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REFLECTIONS ON FORTY-FIVE YEARS OF HOMŒOPATHIC PRACTICE

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The subject chosen for my address is a vast one. I must content myself with random reflections which I hope will interest you, but I must ask you to hear me charitably and pardon my many omissions. Naturally one has gone through many vicissitudes in forty-five years; at times elated, then disappointed, at the lack of interest shown by the profession in our work.

I will try to take you with me from my inception to the Art of Homœopathy to the present day. Somehow I am in a hopeful mood at the moment, as undoubtedly the trend of thought is along that of Hahnemann. If only we could get the profession to submit some of our claims to their own scientific examinations, I'm sure the evidence would be such that they would want to go further.

The Glasgow homœopathic doctors offered to treat infectious fevers by homœopathic measures as a test in contrast to similar cases under allopathic treatment in the same Fever Hospital. The suggestion was refused by the medicals though agreed to by the town councillors. Why? They had nothing to lose; the homœopath was taking the risk. All honour to the men who carry on despite these difficulties.

Let us consider for a moment what the doctrines of Hahnemann were, which he deemed essential for the suc-

cessful prescribing of the homœopathic remedy. They were, in addition to the "like" remedy :

The *single drug*, without which no scientific data can be obtained, whether in proving or in treatment.

The *single dose*, repeated according to the acuteness or chronicity of the case.

The *small dose* that merely initiates reaction.

The *infrequent dose*, which means non-interference with vital reaction, once established.

The possibility of *initial* (temporary) *aggravation*.

Potentization : yet unrecognized outside his school : but an important factor in the success of the prescription.

The Single Drug

Hahnemann tells us that "each medicine produces particular effects in the body of man, and no other medicinal substance can create any that are precisely similar." And Kent says :

Remember that there is one remedy that is needed in the case, whether it is known or not, and it has no substitute ; for that remedy differs from all other medicines, just as this individual differs from all other individuals . . . In Homœopathy medicines can never replace each other, nor one be as good as another. Homœopathy is an exact science, and must be treated as such, if results are to accrue.

Our only chance of scientific prescribing with mixed drugs would be where that particular mixture had been proved. To do good work, we must know what we are doing.

The Infrequent Dose

This only means non-interference with vital reaction. Hahnemann says :

The shortest and safest way of hastening the cure is to let the medicine act as long as the improvement of the patient continues. He who observes this rule

with the greatest care, will be the most successful homœopathic practitioner.

This has been borne out in the treatment of rheumatoid arthritis by gold salts. German chemists were asked to prepare a standard plan of treatment as to dosage and repetitions. This was found impossible, and they recommended that the dose should not be repeated until either the improvement had ceased or the sedimentation rate had ceased to fall. They found it was necessary to give the gold in small dosage, otherwise often fatal results might occur.

Potentization

Though Hahnemann is not supposed to have gone beyond the 30th centesimal, in para. 280 (*Organon*) he states:

This incontrovertible axiom, founded upon experience, will serve as a rule by which the doses of all homœopathic medicines, without exception, are to be attenuated to such a degree, that after being introduced into the body they shall merely produce an almost insensible aggravation of the disease. It is of little importance whether the attenuation goes so far as to appear almost impossible to ordinary physicians whose minds feed on no other ideas but what are gross and material. All these arguments and vain assertions will be of little avail when opposed to the doctrines of unerring experience.

In the early days our forebears had to struggle through much opposition and derision, ensuring a great devotion to their faith and practice. Today things are easier for us.

But the real big step towards recognition was not due to the cogency of our arguments. It came with the development by Sir Almroth Wright and his colleagues of vaccine therapy. It was impossible to deny the analogy between vaccines and similar remedies. It is a thousand pities that the method of Wright was not universally

adopted, which in essentials was the unit dose so familiar to us. But the opsonic technique was only trustworthy in skilled hands, and it never occurred to the others to use our method, and rely simply on clinical improvement as the guide to repetition. On the whole our friends use doses too big and much too frequent repetition, and vaccine therapy has disappointed more than it should have done.

In 1932, at the Centenary of the British Medical Association, we were invited to present our case. We have been asked by many allopathic societies and undergraduate medical societies in several Colleges in London and the provinces, for papers on Homœopathy. Many of the great physicians, in lectures to students, urge them to keep their minds open to any new trend of thought or method of treatment, however unorthodox its source. To try it out fairly, and if found sound to make use of it. After qualification in the usual way everyone is entitled to hold his own opinion of therapeutics. Sir William Osler deprecated the accursed spirit which makes medical men antagonistic to anything new.

It is legitimate and natural to strive for something better than that which contents other men. Progress would cease if we merely accept that which comes to us by tradition. Changes are so rapid in our profession that it is difficult for men to keep up with them. And yet there was one great physician of the past, Samuel Hahnemann, who, were he to come back to earth to-day, could take up his work as he left it. He would find new developments, confirmations, but the essentials would be the same.

In the early days of penicillin I was constantly asked when speaking to allopathic physicians: "What is your attitude to penicillin?" My reply was: "Come back in a few years and ask the same question, after you have discovered all the snags in its administration. You, frankly, do not know how it acts." I told my old friend, the late Sir Alexander Fleming at the onset that he had done much for humanity in saving lives, but that he would

find himself up against a lot of problems which would make things difficult. And he did.

I asked an authority for his opinion; and I was amazed at the toxic possibilities after the exhibition of the sulpha drugs and penicillin—confusional psychosis, anuria, epilepsy, glossitis—in fact, the ultimate results seem rather unpredictable, and one wonders what the patient may have to pay for the gains achieved.

