Desensitising courses of injections are often successful, but they have to be prolonged over a number of weeks, and are unpleasant to adults, and definitely resented by younger children who are aware of the pain but not old enough to understand the reason for the injections.

Triturations of Offending Substances

It seemed to me that it would be worth while trying to desensitise by using homœopathic triturations of the offending substances. I have not heard or read of anyone else doing it. A short series of cases has confirmed the idea, and they are presented here in the hope that others will be able to quote similar cases in this journal.

1. A boy aged four years was so sensitive to hen's egg that he developed eczema if he ate only a little egg, even if it was only a constituent of a bun or a cake or a pudding. Unfortunately I have no record of the age at which this sensitivity developed, but it seems reasonable to assume that it developed when he was first given egg in his first year. I prescribed a third decimal trituration of hen's egg, to be taken three times a day for five or six days. A week later he was given a spoonful of boiled egg as a test, and had no eczema after it. After another week he positively enjoyed a whole egg. His mother did not consult me on his behalf again. The family left the district a few months later, and I am sure I would have heard if he had relapsed before then.

2. A girl aged six years developed urticaria, diarrhœa and vomiting after eating boiled skate in September, 1951. Ever since then she had "turned up her nose" at all fish. Four months after the first incident she was persuaded to eat a little skate again—with similar results. I prescribed the third decimal trituration of skate, three times a day for a week. After two weeks she was given, and enjoyed, a normal helping of skate, with no ill effect. In the next few weeks she ate four or five kinds of fish. Her parents said that her appetite was improved "all round". Seen

three months and eight months later, she had continued to eat and enjoy all fish.

3. A boy aged two years had a rash on his chin from time to time ever since he was first given tomato juice at the age of twelve months. He had often developed "heat spot" (papular urticaria) on his chest and back when he became overheated. I prescribed the third decimal trituration of tomato, three times a day for five days. His mother reported that the rash and the spots began to fade within three days, had disappeared in a week, and have not returned in the ensuing year, during which time he has been fed liberally with tomatoes.

4. A baby girl developed eczema during the second week of life a few days after her mother had weaned her from the breast to raw cow's milk—without my knowledge or consent. Seen by me at the age of five months, she still had eczema—of course. The eczema never entirely cleared up, but alternated from her face to her buttocks and back again. She had had various orthodox treatments with the usual temporary partial improvements or suppressions. I prescribed the third decimal trituration of cow's milk three times a day for a week. At the end of that week her skin was quite normal, and there has been no recurrence in eighteen months—and, of course, she has the usual amount of milk without any trouble.

5. A girl aged two years, since weaning at about three months, had drunk milk with great reluctance, and in the previous few months only with the promise of a sweet to follow it. She did not have any eczema or any digestive upset. I prescribed the third decimal trituration of cow's milk, three times a day for a week. Within two or three days she began to drink more milk. When seen two months later, she was enjoying three quarters of a pint daily, and her parents stated that her general health and energy was much improved. There has been no further news of her in the last eighteen months.

6. A baby boy developed a dislike of cow's milk at

the age of eight months. I could not discover why this should happen, after he had been taking it well for five months previously. When I was consulted on the matter, he had refused all milk for two months, I prescribed the third decimal trituration of cow's milk, three times a day for a week, but he needed it for only four days, for on the fourth day he positively asked for milk by stretching out his hands towards the bottle, and drank a whole pint without ill effect. It was foolish of his grandparents to allow him to do so, but it made the case notes quite dramatic. In the ensuing seven weeks, he has continued to drink a normal amount of milk.

It happens that all these six patients are children. I am not aware of any reason why adults should not be successfully treated in the same way, provided that it is a case of allergy, and not of dyspepsia. It would be expecting too much to attempt to improve the digestion of a patient with cholecystitis by prescribing a trituration of bacon-and-eggs, or fish-and-chips! But at the time of writing I am awaiting news of an elderly lady who seems to be more allergic to, than dyspeptic after, milk. She states that if she takes more than a very small amount of milk it makes her "bilious" or "liverish", and my impression is that there is an allergic element in her case, so I have prescribed the third decimal trituration as usual, and look forward to hearing that she can take plenty of milk. A number of other patients were sensitive to substances other than food or drink:

7. A woman in her forties developed hay fever every summer when the lime trees in her road came into flower. I prescribed the third decimal trituration of the whole lime flower, *TILIA EUROPAEA*, to include both the nectar and the pollen. This has brought her greater relief in the last three summers than any other treatment. In a short while the lime trees will be in flower again and I propose to withhold further treatment in the hope that she is cured. Last

year and the year before she came to me and asked for a repeat of the powder before her symptoms began.

8. A young man in his twenties has asthma from time to time. Skin tests made before he came under my care showed sensitivity to fish, but apparently nothing specific was done about it. He has had routine orthodox treatment with no real improvement and takes ephedrine tablets (half-grain) when he needs them. He normally gets a sharp attack of asthma when he eats any tinned fish—especially pilchards. He brought me a small piece of tinned pilchard and I had a third decimal trituration made of it. In the following weeks he needed fewer ephedrines. He has not yet eaten tinned pilchards again, so the case is incomplete, but I think that with perseverance his asthma may be cured.

9. A woman in her thirties developed a dermatitis of the lips whenever she used any lipstick. From a fragment of that lipstick I had a third decimal trituration made, and prescribed it three times a day for five days. Though I have heard no more of the case in three months, I am almost certain that she would have come back if there had been any recurrence.

Difficulty of Following up Cases

In general practice there is a limit to the extent to which one can follow up one's cases. The most one can do is to ask the patient to return in a certain time. If the patient does not return, pressure of work usually prevents any special enquiry, and one can only cautiously assume that the patient is well.

For every known instance of a good effect following a homeopathic remedy, there are, in my practice, two or three instances in which the result is not known. That, of course, is unsatisfactory, but so long as I have an average of 50 patients a day—up to 90 a day in winter epidemics—there just is not time to follow up all of them. So I wait

for patients to return to me, and keep looking out for others who specially need this form of desensitisation.

—*Homœopathy, Dec. 1954*

SOME OBSERVATION ON HOMŒOPATHY IN RELATION TO PSYCHONEUROSIS

(Continued from page no. 48)

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Quite a number of the patients listed under this diagnosis only appeared once at the clinic or only paid one or two further visits. These were not included in the survey. Perhaps they did not appreciate the homœopathic approach; perhaps like Naaman they expected something more spectacular in the way of treatment than a small bottle of colourless, tasteless liquid, plus a box of insignificant little white pills; perhaps they did not like the doctor, or were believers in the policy, "Try everything once", and expected instant relief. Anyway they failed to afford Homœopathy a fair opportunity or provide valid data for study.

The three groups were reviewed separately and in each a smaller group of fifteen representative cases was studied in relation to the "most prominent symptoms" (M.P.S.), the "relevant associated features" (R.A.F.), the "possible precipitating factor" (P.P.F.), and progress under treatment.

Phobic Psychoneurosis. (21 patients, 7 men, 14 women.)

Age. Seventeen patients were under 40 and four were over 50. Rather surprisingly there were none in the 40-50 decade. An impression was gained that fear as the predominating symptom is likely to be met with more frequently in the younger age groups, and especially in individuals whose childhood experiences of emotional trauma have been aggravated by further mental stress and anxiety in early adult life.