

CHRONIC POISONING BY IODINE AND ITS TREATMENT

DR. F. K. BELLOKOSSY, M.D.

Some of our cases have an unfavourable prognosis from the start. Many of them, but by no means all, come to us from other hands where they have been improperly drugged which some times affects their prognosis materially. Since it is important that our prognosis be in all cases as accurate as humanly possible, a discussion of the causes of occasional incurability by Homœopathy is quite desirable. This is a vast subject, but it so happens that a section of the iodine problem can very conveniently be woven into it.

Already the early homœopathic pioneers had noticed that suppressive drugs, when taken for prolonged periods of time, diminish or destroy the responsiveness to homœopathic remedies, even when no apparent signs foretell the final unfavourable outcome.

The first to mention among these suppressants are the analgesics and antipyretics such as: Salicylates, Aspirin, Salicin, Salophen, Salol, Salopyrin, Antipyrin, Pyramidon, Anacin, etc.

A lady, suffering from a common headache, took Aspirin almost daily for 30 years. She was not satisfied with one tablet each time, she often took several as she was determined to kill her pains which could only be done with a sufficiently large dose. When she first came to me, it was a hard task to wean her from the drug, not to speak of any cure. After five years of hard work and careful prescribing she still has her headaches. Moreover, she is also thoroughly impregnated with the Aspirin proving affecting her stomach, eyes and nervous system.

Another group of suppressive drugs are hypnotics such as Barbiturates, Veronal, Medinal, Isopral, etc.

A boy, now 26 years old, has been suffering from violent epileptic seizures for 20 years which he had treated with Phenobarbital all this time. Finally, seeing the result of his drugging to be totally negative and due to my optimistic prognosis, he

submitted to homœopathic treatment full of hope. I have treated him for three years but without any result. He is a *Sulphur* case, has had *Sulphur* in all its potencies from the lowest to the highest at long intervals. He also has had *Calcarea carbonica* high, and several more or less indicated intercurrent remedies, but each and all of them with total disappointment. Needless to say that I have been extremely anxious to help this young man on account of the unusual vehemence of his seizures. They come on twice a week in the night in his sleep and are so violent and sudden that he is thrown high up in the air above his bed and out of it in a big arch and down on the floor. A mattress and pillows are laid on the floor to protect him from injuries and bruises.

Bromides have been used as sedatives and anticonvulsants by the other school for centuries. Their suppressive and toxic action has been an impediment to the curative action of our remedies ever since modern Homœopathy was born. The other halogens do not exert such a stupefying action, but their suppressive effect is just as intense, and in the case of *Iodine* it is unfortunate that in our practice we run into it all too frequently. I do not doubt that *Iodine* was responsible for my failure in two asthma cases. Both these cases were grave cases and had been asthmatics for 30 years so that no real cure was contemplated. I only hoped that I would give them some tangible relief. One of them had been taking an ioduretted solution of Potassium Iodide in ten drop doses, three times daily for over a year, a dosage too reckless even for a dinosaur. The other man was taking Felsol for years, a drug that contains Iodopyrin and other antipyretics, therefore doubly suppressive.

In an old hypertensive case you can sometimes obtain a drop of blood pressure of 70 to 80 mm. within a few days with proper homœopathic management, but in iodized patients this will never happen. You can cure most cases of psoriasis except those impregnated with massive doses of *Iodine*. In chronic arthritis you can help very much but not in those previously treated with *Iodine*. I have become afraid of the iodized cases and always give them a dubious prognosis. They are victims of their *Iodine* proving and this has always something of the na-

ture of a mule. J. H. Clarke in his *Dictionary of Materia Medica* tells us of several such involuntary provings which all ended fatally.

The duration of *Iodine* provings is well illustrated by the case of a lady whom I have observed for 25 years. In her 17th year she noticed her thyroid growing and disfiguring her neck. Two of her uncles, both doctors, treated her with *Iodine* for three years, but her goitre only grew larger. She is very blonde, rather flaxen, and looks like a bromine case, so no homœopath would wonder why three years of *Iodine* did not help. On the contrary, her goitre continued growing and when she became my patient five years later, it was almond size and stone hard on one side and soft and half a peach size on the other side, and all her other symptoms indicated that she was deep in the *Iodine* proving. Some of her symptoms were permanent, others periodic. A prominent, permanent mental symptom was hurriedness and she repeatedly begged me: "Slow me down, slow me down." But I have not been able to slow her down for 25 years. However, I did "cure" her goitre completely and her neck is beautiful again, but this was only a suppression which surprised me greatly at that time.

This case is one instance which shows that tumors also can be removed by suppression. I am sure that I have removed several others by suppression. Some time later she developed an ovarian tumor, another condition found in the proving of *Iodine*, which was also cured by suppression. In spite of these little results, whenever she came or wrote, she would always assert that she was no better. Her drama continues; with every new act the scenery changes but the same red thread of *Iodine* is clearly perceptible through all its acts and may have an end only with her death. Intractable insomnia with excruciating headaches alternates with alarming metrorrhagias and dysmenorrhœas, and backaches followed by neuritic pains in her extremities, all accompanied by slightly elevated temperatures, have plagued her for thirty years and the response to carefully chosen remedies has always been disappointing. Such are the blessings of "science" in this case. A little ray of hope beamed out of her blue eyes after I gave her *Iodine* in 10M potency six

months ago. May be some day I can repeat it in a still higher potency. Interesting also is the fact that her daughter is a dark brunette which may have been caused by *Iodine* as this is a color totally absent in her family.