The anti-biotic's action is a directly lethal one on the other bacteria, and the abrupt change in the bacterial flora of the respiratory and alimentary tracts is likely to have consequences which we cannot at present foresee. How far the patient's normal defence mechanisms are modified by the use of sulpha drugs and anti-biotics remains to be seen. This is not to detract from their immense value at times; they saved thousands of lives and limbs during the last war.

I tell my allopathic friends that we too had our difficulties as to repetition of the dose, potency to be used, drugs that may be inimical to each other, but that we have solved our problems as we have had a philosophy that has stood the test of 150 years.

We have come back to the ideal treatment, that of raising the patient's resistance. In sepsis you have all seen the almost immediate effect of *Hepar sulph.*, *Lachesis*, *Arsenicum*, *Anthracinum*, *Tarentula cubensis* and *Crotalus horridus*. I can recall a case of abdominal sepsis where the patient was given up by the surgeon, no hope, and yet after a few doses of *Crotalus horridus* 30., she started to improve in a rapid fashion, to everyone's amazement. Each of those remedies has its own definite indications which must be the guide to its administration. Homœopathy has no generalized drug for any disease.

We know that penicillin is limited in its sphere over organisms, yet when the homœopathic remedy is given there is a constitutional response which means that whatever is present must yield to its influence. How often we

find complaints disappear of which we had not been aware—headaches, hay-fever, alopecia—during the treatment of the patient for other disturbances, simply because we have taken the patient as a whole and prescribed the Similimum. When the soil is cleaned by the farmer the various crops improve; and so by getting the patient's resistance increased he can deal with the symptoms. It is all so orderly.

It was Hahnemann who first insisted that medicines must be administered in doses so fine as to be just sufficient (without causing additional suffering) to obliterate disease through the reaction of the vital energy.

Hahnemann knew no specifics; our scientists are realizing this.

I would like to draw your attention to the change of attitude towards the therapeutic aspect of our profession which has gradually been appearing in the last few years, and culminating in an almost unbelievable report of the Medical Curriculum Committee of the British Medical Association on *The Training of a Doctor*, issued in 1948.

Let me give you a few extracts, followed by Hahnemann's own belief as stated in *Chronic Diseases*, 1828, and *Organon*, 6th edition, 1842:

British Medical Association

"The Committee believes the cause of the failure to produce more good doctors . . . to be found in the very conception of medicine . . . on which . . . the curriculum has been based."

"It proposed a drastic overhaul . . . which involves a different approach. That approach is based on the conception of disease as a disturbance in the structure and function of the organism . . . and regards simply as a descriptive convenience the concept of disease as clinical entities."

Hahnemann

"The physician's first duty is to inquire into the whole condition of the patient: the cause of the disease, his mode of life, the nature of his mind, the tone and character of his sentiments, his physical constitutions, and especially the symptoms of his disease." (From *Chronic Diseases*, 1828.)

"No real cure of . . . disease can take place without a strict particular . . . individualization of each case of disease."

British Medical Association

"The student should learn to regard disease as the expression of a structural change or a functional disturbance in an individual patient."

"One of the most serious defects . . . is the failure to regard the patient as a whole."

"He will learn that every patient has his own distinct personality."

"Moreover, most text-books encourage the habit of 'labelling' disease instead of teaching the student to think first of the patient as an individual whose normal health is in some way disturbed."

"We should return to first principles and so remodel the training of our students: that they will base their future practice on the understanding of each patient as a whole."

(From *The Training of a Doctor*, 1948.)

Hahnemann

"The individualizing examination of a case of disease demands of the physician nothing but freedom from prejudice and sound senses, attention in observing and fidelity in tracing the picture of the disease."

"The investigation of the true complete picture and its peculiarities demands especial circumspection, tact, knowledge of human nature, caution in conducting the enquiry, and patience in an eminent degree."

"If the physician clearly perceives what is to be cured in diseases, that is, in every individual case of disease, if he clearly perceives what is curative—in each individual medicine—if, finally, he knows the obstacles to recovery in each case and is aware how to remove them, so that the restoration may be permanent, then he understands how to treat judiciously and rationally and he is a true practitioner of the healing Art."

(From *Organon*, 6th Edition, 1842.)

One can hardly differentiate the one from the other. Again Hahnemann is 120 years ahead of his time.

I could quote several University professors confirming this state of affairs and almost praising homœopaths for their approach to the question. They draw attention to Hippocrates and ask the student to refrain from meddling interference with the process of natural recovery. One gives Hahnemann credit for the proving of drugs on healthy individuals, and admits that the opinions he expressed were essentially true. *Materia Medica* owed much to Hahnemann. This new conception has already affected the student, because at recent lectures to them on Homœo-

pathy, at their request, they seemed to grasp the ideals presented with a more sympathetic understanding.

Over a number of years, and especially lately, the students at the Universities of Oxford, Cambridge, Durham, Liverpool, Sheffield, Glasgow, Edinburgh, Aberdeen and St. Andrews, and most of the medical training hospitals in London, have asked for lectures on Homœopathy to their Students' Medical Societies by various members of our Homœopathic Faculty.

(To be continued)

—*Journal of the Am. Institute of Homœopathy, Sept. 1955*

MEMORANDUM TO THE PLANNING COMMISSION

[The Planning Commission invited a conference of the representatives of Ayurveda, Unani and Homœopathy on 15th and 16th May 1956. Dr. J. C. Ghose, Member of the Planning Commission presided. Shri V. T. Krishnamachari, Shri G. L. Nanda, Planning Minister, Rajkumari Amrit Kaur, Health Minister, Officials of the Health and Planning Commission, Shri D. T. Dave, Health Minister of Saurashtra, Shri Mohonlal Saxena, M.P., Dr. W. S. Barlingay, M.P., Dr. N. M. Jaisoorya, M.P., Shri R. V. Dhulekar, M.P. and representatives of Ayurveda, Unani and Homœopathy participated in the conference which was invited to discuss the use of non-allopathic systems in the 2nd Five Year Plan period. The Homœopaths invited were: 1. Dr. J. N. Majumdar, Calcutta. 2. Dr. L. D. Dhawale, Bombay. 3. Dr. Dewan Jai Chand, New Delhi. 4. Dr. M. Gururaju, Andhra. 5. Dr. K. G. Saxena, Delhi. 6. Dr. Harish Chand, New Delhi. The following is a copy of the memorandum submitted. The Conference will meet again after a few months.]

