

## HOMŒOPATHIC TREATMENT OF WOMEN'S AILMENTS

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I should like first of all to say that I appreciate the honour of being invited to address you this evening. When our President asked me to give a paper I had nothing on the stocks, and realized it would be difficult to give anything very original even towards the end of the session. Casting around for a subject, I saw the suggestion that the homœopathic treatment of women's diseases should be investigated and thought it might be possible to find some material of interest in our practice. It then occurred to me to try to find how Homœopaths dealt with these cases before the advent of organotherapy—mostly inert in the 1920's and potent, for good or evil, in the 30's and 40's—and also before most pelvic disorders were considered to be in the province of the surgeon. I therefore obtained from the British Homœopathic Association Library, *Organ Diseases of Women* by Dr. Compton Burnett, published in 1896, and referring to cases from the mid-1870's onwards, and *The Lady's Homœopathic Manual* by Dr. E. H. Ruddock, a book for the lay reader as well as for the homœopathic physician, published probably about the same time. The tenth edition, at any rate was revised by Dr. John H. Clarke.

Apart from interesting information of homœopathic remedies, Burnett is most entertaining reading. He has very definite opinions which he expresses forcibly and he is prepared, one might say more than delighted, to maintain them against all opposition, quoting cases to support his views. He maintained that in many cases of prolapse of the uterus the organ prolapsed because of its weight and bulk—he was dealing often with women who had had many confinements or miscarriages—and that to reduce this weight and bulk by homœopathic medicines was more logical than to support the undue weight with a pessary. To quote: "The real indication is to set about reducing the size and weight of the organ until it is

light enough to go up to its normal position. And my contention is that this can be done and the task is not even difficult; but it cannot be done *without organ remedies* and also it cannot be done without constitutional remedies when the hypertrophy is of constitutional origin." The same theory applies to other disorders such as menorrhagia, oophoritis, salpingitis, sterility, etc.

Generally, his method was to give constitutional remedies in medium or high potency and the organ remedy in mother-tincture or low potency. He started treatment sometimes with a constitutional remedy and sometimes with an organ remedy according to his assessment of their relative importance in the particular case. He says "In fine, I would summarize the whole thing thus: when the organ-ailing is primary to the organ, use organ remedies in little material doses frequently repeated; where the organ-ailing is of a piece pathologically with that of the *organism*, use the homœopathic simillimum in high potency, infrequently repeated. That is how I work, with much satisfaction and delight at the curative results so obtained." Sometimes an organ remedy was sufficient.

It is striking to notice that often the constitutional disturbance was considered to be tuberculous, whether a metritis, oophoritis, or sterility. I was rather interested recently at a symposium on what is now known as sub-fertility instead of sterility, to learn that careful investigation is considered necessary to exclude tuberculous salpingitis before insufflation of the tubes, even though there are no clinical indications. A surprising number of tuberculous cases are discovered, and I believe insufflation in such cases may be disastrous. Stallworthy of Oxford in a recent book on *Problems of Fertility in General Practice* writes: "The importance of pelvic tuberculosis as a cause of tubal occlusion has been recognized *only in the last few years* and there is evidence to suggest that it is the *most important* of all pelvic infections in this respect. It has been found that women who appear to be perfectly well, who have no personal or family history of tuberculous infection, whose menstrual history is normal in every way, may none the less have an active tuberculous endometritis. The report of the

pathologist on a biopsy specimen of endometrium is often the first evidence that tuberculosis is present in the pelvis." It would appear that Burnett had a hunch that this was so over sixty years ago and without the report of a pathologist on a biopsy specimen of endometrium! For these cases Burnett usually gave *Bacillinum testinum C.C.* a nosode prepared from tuberculous testicle. Clarke says "This preparation has been used by Burnett as having a more direct relation to the lower half of the body than the pulmonary *Bacillinum*. My own experience (i.e. Clarke's) confirms the correctness of the inference, but it must not be supposed that *Bacillinum testinum* does not act in pulmonary cases or vice versa."

Of it Burnett himself says "A great many of the homœopathic practitioners of the world refuse the right of citizenship to my dear *Bacillinum*. They do not discern its virtues."

Other constitutional remedies Burnett used were *Sulphur*, *Medorrhinum*, and of course being Burnett, *Thuja* for Vaccinosis! Of vaccination he writes: "It seems to me that the change wrought is a pathological one and I call it Vaccinosis." I think that somewhere else he mentions "euphemistically called lymph, which is in fact, *pus*". No doubt it was so in his day. He also used for vaccinosis *Mal. 30*, or *Mal. c.* This I take to be *Malandrinum*. The only reference I could find to this remedy was in Kent's *Materia Medica* where in discussing *Sulphur* he says: "the dreadful effects of vaccination are often cured by *Sulphur*. In this it competes with *Thuja* and *Malandrinum*." Blackwood, 1906, *Malandrinum*—virus of disease in horses called "Grease", said to be prophylactic of small-pox, and controls the ill-effects of vaccination.

The particular organ remedies used were pretty well unknown to me. *Fraxinus americanus* given as mother-tincture was a favourite. The indications were the bulky heavy uterus inclined to prolapse and bleed, probably the result of sub-involution.

The reference to *Fraxinus* in Clarke's Dictionary, says: "White ash. *Clinical characteristics*: uterus, affections of; prolapse of: tumours of.