Why *Iodine* would affect its victim so much and more permanently than other poisons was an enigma to me until I gathered more experience and until I correlated two facts which are the following: *Iodine* slows down the assimilation but increases the appetite and causes bulimia. It causes a discrepancy between the amount of food the patient can eat and the amount he can assimilate. He eats abnormally much but it does not give him any strength or flesh; on the contrary, the more he eats, the more cachectic he gets. And the thinner he gets, the more anxious he is to gain weight back which makes him eat still more.

This discrepancy between digestion and assimilation may last the rest of the prover's life. The food he eats stagnates in the intercellular spaces without entering the cells, without creating energy and without replacing the worn-out cell material. There it deteriorates and decomposes which results in sharp corroding liquids which explains why sweat and other discharges of the *Iodine* prover are corrosive. The perfect antidote would have to bring about the assimilation of the large and constantly renewed masses of foods as well as diminish the craving for foods in order to be effective. That such an antidote cannot exist is obvious. It is also obvious that if we are to help such a case, we must persuade him to cut down the size of his meals in order to obtain any benefit from our remedies. He must realize that it is not only the chronic effect of *Iodine* that disturbs the action of the homœopathic remedy and keeps him sick, but also the excess of food which his body cannot utilize. Any glutton, be he fat or lean, obese or cachectic, is incurable as long as he continues his large meals. The *Iodine* glutton is no different. His life energy currents are impeded not only by the suppressive drug but also by faulty foods and especially by excessive quantities of foods.

The heavy eater seemingly belies our claims concerning the power of our high potencies; I say seemingly, as the power of

our high potencies is not a legend but a fact, though it has its limitations as everything else. I have treated patients without their knowing it and the remedy had to be put in their coffee and what happened? It worked perfectly, just as if it had been given in water and this with patients who drank five to ten cups of coffee a day besides. Coffee is known to be antidotal to most of our remedies. Also acids are known to be antidotal, as Hahnemann cautioned us about vinegar. Citric acid is worse, but I have had perfect results with high potencies given in orange juice without the knowledge of the patient. The same can be said of alcohol and alcoholics. If, therefore, the correctly chosen remedy does not work, it is not its fault; the fault is in the obstacle which stifles its action. This obstacle lies, as we have seen, in various drugs, but in the case of *Iodine* poisoning it lies not only in the *Iodine* but also in the bulimia which it produces. Bulimia alone without being preceded or caused by any drug can be this obstacle.

In rest the healthy stomach can digest three to five times more than the healthy body requires for energy production and tissue repair. If a healthy person eats more than the body can utilize, the unused part of the food turns into fat and no harm ensues. In sickness, however, the metabolic capacity to transform food into fat may be diminished and the assimilation decreased so that much of the food remains unused. As long as the elimination is adequate, there is no aggravation of the disease; but as soon as the elimination lags, then the foods stagnating in the intercellular lymph spaces deteriorate so that toxins are formed. If the homœopathic remedy is able to increase the metabolism, to improve the elimination and, especially, if the patient also cuts down the size of his meals to the level of his metabolic abilities, we obtain the homœopathic response. If, on the other hand, we don't obtain the response, it may not always be drug suppression or suppression by stimulants that is responsible, but suppression by too copious meals alone or in conjunction with drugs. The Danish nutritionist Hindhede preaches: "Rather undereat than overeate," and I am convinced that homœopaths would improve the results of their practice if they adopted this slogan. I could thoroughly sub-

stantiate it with cases in my practice but it would make this paper too long. Try it faithfully and you will seldom again have the occasion to complain about the impotency of our potencies.

In Europe it is much easier to apply this advice than in America, at least I obtained much better results when I practiced in Europe than now in America. This may also be the reason why early American Homœopathy had so much better results. Today many Americans will tell you that they can always eat and that they are starving to death if their stomach is not always full. "Plenty of good nourishing food" is their slogan and since it has strong commercial support, it is often extremely difficult to persuade them of the opposite and preach temperance in eating.

How are we to know who is overeating? He who is overweight or gaining weight while sick is overeating. But also people whose weight is normal or subnormal and who are not gaining weight may be overeating. Their cells have lost completely or partly the ability to assimilate. Excess of food may be only partly eliminated; this creates toxins which are the source of many symptoms. One of these symptoms is postprandial acceleration of the pulse, other symptoms are remittent subfebrile temperatures, dyspnoea on exertion, unexpected rise of arterial tension, allergies, ankle edema, nocturia, disturbed sleep and a host of subjective symptoms.

Nor must we forget that with advancing years the metabolic capacity decreases and that older people lose some weight as a consequence. A septuagenarian must eat less than he ate when he was 25 years old. If he seeks to counteract this natural loss of weight by eating more he will overeat, which will sooner or later make him sick and also weaken his response to homœopathic remedies.

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