The Planning Commission invited representatives of Ayurveda, Unani and Homœopathic systems of medicine to a Conference on 15th and 16th May, 1956. The following memorandum was submitted to the Commission on behalf of all the votaries of Ayurveda, Unani and Homœopathy and was the basis of discussion.

1. The present policy in regard to Ayurveda, Unani

REFLECTIONS ON FORTY-FIVE YEARS OF HOMŒOPATHIC PRACTICE

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Another aspect of the constitutional treatment in medicine is the recognition of the group of illnesses that are called psycho-somatic, that is to say illness with bodily symptoms which have large psychological factors, such as asthma, migraine, effort-syndrome, rheumatoid arthritis, gastric ulcer, colitis. In all these the psychological element is well recognized and it is here that Homœopathy is generally very successful; and it is the homœopathic approach which discovers the individual mental symptoms, which are so valuable in treating these cases.

John Ryle ("Social Medicine," *B.M.J.*, November 20, 1943, p. 633) said that medicine during the past quarter of a century had become so much more specialized and technical to the exclusion of the humanism of our fathers. More and more accurate assessments of pathology, and less and less intimate understanding of the patient as a whole man or woman, with anxieties and faulty habits of life, and consequent increase of disease like gastric and duodenal ulcer, and the psycho-neuroses. He too points out that certain physical and temperamental types are more readily affected by strain, fatigue and economic anxieties. Science without humanism may work with atoms, but will not work with man.

Hahnemann says :

Physical sciences teach that there are great forces which are entirely imponderable. Let them determine, if they can, the weight of angry words causing bilious fever, or the weight of afflicting news that can kill an affectionate mother when she hears of the death of an only son.

By paying attention to the antecedent psychological influences causing a change in the temperamental symp-

toms the homœopath is able to prescribe a remedy (similimum) to prevent physiological disturbances becoming organic. Even when organic changes have taken place (duodenal ulcer, etc.) the same remedy will restore balance, and so adjust the patient's economy towards curing himself.

Staphisagria helps when the distress is due to chagrin or thwarted ambition. *Arsenic* and *Phosphorus* prove useful in gastric conditions from anxiety; *Colocynthis* in intestinal disturbance due to anger; *Ignatia* and *Gelsemium* in the acute stage after fright, sad news, or loss; *Natrum muriaticum* is indicated for the after-effects of shock, e.g. air-raids. It is interesting that homœopaths can anticipate such possible effects of upset to the nervous system by prescribing remedies like *Argentum nit.* and *Gelsemium* beforehand, and so save the usual distress.

J. L. Halliday (*B.M.J.*, November 6, 1943, pp. 586, 587), writing on this theme, mentions the experiment by Wolfe and Wolff (*J. Amer. Med. Asso.*, October 31, 1942), showing the changes in stomach function directly observed in a man who had a gastric fistula. When this individual was free from upsetting emotional states, the appearance and secretion of the gastric mucosa could be described as normal; when he was under the influence of fear and sadness, the gastric mucosa was pale, with inhibition of secretion and contraction; but when he was involved in moods of anxiety or resentment, there was accelerated acid secretion with hypermotility and engorgement of the mucosa resembling hypertrophic gastritis. If the latter moods were sustained, the vigorous contraction of the stomach frequently induced small bleeding-points.

Halliday goes on to say that psychosomatic research has shown that the ætiology of peptic ulcer cannot be understood if psychological investigation is omitted, and that treatment which ignores psychological factors is impotent to prevent recurrence. It has also been shown that persons developing peptic ulcer tend to have particular characteristics—notably that of being unduly susceptible to

threats to their emotional security, as is instanced by the occurrence of ulcer at times of occupational, financial, and domestic embarrassments.

Halliday, writing in *The Practitioner*, January, 1944, on "Psychosomatic Medicine and the Rheumatism Problem," states that medical psychology has made important contributions to the study of rheumatism. These indicate that the nature of "the rheumatism problem" cannot be properly understood unless psychological investigation is used to supplement physical investigation, i.e. unless the concepts and methods of psychosomatic medicine are admitted and adopted. He explains that psycho-analytic research has emphasized the importance in "rheumatism" of deep-seated feelings of resentment and hostility, and has suggested that the aggressiveness felt by a person towards an individual or situation, and which he is unable to express in appropriate muscular activity, turns inwards upon the person who thus, in a sense, may be said to attack and hurt himself. Complaints of pain and stiffness tend to arise therefore in situations which provoke frustration and resentment.

D. T. Davies (1936) *Lancet*, i, 521, 585; (1937) *Ibid.*, ii, 1353; (1939) *Ibid.*, ii, 923 in his investigations into the personal and clinical history of patients with peptic ulceration, makes similar observations. He declares that from the experimental evidence it would be fair to presume that a deep emotional upset would be just as capable of stimulating the hypothalamic centre as would the more artificial electrical stimulation, which we already know is capable of producing hyperperistalsis and hypersecretion. Continued stimulation might be responsible for gastric erosions, hæmatemesis, and even ulceration.

