SILICEA IN ORDINARY PRACTICE

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Silicea, commonly known as silicic acid, made its debut into the world as a homoeopathic remedy in the year 1828. It was introduced by our Master, Samuel Hahnemann, himself, who gave us the first pathogenesis of this drug and also his formula for its preparation. This white powder is prepared in triturate form from the second to the sixth decimal potencies, higher attenuations in dilutions.

Toxicologically it produces necrosis and suppuration of the bones, fibrous tissue, glands, and mucous surfaces with nutritional interference of these tissues, enlarged glands with a tendency to suppuration, and ushers in some forms of neurasthenia. Were it the only homocopathic remedy at our disposal the physician familiar with its use would enjoy an enviable reputation, and the path leading to his door would be a well trodden and well worn one, because the abscesses, glandnlar swellings, fistulas, earbuncles, felons, and boils that come within its sphere of action are common incidents in our daily practice. Scrofulous, rachitic children are also found within the bounds of its therapeutic action, especially those who have large heads and wish to bc kept warm. We all know that the silicea patients are nervous, irritable, restless, sensitive to drafts, chilly even when exercising, worse in the mornings, upon lying down, from washing, from uncovering, have night sweats that are indicative of suppuration or phthisis and are relieved by warmth, and every small injury seems to suppurate.

This drug has a purported aggravation about the time of the new moon. You may take this for its worth. Let me call the attention of those who may deem this postulate as belonging to the intangible metaphysics or to the realm of impractical ethercalism to an excellent work by Thompson on 'Weather and Disease.'

For illustration permit me to present two of my recent cases.

A woman, aged 40, came to me in October 1940, with the following complaints:

That for the past month shc had been having a feeling of pressure in the suprahyoid region, but no pain, and during the past week swelling had appeared in the area of the cervical glands accompanied by night sweats. Examination revealed the following:

Suppurative-lympho-adenitis in the chain of right cervical glands extending to the supra-clavicular ones. At the uppermost portion of the chain an area of fluctuation was easily discernible; infection and suppuration extended to the tip of the mastoid. Her temperature being normal one would not anticipate a generalized infection, consequently one must seriously entertain the possibility of some lymphadenopathy, Hodgkin's Disease, sarcoma

or any of the primary blood diseases, as well as Koch's lesion. Subsequent blood studies eliminated primary blood diseases such as the leukaemias. At the point of fluctuation by paracentesis 4 cc of pus were drawn and this was immediately injected into a guinea pig which later proved negative. Smears disclosed ordinary cocci and no tubercular infection. So much for routine study.

When a patient comes to you he wants relief, he is not interested in your classical approach to a diagnosis; he is only concerned with the thoughts of the alleviation that you can give him in his present complaint or complaints; nevertheless, academic studies such as prosecuted in this case are essential to acquaint ourselves with the underlying pathology.

This patient had no characteristic modalities that would lead one to an accurate and single remedy selection. Several drugs might suggest themselves. One may think of Hepar sulphur, but the patient lacked the lancinating pains so peculiar to this drug, and although there was some sensitiveness in the affected site it was not the extreme sensitiveness of Hepar, her sweats occurred only at night and did not possess the sourish odour. Ars. iod. might be thought of for the sensitiveness, the slight swelling that was present, the accompanying night sweats, and the fact that tuberculosis was suspected, but this remedy also was eliminated because of the absence of profound asthenia and sufficient putrefactive discharge so typical in the ars. iod. patients. Her condition was not acute enough to give Rhus tox any consideration. Mercurius might also fit into the picture but here again she exhibited no undue palpitation, pale mucous membrane, weakness, and was so aggravated by warmth. With the persistent feeling of pressure upon the retropharyngeal space, previous hypertrophy of the glands ending in suppuration together with the physical characteristics of the pus aspirated conclusively directed my attention to Silicea. Silicea 6x was given.

This patient was under my care for two months with this infection. I kept her on Silicea throughout the period of treatment, at first giving it hourly, later two hourly, and with its aid was able to keep the infection localized. However, free drainage could not be induced and at times I was very uneasy fearing surgical interference would be necessary, but after two more paracenteses the swelling began to decrease, gradually disappearing and by January 1941, the patient was discharged as cured with no external scars or evidence of her recently healed lesion.

A triumph for Silicea, for without we would undoubtedly have a disfigured and unhappy individual.

This case once more firmly impressed me that Silicea can be distinguished from Hepar sulphur by the absence of the splinter like pain, from Ars. iod. by the unexistence of tubercular lesion, profound asthenia and thick caseous putrefactive pus; and I was made most poignantly aware of the fact that persistent pressure on the retropharyngeal region with con-

comitant infection of the chain of the cervical glands was a cardinal Silicea symptom.

Another case, male patient, about 22 years of age giving a good family history and aside from his present ailment had never suffered any other illnesses. His appearance was as follows: Oily and waxy skinned, not exceptionally neat in person or dress with a marked suggestion of bromidrosis. Complaint: Discharging fistula in the third sacral syndesmosis. He gave a history of previous treatment, arthroxesis twice without beneficial results, and at no time had there been any evidence of granulation, and for approximately two years he had suffered all the inconvenience of suppurative lesion in this part of the anatomy. Knowing he had been treated with drastic drugs by our old school brethren, my first impulse was to 'clear the decks' for homoeopathic action. Everything pointed to Nux vomica or Sulphur. The patient being of a stoic nature, calm and composed, Nux vomica did not fit, but the physical appearance together with the disagreeable odours, not entirely from the fistula, made me give him two doses of Sulphur 30. When the patient returned five days later I found these clear-cut symptoms:

Tumefaction around the fistula was seen together with viscid, greenish-yellow purulent discharge. Silicea and Pulsatilla would both fit this case very nicely, but Pulsatilla was my first choice because of tumefaction and lack of free drainage incident to obliteration to the passage of the viscid discharge. Mind you, Pulsatilla was given on these objective findings alone, because the patient was chilly which also is distinctive of Silicea and the property of the pus, too, points towards this latter remedy. The patient called again a week later with a freer discharge but seemingly impatient about the duration of his disease which was evidenced by irritability, restlessness, apprehensiveness and the additional complaint of night sweats.

Silicea 6x was given and eight days later granulation and scarification were complete.

Toxicologically Silicea produces suppuration and this case of fistula just cited strongly and clearly proves the homoeopathicity of this drug.

I might enumerate many more cases of a like nature but there would be no point in doing so as by their relation I would be only more or less overlapping the ones already discussed. Suffice it to say that Silicea is an extremely valuable remedy fruitful of highly satisfactory and curative action in cases akin to the above two just related, if the indications are properly evaluated and we are careful to differentiate the drug from many others closely allied to it, and when indicated, it is productive of brilliant and dramatic results.

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