

## THE MATERIA MEDICA OF PAIN

Remarks by Chairman Junkermann, M.D.

I will grant you one of the tests of a good homoeopath, of course, is the ability to handle these difficult and obscure chronic cases, repertoire his cases and cure them. On the other hand, I also feel that we can say a test of the homoeopath is his confidence in his little satchel, when he is called into an occasional acute emergency, when something must be done quick, and he finds himself there with nothing but his potencies, no morphine or aspirin or anything to fall back upon.

Last year at Cleveland in the Bureau of Materia Medica, of which I happened to be Chairman, Dr. Dixon took a census of the men who did not have morphine or anything in itself anodyne in their medicine cases. I think out of a possible hundred in the room, 16 were glad to admit that they practised without any opiate in their cases.

So, as I say, that to me is an excellent test of what can be done and how much confidence one has in true Homoeopathy.

### PERSONAL EXPERIENCE IN THE TREATMENT OF PAIN

Today, I want to talk to you upon my experience in the treatment of pain. What I mean is acute pain in emergency cases treated with straight Homoeopathy. I am not going to talk to you on what you may find in materia medica regarding indications but what has actually been my own experience in cases, so that it will be probably personal and mostly a recitation of cases, cases from which I have gained my faith because for many of them I prescribed I was in doubt.

*Aconite*: I will take up the remedies more or less alphabetically starting with Aconite. When I think of Aconite there comes to my mind an incident; I was called to Liggett's drug store one evening, to come quickly. I found a man probably about 60, leaning on the counter. His face was that of considerable pain or agony, in fact, typical you would say of an acute heart attack. I talked with him and found he was from Washington Court House, a druggist. He had been having these attacks for quite a while, and his only relief was an opiate. A glass of water with a few drops of Aconite 3 relieved him within fifteen minutes when he was able to stand on his feet and return to his hotel with the address of Dr. Hobson of his home city.

All of you, of course, know the action of Aconite in these conditions. The chief indication is anxiety and without anxiety no Aconite. Where you have it you can rest assured upon the results.

*Apis*: The second remedy I will take up is Apis. It gives marvellous results, it seems to me. I think of a case of a little baby, just one year old. The baby had bronchial pneumonia. I was called to see it. I found the baby lying in the cradle, his head back, rigid, the back rigid, just staring with wide

open eyes. We had intracranial pressure. The toxemia from our pneumonia was producing intracranial pressure, a meningeal inflammation; non-septic in fact, but toxic.

I recalled immediately the lecture given by Dr. Haynes on Apis. He said that every summer he spent his vacations on the coasts of Maine. One afternoon when he was there, there were along the beach quite a few children playing. There was a little girl in a bathing suit, who started back to one of the cottages and in running across the field stumbled into a bees' nest and almost instantly the swarm pounced upon her and stung her in a very virulent manner. The symptom produced was marked oedema, but within a few minutes came on a coma, a typical coma we find noted in our materia medica; probably due undoubtedly to the marked diffusion we had from the meninges as the poison of the multiple stings was absorbed in the blood.

Most of us think of Apis in connection with acute nephritis or in connection with arterial conditions. If it hadn't been for that little point made in his lecture I would not have thought of Apis in this condition. Apis 30 was given in this case with almost immediate relief. Within 24 hours the case was well under way to recovery.

The nice thing about a case of that kind is that when some one else tells you, "You are symptom hunters and don't treat your disease". You will analyze cases of this kind and if you want to prescribe on symptoms, open your materia medica under Apis and you will find the stupor, cerebral cry and the rigidity. Open any book on the pathogenesis of Apis and you will find serous diffusions. So whether you prescribe on pathology, on symptomatology or in that ideal on the totality, which means both pathology and symptoms, you will come to your same conclusion in the true homoeopathic selection of your remedy.

*Argentum nitricum*: The next remedy that comes to my mind is *Argentum nitricum*. I speak of this remedy in connection with a case that came in a few nights ago, a case of acute specific gonorrhoea. Incidentally, I had three cases obtained from toilet seats. It is something new for such an epidemic to spread in that way. This fellow had something strange, he admitted. I gave him because of his symptoms, *Argentum nitricum* 6. He came back to me the next day and said, "I don't believe I have gonorrhoea, the pain is all gone."

I told him we would see in a moment. The slide showed that he still had it but the case within about ten days was completely free from discharge. I don't speak of cure because that is a disease whose cure we are rather conservative in claiming, but at least the discharge is gone and the pain is gone. *Argentum nitricum* 6, and no other remedy, shows remarkable results in relief of acute pains in that condition, when your remedy agrees.