The question naturally arises if it is not possible to recognize a distinctive type of patient prone to this influence of emotional stress, as not everyone goes on to ulceration. Attempts to answer this question have been made by Alexander, Rivers, Dreper, Emery and Munro in

America; Hurst and Ryle in Britain; and von Bergmann in Germany. Clinical work with peptic ulcer patients leads inevitably to the conclusion that there is a predominant type whose outstanding characteristics are to be found in their facial expression, their intense mental and physical activity, and their reaction to illness.

Davies makes the point that if the nervous system plays a primary part in initiating symptoms, we should meet with such a group of symptoms before the development of the ulcer. I discussed this with him, and when he read the symptoms of the proving of *Arsenic* he at once recognized the similarity to those presented by a large proportion of his gastric patients. What was necessary was the application of the Law of Similars to bridge the gap.

He has gone far, however, when he recognizes that the seed must be planted on suitable soil; and that treatment is necessarily a general problem and not a local one; and that each case needs specific attention, wide enough to encompass the whole man and his environment.

H. G. McGregor (1938, *The Emotional Factor in Visceral Disease*) bemoans that the practice of medicine is still dominated by the conception of a physical or organic origin of disease, and that the alterations of dysfunction must be demonstrable under the microscope. He declares that it cannot be too often reiterated that in cases with an emotional basis it is the man rather than the disease that requires treatment. He gives quotations from various writers:

Draper—"No thought arises in the mind which is not followed by some variety of feelings; and there is no feeling state which does not influence, however slightly, some physiological process."

Goodhart—"If I were going to write a book on indigestion I should first devote myself to a volume on diseases of the nervous system."

Osler—"It is by no means clear how mental states act

upon the bowels, and yet it is an old and trustworthy observation, which every day experience confirms, that the mental state may profoundly affect the intestinal canal."

Maudsley—"The sorrow that has no vent in tears may make other organs weep."

James—"The Lord may forgive us our sins; the nervous system never does."

It is rather pathetic that in McGregor's belief organized medicine has no effective remedy to offer these sufferers; it is even glad to be rid of them. This attitude is also taken by Professor R. S. Aitken (1943). Whilst agreeing that constitutional predisposition, both physical and psychological, clearly plays a part, and that therapeutic interest should move beyond the contents of the patient's stomach to his general nutrition and his state of mental peace, he has to declare that medical treatment cannot influence constitution.

If one member suffers, all the members suffer. And no member suffers without some underlying cause. Does anyone imagine that, by removing diseased parts, he has cured the patient? The man was sick long before he had diseased parts to show. Something was deranged to make it possible for him to deviate from his normal, and prevented him from remaining well.

If our ideas of *disease* are material, our ideas of *cure* will also be material. If we hold that a sick organ constitutes the disease, we shall imagine that, could we remove that organ, cure must result.

Referring to the treatment of Cancer, John Hunter said, "What I call a cure is an alteration of the disposition and the effects of that disposition, and not the destruction of the cancerous parts." But man is prior to his organs. First comes disorder in government; this proceeds from within out till there are physical changes.

Individuality is shown by *susceptibility*, or *deficiency of resistance*. A healthy man can go anywhere and remain well; whereas a sickly person, placed in adverse

circumstances, soon shows deficiencies. *There is individuality behind it.* So with remedies! To one remedy, during sickness, one person may be extremely sensitive, another totally insensitive. Our business is to find out the remedy to which the patient is intensely sensitive; and that can only be discovered by his "like" symptoms. Idiosyncrasies must be accounted for. Kent says, "Susceptibility is only a name for a state that underlies all possible sickness, and all possible cure."

The face is said, to be the index to the soul. Here, character, emotions—even physical conditions—are revealed. And therefore one can often diagnose the homœopathic remedy from a glance at the face. Remedies affecting, as they do, mind as well as matter, have their own facial expressions; and these should match in patient and drug.

We, as homœopaths, are fortunate in possessing such a variety of remedies with different mentalities:

Aurum, in days of depression is bent on suicide.

Sepia broods sullenly—has lost interest in home—in husband—in children. Wants to get away and be quiet; and hates to tell what ails her.

Nux and *Hepar* are irritable, and can be excited to a fury that is almost murderous.

Natrum mur. weeps easily; but no one must see the tears—hates consolation.

Pulsatilla weeps out her symptoms, and laughs in the midst of tears; craves sympathy.

Lachesis is capable of a jealousy to the verge of insanity—suspicious of being poisoned—and very loquacious.

Aconite tosses in terror of death.

Phosphorus fears much. Is in terror of darkness—thunder—robbers—ghosts.

Lilium is hurried and worried; often about religion and her chances of salvation.

Platina is the Pharisee among remedies. Haughty.

Arsenicum is "The gentleman with the gold-headed cane." Careful—anxious—fastidious—restless.

Sulphur, on the contrary, is the ragged philosopher.
Ignatia is the sighing remedy—and the remedy of contradictory symptoms.
Nux mosch. moves in a dream, and takes no interest.
Stramonium has impulses to curse and swear; and *Hyoscyamus* to obscenity.
Chamomilla is irritable beyond bearing.
Drugs become personalities. And as in measure as this is the case, will be our skill in prescribing.

From about 1920 until the present time our colleague, Dr. W. E. Boyd, M.A., M.D., M.Brit. I.R.E., of Glasgow, has been engaged on the laboratory study of the nature and action of homœopathic potencies, culminating in a report on "*Biochemical and Biological Evidence of the Activity of High Potencies*," which has stirred the scientific world.

The purpose of the research described in the paper, and carried out over a number of years, was to show that a substance, in this case mercuric chloride, prepared by serial dilution and mechanical shock through 28 stages, resulting in a theoretical dilution of 1×10^{-81} , far beyond the molecular range, was capable of influencing the rate of hydrolysis of starch by diastase.

