HOMŒOPATHIC CLINICAL CASES

Dr. A. H. Grimmer, M.D.

Among the more difficult cases of sickness to cure are those suffering from epilepsy. Such cases are considered incurable by regular medical standards and only palliative methods are applied or advised to mitigate the convulsive aspects of the disease.

Aside from the Jacksonian form of the disease, where pressure or mechanical conditions exist, causes of the disease are uncertain or unknown. Surgical intervention sometimes helps these cases of mechanical origin, if too much brain damage has not occurred.

In the idiopathic forms of the disease the only causative factor present is the constitutional or miasmatic one described by Hahnemann in his chronic diseases.

Most of these cases coming to the homœopathic physician have been treated with suppressive drugs, sometimes over a long period. They present only common symptoms of the disease intermingled with symptoms of the drugs given for the suppression of the convulsions.

The family history and the life story of the patient, with all his sicknesses and injuries, are the main guides for the selection of the remedy. Remedies corresponding to the miasms of the patient and his family must be chosen and given in properly spaced doses and in a succession of potencies. Complementary remedies are often needed to consummate a permanent cure, because, as one miasmatic influence is erased from the patient's economy, another comes up to replace it, until it in turn is eradicated by the suitable remedy. Thus it frequently requires a series of remedies, often in a succession of ascending potencies to cure such an intractable chronic condition as epilepsy.

To cite briefly one case of epilepsy: A middle-aged man had suffered for years with irregularly recurring convulsions. He had been given in abundance the classical, routine anticon-

vulsant drugs for some years with no mitigation of his trouble.

On August 13, 1945 the following report was received:

> I feel that we have made progress during the last year. The night of July 26 I had a recurrence which came as usual during sleeping hours in the early morning. It was the lightest of any in eight years. Was able to go back to work about 10 A.M. Rested well the two nights following the attack, on the third and fourth night was restless but finally overcame the restlessness and slept. Since then I have felt fine, rested well every night and have used medicine per schedule. Have not been bothered with backache this time as I was with former attacks.

This change occurred under two doses of *Kali bromatum* 10M, given six to eight weeks apart and one dose of *Kali bromatum* CM on April 1, 1946 and another *Kali bromatum* CM given on June 13, 1946.

On August 6, 1946 *Natrum sulphuricum* 10M was given since *Kali bromatum* CM held too short a time. This was repeated on Sept. 16, 1946. From this time on until Feb. 22, 1955, *Natrum sulphuricum* in ascending potencies was given at long intervals. A blood test Feb. 28, 1955 brought out *Kali iodatum* 10M. This blood test also revealed the syphilitic miasm (inherited). *Kali iodatum* in ascending potencies to the CM seems to have completed a cure of this very chronic case. In the past year there have been no attacks and the patient is in excellent health.

This case is an excellent example of Hahnemann's miasmatic concept of the treatment of chronic disease. First a series of potencies of the antipsoric, *Kali bromatum,* followed by the antisycotic, *Natrum sulphuricum,* and last the antisyphilitic, *Kali iodation,* all required to make a perfect cure of a most resistant condition complicated by the effects of anticonvulsant medication.

Chronic dermatitis is another condition difficult to cure by any treatment except the homœopathic remedy. A case in point: V. C., aged 13, gave history of dermatitis of arms and hands since early childhood. She has had measles and chickenpox. Gets severe headaches with vomiting at times. There is no tenderness at McBurney's point. She has a functional

heart murmur. She is extremely fond of sweets, no desire for salt. *Carbo vegetabilis* 10M was given on Jan. 17, 1942.

Feb. 7, 1942—Eruption better, but has had a severe head cold. *Carbo veg.* 10M.

Mar. 2, 1942—Some better. *Carbo veg.* 50M.

Mar. 28, 1942—Improved in every way.

After this date the patient moved to Florida from Chicago and discontinued homœopathic treatment and placed herself in the hands of a regular physician of the old school. She was given Cortisone internally and had ultra violet ray treatments on the skin which aggravated not only her skin trouble but impaired her general health. She was also given a weight reducing drug. On April 12, 1948 the patient returned to Chicago for homœopathic help.

Apr. 26, 1948—*Calc. sulph.* 10M.

May 3, 1948—Has a case of athletes foot. *Sarmaskite* 10M.

May 10, 1948—Improved.

June 2, 1948—Skin some better, but menses too soon with a heavy flow; gaining weight fast; does not feel well. Perspires too freely and perspiration irritates skin eruption. Was given another dose of *Sarmaskite* 10M.

June 10, 1948—Skin is better, but is gaining weight too fast. *Graph.* 10M.

From this time till April 17, 1957 the patient has been on *Graph.* 10M and 50M in repeated doses of each potency. Her skin has entirely cleared and she is in better health than ever before.

The next case is of interest to the internist because of the amount of pathology involved.

March 29, 1955—Mrs. B. H. E., married, aged 37, gave a history of profuse, irritating vaginal discharge, with severe burning and itching and a putrid odor. This was accompanied with severe backaches and pains extending into both groins and down the thighs, legs and feet. Feet swell when on them too much. Has severe headaches from time to time with nervous irritability. Her family physician has given her a series of penicillin shots and sent her to a gynecologist who advised an operation. She was also suffering from rose and hayfever.