*Belladonna*: The next remedy is *Belladonna*, which brings a number of cases to my mind. One evening about nine o'clock, I was called to the south end to see a girl about 18, a telephone operator. I went into the house and

was taken into the dining room, where I found her lying on a couch. The light was dimmed; in fact the room was practically dark. I discovered in a moment my case was in delirium, couldn't talk to her at all.

My first observation was that the light was dim, must hurt her eyes, because I think that logical conclusion. They told me she had returned about four o'clock with a terrific headache, and almost before they could get anything out of her at all, she went into delirium. She was calling for her father. He had been an old school doctor, dead for seven years. She didn't know I was there. She didn't know anybody else was there. She was moaning and complaining of her head, her arms, her back, etc., as beautiful a case of *Belladonna* as one could wish. Yet I can say with absolute certainty that 99 out of 100 of any old school physicians you would call in that case would have given her a quarter of a grain of morphine to quiet her in her delirium.

We gave her *Belladonna* 3 in water, a few drops, to give her every half hour. At eleven o'clock she went to sleep. Called in the morning but she had gone to work. But you can compare such results with those that might be obtained after a shot of morphine.

*Cantharis*: *Cantharis*, I think we all know what wonderful action we get in acute inflammation of the urinary tract. I never appreciated that so much as when reading Nash in which he tells us, if your case has pneumonia, if your case has typhoid, or what not, if you have that cutting pain, if you have this strangling that goes with it, give *Cantharis* no matter what your conditions and you will get good results in regard to the whole conditions of your patient.

I had such a case come in a few days ago, a young woman of about 20. While I was questioning her, which only took a few minutes, she had to urinate four times. She told me that her condition had been such that on some days she had to urinate 57 times in 24 hours. A specimen of urine which she brought was full of pus. Her disease, I believe, she had had for two or three years. Previous to coming to me she had spent \$350 for treatments. She had had ureter catheterized; she had had cystoscopy, of course; she had had daily bladder irrigations. With what result?

"I am worse than when I started", she stated.

Very well, we put her on *Cantharis*. She returned in a week 50 per cent better. She said, "I don't see how you can treat me without an examination."

I said, "Didn't the doctor whom you had previous to coming here examine you?"

"Yes."

"Didn't he catheterize your ureter?"

"Yes."

"Didn't he cystoscope you?"

"Yes."

"Didn't he irrigate your bladder?"

"Yes."

"And charge you \$350?"

"Yes."

"How much did it help you?"

"I was worse."

"Shall I start the whole thing over again?"

"Oh! no."

She is still coming and getting along beautifully, and now sleeps all night without getting up once. I have had to change my remedies on various occasions, once to Terebinthina, but the case is prevailing nicely and I have not made a cystoscopy as yet.

*Clematis Not Berberis*: There is another condition not so acute but yet which has brought a remedy to my mind recently and has won me several good patients. I have had two patients complaining of this symptom, of the pain coming around the loin, down along the ureter and into the testicle or down to the end of the penis.

One of these cases was a man whose wife had been operated on some years ago and since that time he has been more or less of a celibate in his habits from necessity.

Another fellow not married, complaining of impotence and that particular pain.

In the first case, naturally the remedy that came to my mind was Berberis. Most of us would think of that because of the characteristic pain. I put him on Berberis. It didn't work. I raised the potency. Still it didn't work. I repeated it, but it didn't work. Then I knew I must not have a Berberis case.

Urinalysis showed normal urine. Then I studied my case a little further and didn't take into consideration my pathology. My pathology on both of these was neurosis. No inflammation of the ureter, no cystitis, merely an ilio-scrotal neuralgia.

In that case I need not give my man Berberis which actually will cure and has cured many cases of distinct pyelitis with hemorrhage, pus and sand. I gave merely a functional remedy, Clematis, and it brought about the most happy results.

*Colocynthis*: A year or two ago I was called down south to see a couple of little children, particularly the baby. The little girl had diarrhoea. They had been up to some resort at a lake the day before, and they had had peanuts, popcorn, crackerjack and a lot of other things absolutely unsuitable to a child's stomach.

The little girl, as I saw her lying there, had symptoms of tenseness, fingers going this way and that way, high fever, in other words, threatening convulsions. Under the circumstances, the diarrhoea can be neglected. And taking into consideration the cerebral congestion Belladonna was our remedy.