(To be continued)

—*Journal of the Am. Institute of Homœopathy*, Sept. 1955

TUBERCULINUM

DR. MARGARET BURGESS-WEBSTER, M.D., PHILADELPHIA

(Continued from page 415)

APPETITE

Appetite good, enjoys food, but loses weight (Abrot., Iod., Nat. mur.).

Desire to eat at once or faint feeling; *nervous all gone feeling*.

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(Continued from page 455)

Some Early Experiences

When in America I ventured to treat a Scotch family who were kind to us. The mother, aged 50, was so crippled by rheumatism that she had not walked 100 yards at a stretch for 10 years. *Lycopodium* 200, eased the symptoms, a single dose at monthly intervals, and so helped that in three months she was able to get about on her own for half a mile. Her success was so remarkable that many turned to Homœopathy for help.

The father, 50, was anæmic, weak and depressed, typically *Sulphur*, was given one dose of the 200th. We saw him weekly: no change for three weeks; in fact, he was cynical that one dose could possibly do anything, so I took advice from one of our teachers. He said to wait as the patient was of a slow type and *Sulphur* is not rapid in some chronic cases. The fourth week I was greeted by "the laugh is on your side. I'm very much better," and he progressed wonderfully.

The son, 16, had synovitis of the knee; he too was sceptical, so I thought I must give him a reaction as he was young, and the ailment acute. So 10M *Bryonia* was prescribed, one dose. In two days he shrieked with pain, then it suddenly flew down to the ankle and disappeared, to his amazement. When out in the snow three weeks later there was a return of the pain, but this time it was in his ankle. *Bryonia* 10M was repeated, and again in twenty-four hours the pain "flew out of my big toe." It did not return, and there was no aggravation on this occasion, which is usual. So I got many lessons, and encouragement at a time when I needed help.

Pulsatilla, usually worse for heat, has superficial pain better for heat. A woman with facial neuralgia for twenty-four hours, spasm every three minutes, was given *Pulsatilla* 200., one dose. I waited for half an hour, but the pain never returned after that single dose. So homœopathic remedies are *not* slow in action; it depends on the degree of illness.

Chamomilla in teething children. I tried my first experiment on a boy who had been keeping his parents up all and every night. A few doses of *Chamomilla* 200, at hourly intervals brought peace which was maintained, and I was told that if I never did anything else I had justified my existence.

Opium in apoplexy. A woman aged 67, seen nine hours after seizure; hæmorrhage spreading. The local doctor said there was no hope, and when he was asked to return in four hours, said, "She will be gone by then," but was told that he could at least console the husband. When he returned he asked when she had died, so he was told to go up and ask her. She recovered, lived for ten years, and even drove her car. I was young at the time, and of course, tempted to give *Arnica*, but the appearance—red, bloated, and the cheeks blown out with every expiration—suggested *Opium*. She had three doses 200th potency, half an hour apart, and in 1¼ hours after the first dose she opened her eyes and attempted to speak.

Her husband, 64, had chronic rheumatism, digestive difficulties, and was a fatigued business man. He responded to *Lycopodium*, starting with the 200th and up to 10M and CM. What interested me in this patient, again in my early days when I had only theory and not practice to rely on, was the return of old (ancient) symptoms in the reverse order of their appearance four, six, eight and twelve years ago.

Asthma can be interesting, and it is amazing the relief obtained by our remedies. In acute cases repetition of the drug is necessary, but if less acute the constitutional remedy

given at longer intervals is useful. The position in which the patient gets relief is very important in selecting the drug.

Girl, 23, severe asthma. Better lying on back (*Calc. phos., Chel., Dig., Hell., Laur., Nux, Psor.*). She was given *Psor. 30*, two doses, six hourly, as one felt it had to be treated constitutionally. In two weeks she returned, the asthma very much better, but she was covered with a rash, especially the palms of her hands, with deep cracking. On enquiry she reported that she had attended a skin hospital from the age of six weeks to nineteen years, and it was only after the skin cleared that asthma appeared. When the skin cleared after three weeks the asthma returned, but not with the same severity. *Psor. 30.* was again repeated with the same result, and we carried on for several months till we got her well in every way.

A boy at school, aged 14, suffered very badly with asthma. He got relief, and actually waked from sleep, leaning on his knees and elbows. *Medorrhinum* has this peculiar symptom; curiously enough, when he went home at week ends to the seaside his asthma was greatly relieved. Again *Medorrhinum* is the only drug mentioned in Kent's *Repertory* which is better at the seaside. We put him on to this remedy, infrequent doses, raising the potency from the 30th to the 10M and he got quite right. (Incidentally, he came years later with his right arm paralysed, and blamed me for curing his asthma so that he was in the 1914-1918 war, and was shot through the nerve.)

During the 1914-1918 war, when our London Homœopathic Hospital was given over to the Admiralty for Naval patients, under, of course, our own homœopathic treatment, we had one man sent to us from another hospital. They could not help him, and expected him to die, he had severe colitis and was very ill. On going into his case, besides the usual intestinal symptoms we found that he *could only pass urine while sitting bent backwards*. *Zinc metallicum* has this peculiar symptom, in addition, of course, to his others.

Zinc met. 30., three doses six hours apart, quickly relieved, and the man made good recovery. The pathologist from the other hospital called to collect a specimen of the intestine (post-mortem); he was surprised.

Natrum mur. Irritable over trifles, especially small noises. Cannot bear a clock ticking or people fussing. Can swear. Intense, feels keenly, sensitive but hide their feelings and hate being fussed over; cannot bear consolation; prefer to be alone. Emotional to music, and generally. After effects of grief, anger, etc.

Headache "as though a thousand little hammers were knocking." It is a deep acting and long lasting remedy, as Kent puts it. Slow in action and repetition at long intervals. Very suitable when the trouble is deeply seated. Periodicity: complaints usually around 10 a.m.