She was told she had a small tumour in the uterus, but my examination showed extensive swelling and cystic changes in the cervix, the uterus heavy and enlarged with an enlarged cystic left ovary. *Thuja* 10M given on March 29, 1955.

May 12, 1955—*Lyc.* 10M. Has had an attack of rose fever. Last period shorter with backache. Craves sweets, appetite poor, easily satiated.

July 14, 1955—*Lyc.* 10M. Increase of irritating discharge, period improved.

Aug. 19, 1955—*Lach.* 10M. Increase of irritating discharge; tendency to varicose veins; hay fever attacks recur annually. Flow dark but not clotted.

Sept. 22, 1955—*Lach.* 10M. Pain in left ovarian region; tired with broken sleep; hard to get to sleep. Full bloated sensation with hunger; feet swollen and sore; no thirst.

Oct. 27, 1955—*Lach.* 50M. Pain and discharge persists but is sleeping better.

Jan. 10, 1956—*Lach.* 50M. Pain in back after resting; no headache at last period; discharge is less; pelvic findings much improved.

March 13, 1956—*Lach.* CM. Had two severe headaches.

June 5, 1956—Has had several vomiting attacks with constant pain in left ovarian region. Has lost ten to twelve pounds. Pelvic findings better.

July 17, 1956—*Lach.* CM. Had severe vomiting attack a week after period with anxious fear. Sleeping better, pelvic findings improved.

Sept. 11, 1956—*Lach.* DM.

Oct. 2, 1956—Flow scanty, headaches are lighter.

Nov. 13, 1956—Feet swelling again; periods are more regular.

Jan. 14, 1957—*Kali carb.* 10M.

Feb. 4, 1957—*Lyc.* 50M. Menses very scanty.

March 12, 1957—*Cad. calc. fl.* 10M. No period since last Thanksgiving, breast sore and swollen. Has a slight mitral murmur. Has used fluorinated water.

April 12, 1957—Expects a baby this coming September. No headaches and is feeling better in every way.

Still another case. Mr. H. B., middle-aged, has had repeated nervous breakdowns in which fear and suspicion produced prolonged attacks of insomnia ending in a loss of strength and weight with a complete lack of confidence and deep mental depression.

Perhaps this type of case is as trying and difficult to cure as those suffering from phobias, frustrations and resentments with insomnia which so often wind up in so called "nervous breakdowns."

March 13, 1956—*Nat. Sulph.* 50M. For the third time in as many years this man returned for the kind of help he had found on previous occasions under homœopathic care.

June 22, 1956—*Nat. sulph.* 50M.

July 7, 1956—*Mag. mur.* 10M. Not able to sleep.

Aug. 7, 1956—*Lach.* 10M. Unrefreshing sleep.

August 30, 1956—*Thuja* 10M. A blood test indicated this new remedy.

Sept. 25, 1956—Very suspicious and depressed, is sure he cannot get well. *Kali thiocyn.* 10M.

Oct. 8, 1956—*Opium* 10M. Full of unreasoning fear.

Oct. 19, 1956—*Aur. mur.* 10M. Suicidal and restless.

Oct. 25, 1956—Slight improvement.

Nov. 2, 1956—*Kali iod.* 10M. Better on motion, extremely irritable and restless.

Nov. 16, 1956—*Kali brom.* 10M. No better.

Nov. 23, 1956—*Hyos.* 10M. Does not feel he is improving. Return of physical symptoms, better in the dark.

Nov. 27, 1956—*Syphil.* 10M.

Dec. 4, 1956—*Thuja* 10M.

March 29, 1957—*Thuja* 10M. Improved. Has regained nine pounds. Weight 166.

The last report on May 15, 1957 found the patient feeling well and full of confidence with regained strength.

These mental and nervous cases seem to require more remedies and more frequent repetition of remedies to obtain curative results. Cures are possible if no interference by palliative drugs is interjected and enough time is permitted to find the one best drug or the best array of complementary remedies

needed to do the work. This requires much patience and study on the part of the physician, as well as infinite faith and courage on the patient's part.

Only such patients as have been indoctrinated in homœopathic philosophy and have experienced the great advantages of homœopathic prescribing are conditioned to cooperate with this method of treatment in the face of the numerous palliative medicines confronting him to-day. But present-day palliative treatments may plunge the patient deeper into the mire of despondency and frustration. Homœopathy is the only hope for a real cure for these unfortunate victims.

—The Homœopathic Recorder, April-June, '58.

DISCUSSION ON ASIAN INFLUENZA

(*Contd. from page 372*)

phylactic doses were classified as having developed influenza when in fact they were only giving a proving of the potency. To support this criticism I would like to draw your attention to the nature of the attacks which afflicted those who took the potentized nosode, and how it differed from those who did not receive the preparation. The "provers" often had a short sharp series of symptoms lasting one or two days. Those afflicted by the illness presented the usual symptoms, and these were often followed by days of post-influenzal distress, taking in all, seldom less than a week.

(*To be continued*)

—The British Homœopathic Journal, April, '58.