While I was prescribing for her I heard the toilet upstairs flush and down came the little brother into the room and flopped down on the floor

holding his hands against his stomach. We had colic and diarrhoea, and naturally our remedy was *Colocynthis* in the case, which relieved him.

*Mercurius sulphuricus*: The next day I was called to see the little sister. There were no convulsions; fever was gone, but they showed me the stool. It contained blood and mucus and had shreds in it. She was going every few minutes and straining vigorously; the colon was most acutely inflamed, and we had a condition that was in a way alarming. *Mercurius sulphuricus* 1000 in a glass of water was given, and she had one more stool that day, two that night and then recovery.

*Gnaphalium*: Another remedy, perhaps not all are familiar with it, but when you are called out in a case of atrocious sciatica, it will sometimes try your soul. The man is going to have relief, must have relief, and with a handy bottle of aspirin or a hypodermic of morphine in your pocket, it is sometimes a severe trial to ask him to give you a chance or to show such confidence in your prescribing that he will think you are giving him morphine and that he is surely going to get relief. In connection with this I want to mention above all one remedy, and that is *Gnaphalium*. That is one of those one symptom remedies, like *Clematis*. In atrocious sciatica associated with a numbness and tingling in the fingers, it will act like morphine.

*Hepar sulph.*: The next remedy I will take up came to me under these circumstances. I was called to see a woman with a labial abscess. The pain became atrocious and I decided that I was going back that night and incise unless she got quick relief. I prescribed *Belladonna* because of the throbbing pain. No relief at all. I picked up my *Boericke* and in leafing through came to *Hepar*, and it said for labial abscess with intense pain. *Hepar* 30. That was definite enough. There was no guess work, no differentiation there. She got it. That night the pain was all gone and she was comfortable.

*Hypericum*: Another remedy I will mention is a remedy that I mention for this reason, because I have been mistaken. The time was when if a case came to me suffering from having had the teeth extracted, a good deal of pain, I always thought of *Arnica* immediately and I used to be disappointed when my cases didn't get the results. On further study I have found that *Hypericum*, because of the injuries to the nerves intense pain, will give relief there very quickly and much more effectively.

*Stramonium*: Several years ago I was called upon one evening to see a man, a case of carcinoma of the bladder. They called upon me to give him some morphine so that they could control him. I found five men sitting around in the room taking care of him, neighbours of his. I found the man in bed. He was a very fine man in every way, of the best of character. He was sitting on the bed, joking and laughing when I came in. They had the lights on very bright; in other words, he had light and plenty of company, I noticed.

But he couldn't drink water. His son went over and got a piece of cotton and he sucked the cotton. That impressed me.

The next thing they told me was that the neighbour ladies had been in and that he shocked them with most indecent remarks, a thing absolutely foreign to that man's character, as everybody knew who had known him.

I have gotten ahead of my story. On my first visit I gave him one-quarter grain of morphine and returned to my office. Just as the office hours were over I received a telephone call and I went out and gave him another one. It had no effect whatever. I went back to the case. I didn't take the morphine back with me, left it in the office. I studied my case and observed that which I have just told you; in other words, we have a silly obscenity, must have light and company, cannot drink water, and what more could one ask? He got the remedy and no more morphine and no five men to control him—Stramonium, of course.

I have, for example, a girl. When she is down town with her mother and goes into the lavatory with her mother, her mother must stand in the doorway. She can't close the door. At night if she wakes up with the door closed she just goes into a hysterical attack until they get it open. The light is left on.

When you must have light and company, cannot drink water, have silly delirium and obscenity, always think of Stramonium.

*Hyoxyanum*: I might digress for a moment. About three years ago I was called one evening to see a patient. "Will you come out on Garfield Avenue to see a case of sleeping sickness?"

I had never seen a case of sleeping sickness in my life. My thought was, what am I going to do about this case. I got down Turner's loose-leaf book and thought I would get the latest thing in it. It gave an excellent description of sleeping sickness and more or less a history of the case. He described the mutation and the cure treatment, but nothing specific.

There had been five doctors on the case. The last man was a professor of necrology at the university here. They had all agreed on the diagnosis. His prescription was morphine to quieten the delirium. Of course, sleeping sickness is not one where the patient is quiet and stupid. There is more or less delirium. He also prescribed croton oil to keep the bowels open.

Well, I decided right then that I would not treat sleeping sickness. I am going to treat a sick man; that is the thing we have been treating. We have been treating sick people. Not a man of you ever saw an abstract case of typhoid or pneumonia. They exist in the book but you never saw it. The thing you treat is sick people. They may have pneumonia or something else.