Never give *Natrum mur.* during an acute phase of headache, it is apt to cause an aggravation. Give its acute, *Bryonia*, and after the headache is over repeat the *Natrum mur.* if thought necessary.

As a student I suffered from severe headaches with blindness in one eye, relieved by the phenacetine and caffeine of that time, but they were no cure. The tendency lasted for years, at intervals of months, and it was only after I got interested in Homœopathy and was given *Natrum mur.* 200. that I began to get cured. The result is no headache for over forty years. During treatment, when I had acute pain, someone suggested "my own remedy," *Natrum mur.* with the result that aggravation was terrible. For such occasions *Bryonia* 200. quickly relieved.

In the beginning of our career we were apt to be too slavish in trying to repertorize all the symptoms. It was a good training, but later one appreciated the values of symptoms—the mentals and generals first, then the particulars, especially the peculiar or striking. If these latter are marked they are almost of equal value to generals.

We must not be too rigid in repertorizing; far rather have a few definite symptoms which must come into the

picture, and then go to your *Materia Medica*. I need only mention as contrasts *Pulsatilla* and *Natrum mur.*, you cannot mistake them.

After many years I find myself placing even greater importance on the mental symptoms, especially if it be a change, and as experience grows one can almost "feel" or detect the remedy as the patient enters the room; something gives them away. The tidy *Arsenic* man has his clothes in good order; the ragged philosopher suggests *Sulphur*; you can spot the *Cham.*; the *Nux* ardent type; the indifferent *Sepia* woman, contrasted to *Pulsatilla*; the loquacious *Lachesis* person speaks for herself (usually).

But we must be wary and not select our remedy before we have heard the story; it is very annoying to think that *Calc. carb.*, is the drug, and then be told that they cannot bear the heat and love the cold weather. The difficult patient is the one with the hidden fears they do not wish discussed. It is well to explain to them exactly why we are so investigating their symptoms, trying to get a remedy to put their "soil" right, and then later on get results if they have sufficient recuperative power. This also prepares them to be patient.

Individuals, like nations, are greatly influenced by the general state of the world—acute anxiety, fear, and later the after effects. I have been finding that *Phosphorus*, *Phosphoric acid* and *Kali phosphate* have been of the greatest help. For the frustration due to present-day difficulties *Kali phos. 200.* has been so successful that I fear I am almost becoming routine in its administration. Let me remind you of its outstanding indications:

"Prostration of mind: lassitude and depression; disturbances of the sympathetic nervous system; conditions arising from want of nerve power, due to over-work and worry; brain fag; indisposition to meet people; etc., etc."

The more intellectual the patient, the greater the response. I have had several literary people who simply could not get going, their minds seemed a blank. They so

responded that they regained their normal ability and "life was worth living after all."

The single dose of the 200th potency may have to be repeated at say monthly intervals, for two or three months; but, of course, if greatly relieved, it is not given till need arises. I think the definite mental symptoms are our best guide in the selection of the remedy; it is amazing how the case often clears up when the drug is thus chosen. Hahnemann said that he knew no diseases, only sick persons.

I am, of course, talking to the converted, but we have often to be reminded of the truth; but it is not surprising that we tackle our problems in a hopeful fashion—put the patient right and his symptoms must disappear.

I experimented for three years with the initial dose of the remedy in chronic cases—30., 200. and 10M I seemed to get the best results with 200.; 30. was too slow., and 10M in sensitives rather high. There is no doubt one gets much help with the 200th (initial dose), and though there is an average time of action, say four to six weeks for *Phosphorus*, I have found it acting up to twelve months with gradual improvement. I think there is danger of interference if the remedy is repeated too soon.

In the main my practice these forty-five years has been with chronic or constitutional ailments, and usually after the patient has tried other forms of treatment, so that I have had a chance of testing out Hahnemann's ideals. With varying success, due to human frailty, I have had no reason to change from the principles I was taught by Dr. Kent. I am indeed grateful to Samuel Hahnemann.

Let me give you some random cases that come to mind, bringing out the various aspects of the homœopathic principle of cure which arises in every case. Forgive their brevity.

When resident in hospital I saw the value of *Thuja* in two cases of Myositis Ossificans, a man and a girl in which any strain or injury lead to ossification. They were

both ankylosed from the chest down, practically rigid. One had to prescribe for the patient not the ultimates, and consider the totality of the characteristic symptoms; pathological prescription was impossible.

In both these cases the most peculiar symptom (rare and unaccountable) was "sweating profusely when uncovered, but never sweating when clothes were on." This is a marked symptom of *Thuja*, and curiously, *Thuja* has produced in provers a most peculiar sensation of brittleness—"the body feels as if made of glass, as if it would easily break."

Thuja, in potency, enabled both these patients to de-ossify, and they were capable of doing useful work for many years. In the case of the man, who was operated for appendicitis, the scar healed by first-intention, instead of bony formation, as formerly.

Here is another case, reported by an American doctor (*Homæo. Physician*, vol. X): A young woman of 19 failed to rally after a bad confinement. There was severe prostration, recuperation dormant, secretory functions subnormal, wasting in excess of repair. She didn't want to be well any more! Didn't care. Was peevish, obstinate.

Her mother said, "Can't you cure this sweating? *She has to keep her face covered, to prevent sweating.* I have to wipe it continually if uncovered. And if covered up, she smothers so. Hands and feet the same, if the clothes are off. It smells so disagreeable."

Here was a peculiar symptom indeed! The doctor hurried home to his Repertory, and found the symptom, SWEAT ON UNCOVERED PARTS—THUJA. Back he went to give one dose of *Thuja* 30. dry on the tongue. This was at 3 p.m. At 9 p.m. she could sleep without covering her face. Next day she was more cheerful; and she passed through rapid convalescence to vigorous health.

Here was a rare, peculiar and unaccountable symptom which led to the consideration of a remedy which would not otherwise have been thought of. But it fitted the case

all round, and so cured, because *Thuja* has evoked in the provers all her mental symptoms—obstinacy—despairing mood—even to loathing of life. And *offensive sweat* is, of course, a great feature of *Thuja*.

Man, 65, after operation for cancer of the leg, had persistent temperature 103°—105° for a week, despite orthodox treatment. Was delirious, very suspicious, would not drink a glass of water unless nurse tasted it first. *Lach.* 30., a few doses, two hourly, quickly brought him round and he lived for two years afterwards.

Man, 36, severe headaches for years, helped by *Nat. mur.* 200. After 3 months he reported that he was well. He asked if we had intended to cure the "bald spot" (alopecia areata) which he had had for several years. He had not previously mentioned the symptoms, but having been treated constitutionally the hair returned naturally.

When gold injections were first introduced for the treatment of rheumatism, I was asked at a medical meeting for my opinion from the homœopathic aspect. I mentioned that we did use *Aurum* in homœopathic preparation for rheumatoid cases, but that we got the best results when the patient was desperately depressed, even to the verge of suicide. The lecturer confirmed this in his series of cases but, of course, he did not know why.

(To be continued)

—*Jour. of the Am. Inst. of Homœopathy, Sept. '55*

A SERIES OF SCIATICAS

DR. WILBUR K. BOND, M.D.

CASE 1.—Mr. C. H., aged 53, April 7, 1949.

Soreness of right sciatic nerve for eighteen months.

Onset from a strain playing golf. Cold natured.

Aggravated standing.

Aggravated lying on the affected side.

REFLECTIONS ON FORTY-FIVE YEARS OF HOMŒOPATHIC PRACTICE

DR. SIR JOHN WEIR, G.C.V.O., M.B., CH.B., LONDON

(Continued from page 515)

An officer was invalided home with Trench Fever in the 1914-18 war. He had been ill for a year.

Now Hahnemann lays it down that the mental, the peculiar, and the characteristic symptoms of the patient himself, apart from his malady, are to be especially considered in regard to the choice of the remedy.

This man had frightful irritability of temper. His fever started always at 9 a.m. He had the usual pain, restlessness, and jerking of extremities; these worse at night. One remedy only, *Chamomilla*, has just this symptom-complex: and a single dose of *Chamomilla*, in high potency, quickly cured him, and sent him back to the line.

Here you notice: (1) the like remedy. (2) the single drug. (3) the infrequent dose. (4) the small dose. (5) non-interference with vital reaction. (6) potentisation.

Miss I. M., aged 71.

4th March, 1954—From oculist's report:

Miss I. M. has early cataracts of "spoke-like" appearance in each eye, probably not advancing at all quickly. The vision is correctable to 6/12 in each eye. Apart from early arteriosclerotic changes in the retinal vessels the eyes are otherwise normal.

Symptoms:

Depressed. Sensitive to noise and smells.

Suspicious.

Always in a hurry.

Loquacious.

Kind-hearted.

< change weather.

Aversion to fish.

Sleeplessness—tossing.

R. *Phosphorus* 30., 3 doses.

April 6th—Sleeping better. Not so many black spots dancing: Previously people had moustaches—that illusion disappeared.

April 20th—Can see quite well anything close. Able to knit.

June 7th—Eyes splendid, can read figures on Church hymn board. Can read for hours and knit.

June 30th—Continue to improve in health. Eyes look clearer.

August 31st—Vision improving.

November 2nd—Can thread a needle. General health good.

March 1955—Sent a piece of fine crochet work done by herself. No further medicine after initial doses *Phos. 30*.

Mr. J. N. L., aged 31.

July 21, 1914—Paralysis from the waist down, with fearful pain. Chest pressed together, could hardly breathe. Did not know where his legs were. In agony. Screamed. Asked for legs to be cut off. Cramp all over body. Constantly under morphia. Operation, cord swollen. (Could not get definite diagnosis as surgeons kept it secret.) Mother told there was no hope of recovery.

I was asked to see him but refused, as I was a youngster and the specialist had given the opinion that he was incurable. However, I yielded and took him over. β *Hypericum 30*, t.d.s., for 3 days.

September 15—Walked out of hospital. Did 300 yards without assistance.

October 26—Walked a mile without a stick. Balance greatly improved.

November 3—Feet tingling again. β *Hypericum 30*, 3 doses only.

December 2—Walked 5 miles.

May 5, 1915—Continued improvement, but a bit slower. β *Hypericum 30*, 3 doses only.

He was able for active service in the 1914/18 War, then went back to Brazil, where he was a consulting engineer

for 30 years. In 1946 he had spastic paraplegia, from which he suddenly died.

Mr. L. A., aged 62.

September 20, 1927—Gangrene left foot; usual discoloration, black half-way up leg; 1st and 2nd toes removed. On his general and subjective symptoms, *Carbo veg.* 30, 3 doses.

October 7—Great improvement, sole foot a better color. 4th and 5th toes nearly normal, and 3rd also better.

October 20—Further improvement, 4th and 5th toes softer. Color sole foot nearly normal. Wounds 1st and 2nd toes, which had been raw and discharging since operation, healing.

November 15—Foot warm, blood supply improved.

December 9—Local doctor naturally greatly surprised. No definite lines of demarcation. All softer and warmer.

April 13, 1928—He gradually improved both generally and locally. Able to go out shooting, though just lately he felt a bit tired, so *Carbo veg.* 30, 3 doses.

Unfortunately, after an accident, he died, but the change was remarkable, and he only had two lots of *Carbo veg.* 30 at long intervals. This case created quite a sensation in London, where he was well-known.