On observation of this case I found my man lying there in a stupor, muttering some. You had to watch him for he might jump out of the window. Sometimes he would see things going up and down the walls. He was twitching. Shake him and he would wake up and I could ask him a question and get a little bit out of him, but not very much. His fever was moderate. I shook him and hung an alarm clock in front of him and asked him what time it was; he couldn't see it.

We had non-suppurative cephalitis. The trouble was in the brain. What are we going to do for him? If you are going to be a prescriber, it is not a question of whether or not this one remedy comes to mind for a cough or one for this or that or the other thing, but does a group of remedies come to mind when a predominant symptom is mentioned.

In a case like this Belladonna, Baptisia, Hyoscyamus and Stramonium, come to your mind.

I have just recited a case of Belladonna where you have high fever, and we can discard that. Baptisia—we are going to think of that in the case, because to all intents and purposes we might have a typhoid fever here—delirium. Hyoscyamus has the picking at the bed clothes, twitching, muttering delirium, profanity, etc. Stramonium is a more active type with the silliness, not so toxic, must have light and company, with obscenity, etc. You compare and it is between Baptisia, Hyoscyamus and Stramonium, with much preponderance in favour of Hyoscyamus.

There should be no difficulty in either case in recognizing your remedy. Incidentally, this case of sleeping sickness got along very beautifully.

*Ratanhia*: And for my last remedy I think of one of the most important remedies we have. I have an office across the hall from a dentist. His sister is a graduate of a hospital here. That evening there was an old-time celebration. There was going to be a big celebration. It was in the fall. It was a cold, drizzly evening, not pleasant to be out. The sister brought over a friend of hers, a young, married woman. She stated that her menstruation was due that night, could feel it coming on, and whenever she had it she was flat on her back in bed, absolutely prostrated. "I want you to give me something so that I can go to the celebration tonight."

I told her that was quite a proposition. "What are your symptoms?"

"Cramping, cold sweat, vomiting and sometimes diarrhoea"; in other words, complete prostration is what she had.

I thought, this is some problem we are dealing with; and I said, "Perhaps if I were to take you home and put you to bed with a hot water bottle, I might do something for your case."

But no, she was going out; that was all there was to it and it was up to me to see what I could do. Under the circumstances with a nurse from an old school hospital there to see what I did, one who would be hypercritical of Homoeopathy, I stood on my toes about the case. I would likely have given nothing rather than to see Homoeopathy fail under such auspices. I went over the symptoms and could see only *Ratanhia*. So *Ratanhia* she got, 3, to take every half hour, but I slipped over and told my friend the dentist who keeps a supply of Dr. Mile's anti-pain pills to take a couple of these along and slip them to her if she had any pain. That was the extent of my confidence.

The next day I asked him, "Did you have any trouble?"

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duality of its own. China, Ars. and Phos. may come in order, they are complementary in pairs.

Arsenicum patient is a fastidious patient to deal with. He is badly sensitive both in his mind as well as his body. He has an intense thirst, but he takes only a sip; again, if the water is warm, he may tolerate it and keep it in the stomach so long as it is warm, but as soon as it gets cold, it is ejected. Cold drinks are vomited then and there immediately after it is taken. Phosphorus wants cold water and cold drinks in the stomach, and would keep them there so long they are cold; but they would be ejected as soon as they warm up. Sometimes it is very difficult to distinguish between Arsenicum and Phosphorus, and it is well that they are complementary.

Arsenicum has many other complementaries, as Pyrogen, Carbo veg., Natrum sulph., Nitric acid, Thuja etc., of which Natrum Sulph., Nitric acid and Thuja being miasmatic complementaries need special notice. In the sycotic field of action. Thuja is deeper than Arsenicum, and Arsenicum follows Nitric acid when prostration increases and fear of death with restlessness becomes a prominent feature. The other two, viz., Natrum sulph. and Thuja come in most cases of sycotic manifestations like asthma, humid cough, small pox etc. when the acute condition is allayed with Arsenicum and some deeper and more permanent hit is needed in order to eradicate the miasmatic tendency to further attacks. Arsenicum acts in sycotic cases as Aconite does in psoric ones, though apparently well indicated.

—THE HAHNEMANNIAN GLEANINGS, Sept. 1932

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"Not a bit."

A few weeks later she came back and said, "I want some more of that medicine. I haven't had any trouble this time."

That gave me a tip on probably the most prominent remedy that I have ever found, for I have used that in dozens of cases since that time with almost no failure where the symptoms with any degree correspond.

—*Central Journal of Homoeopathy*

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