A.C., male, age 40, hairdresser.

Since death of mother, 18 months previously, has not been well. Lost all nerve and self-confidence. Depressed. Wept in giving symptoms. Likes sympathy. Always worrying. Doesn't like being alone.

Stomach flatulent, with vertigo: this causes nervousness so that he feels that he must drink beer (and does) before seeing anyone. He was sent to me by one of his clients who objected to the smell during a hair-cut.

Appetite good, but does not eat enough. Nausea—no pain; craves fats, eggs, and pork (which disagrees). Vertigo often, whilst standing. Sleepless when first in bed. Magnifies troubles. Sweat copious if excited. Offensive

foot sweat. Must have air: craves it. Can't bear heat. Likes the cold.

A HOT patient, i.e. *chilly drugs not taken in the following list:*

Want of confidence.	(arg.n)	bry	(lach)	lyc	(merc)	(nat.m.)	puls	(sul)
Weeps giving symptoms.							puls	
Craves sympathy							puls	
Desire for beer.		bry	lach		merc	nat.m.	puls	sul
Desire for fats								sul
for pork		ip.				nat.m.	puls	
Offensive foot sweat.				lyc		(nat.m.)	puls	sul

Here "desire for fat," a physical general, might seem to contraindicate PULS. But, in the grading of symptoms, strongly marked mentals overrule physical generals.

The characteristic totality of the case, i.e. his disposition, or rather his *change of disposition due to sorrow*, asked for *Puls*.

Mr. D. D., aged 74.

December 17, 1936—Bronchitis for years, continuous cough and very breathless. Heart failing. Weight 17 st. (228 lbs.)

Successful business man, a bit intolerant. His own doctor had tried hard without effect, and wondered if Homœopathy could relieve.

On entering his room the patient was seen to be sitting upright (could not lie down), and the bedclothes were turned up to expose his legs from the knees downwards.

One naturally thought of *Sulphur*, but care was taken to get all the symptoms present; it is unwise to prescribe on one symptom however definite and prominent. *Sulphur* was indicated and given in the 30th potency, 3 doses, 6 hourly.

December 21—Chest freer, patient looking much better. Able to talk more easily, and physical signs that chest had greatly improved. Even heart stronger.

December 30—Chest cleared.

January 15, 1937—His doctor reported "Patient fit and well, chest clear, heart steady, bladder cured." "Cheers," he adds.

As a matter of fact the patient, who had been bedridden

for some time, met us at the door ten days after being given the *Sulphur*, which was not repeated.

Miss N. M., Russian, aged 17.

November 6, 1935—Musician, pianist, an infant prodigy. Sprained right arm and hand, very painful, quite unable to use it. Very depressed as was preparing for a concert.

In these cases temperament is often our guide. Depressed; fears future and her career; very touchy and weepy. Greatly affected by music. But the chief symptom was her temper—she was venomously cruel to her mother, even bit her. *Nux vomica* was the remedy, 30th potency, 3 doses, 6 hourly.

November 15—Feeling changed in hand, not dead. Can feel touch of keyboard, sensation returning. Can straighten arm, which is now soft.

January 30, 1936—A little return of strain. *Nux vom.* 200, 3 doses.

March 19—Been very much better. Strain of concert, would like help. *Nux vom.* 10M, 2 doses.

She fully recovered and is still to the fore as a great pianist. Incidentally, she found that *Arg. nit.* 200 before a concert gave her great confidence.

F. C., aged 52, engineer.

May, 1952—Complete collapse after motor accident (March 1951) in which a friend was killed. He blamed himself, as was driving car, though not his fault. But nothing would convince him that he was not guilty. Depressed to verge of suicide. He had many *Aurum* symptoms: sensation of guilt; reproached himself; grief; shock; and despair to a marked degree.

He had been thoroughly investigated but no gross organic disease was found, beyond the usual effects of such an experience. Previous health good. Was all through the War, a Colonel. Got a decoration at Dunkirk.

June 29—*Aurum met.* 200, one dose.

July 24—For previous 15 months hands had been rigid in the morning, was not able to walk on toes, but that had

gone. Hair returning to arms and legs, so general improvement.

August 22—Walking naturally, feeling better.

October 31—"A new man." Lost his depression—"magical."

December 10—Progress seemed to lessen, so *Aurum met.* 200, one dose.

February 23, 1953—Though so different in every way felt that a higher potency was required. *Aurum met.* 10M, one dose.

He was seen at intervals, the change remarkable. Back to work for some time, had his old vigour. Appearance as before illness; said it was delightful to be alive. Taking an interest in sports—old Rugby Internationalist. Confidence completely restored.

Mrs. R., aged 71.

Morning vomiting for 30 years. *Sepia* 30, 3 doses.

Fearful aggravation in 24 hours, incessant vomiting and terrible pain in abdomen, even after water. Lasted 24 hours, thought was dying. Soon recovered, and no more vomiting for 11 months, when had slight attack. *Sepia* 30., 3 doses. No aggravation after 2nd dose. No structural changes could have been present. Vigorous reaction.

Mrs. O. S., aged 55.

July 19, 1935—Acute kidney affection. Blood urea 423 milligrams per cent. (Normal figure 15 to 40 milligrams per cent.) Given up by surgeon. *Phosphorus* 30, 2 doses.

July 23—Blood urea 320 milligrams per cent.

July 24—Blood urea 102 milligrams per cent.

August 7—Blood urea 32 milligrams per cent.

She quickly came down to normal and lived for ten years afterwards, with no return of the trouble.

.....
I am supposed to have won the boat race for Cambridge over 20 years ago by prescribing *Gelsemium* for the stroke, who had lost his nerve.

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