*Fraxinus* has had a fragmentary proving, but the chief

clinical authority for its use is Dr. Burnett, who regarded it as a uterine tonic in all heavy states of the uterus, with prolapse, bearing down and relaxed ligaments. He calls it the 'medicinal pessary'. I (i.e. Clarke) have repeatedly verified his indications. It is an organ remedy of the first rank. It is also indicated in uterine tumours, especially fibroids, with bearing down sensations:

*Relations.* Compare *Sepia*; *Lil. tig.*, *Nat. hyperchlor.*, *Secale*, *Hydrastis.*"

There is also a short paragraph in Boericke. Where the history suggested trauma, as from difficult labour or frequent miscarriages, *Arnica*, *Helonias*, *Bellis perennis*, *Hydrastis*, *Thlaspi bursa pastoris* were employed. Of these remedies probably *Bellis* or *Daisy* and *Thlaspi* are not so well known. Saw palmetto was another remedy employed. *Saw Palmetto*, *Sabal serrulata* or *Serenoa serrulata* has a 100 page monograph by Hale dated 1896.

Given in Boericke under *Sabal serrulata* :

"*Female.* Ovaries tender and enlarged, breasts shrivel.

*Bladder.* Constant desire at night ; enuresis.

*Male.* Prostate—strangury."

Burnett gave it for retention of urine in a woman who had had to use a catheter for months. Is apparently effective in pelvic cellulitis or peritonitis.

Definite aphrodisiac effects—old man of 83 !!!

Well proved on male and female.

Best in material doses or low potency.

*Antidote, Silica.*

*Bellis* is described by Clarke. He says "The old name of the wound wort or bruise wort shows one of the main spheres of action of *Bellis* and allies it with its fellow compositæ, *Arnica* and *Calendula*. Dr. Burnett is the chief authority for its homœopathic uses. It acts very much like *Arnica* even to the production of erysipelas." "He has cured with its aid several cases of tumour originating in a blow. It has marked action on female sexual organs, especially uterus and breast. Burnett has generally given it in mother-tincture, etc."

*Thlaspi bursa pastoris* is described by Allen. Profuse passive hæmorrhage from every outlet of the body—blood dark and

clotted, *Metrorrhagia* with violent cramps and uterine colic ; in chlorosis ; after abortion, labour, miscarriage at climacteric, with cancer uteri.

*Menses* : to early, too profuse, protracted (eight, ten, even fifteen days), tardy in starting ; first day merely a show, second day colic, vomiting or hæmorrhage with large clots ; each alternate period more profuse.

*Hæmorrhage* or delayed menses from uterine inertia ; exhaustion. Scarcely recovers from one period before another begins.

*Leucorrhœa*. Bloody, dark offensive, some days before and after menses. I think, this remedy seems to cover most menstrual disorders !

*Relations*. Compare *Sinapis*, *Trillium*, *Viburnum*, *Ustilago*.

We are inclined to assume that the discussion of sex problems dates from the more enlightened post-Freudian era and the years after the first World War. Burnett has quite definite opinions and gives these expression. He would hardly approve of the contraceptive clinics springing up all over the country, and has a section on "The Nemesis of Physical Wrong-doing", from which I might quote as a matter of interest. "During the past twenty years the number of cases in which married women prevent conception is steadily on the increase. Their many dodges in attaining this end need not be dwelt upon, but the almost uniform results are the following":—here follows a formidable list of deteriorations of feminine characteristics and charm, finally summed up "If a married woman wants to grow old, ugly and miserable, the quickest and most certain way I know is to practise the prevention here referred to."

"A subject to be avoided ? I do not think so....." "Here, in a medical work on Organ Diseases of Women, the fact that genesiac fraud causes a debased state of the whole genital sphere, with enlargements and displacements, its consideration is not only desirable but imperative. In my judgment a young woman who does not wish to bear a family should not get married at all. I know some goody-goody couples who are joined together, not in holy wedlock at all, but . . . 'we live, and have lived ever since our marriage, just like brother and

sister.' \*Some of them teach in the Sunday School and do what they are pleased to call 'the work of the Lord', particularly when it is taking the chair, or otherwise or elsewhere, but anyway always to the fore. Child-bearing and home-duties are shirked by these unwholesome by-products of civilization. They have their reward. Nature wipes them out herself, and labels them for the ultimate sorting 'Depart from me, I know ye not'," He also discusses what he calls Spermatophobia, which I suppose we would term frigidity.

Burnett is particularly interested in sterility or infecundity and claims successes with medical treatment. Most of the cases quoted had disorders probably amenable to treatment—large bulky uterus, dysmenorrhœa, menorrhagia or leucorrhœa, but he evidently considers *Aurum* may have a specific action.

Ruddock in his *Lady's Manual* gives general advice and suggestions for homœopathic treatment for all stages in a woman's life, including marriage, pregnancy, confinement and puerperium. He has numerous remedies for various menstrual and uterine disorders, but they do not include Burnett's favourites *Fraxinus*, *Bellis*, *Bursa pastoris* or *Saw palmetto*. He has a useful list of remedies for leucorrhœa according to the type of discharge—colour, consistency, acrid, bland, etc. He also recommends vaginal douching as a necessary part of treatment while Burnett says, "I hold very strong opinions on the question of introvaginal injections: they are altogether damnable and pernicious, shallow in conception, wrong in theory and harmful in practice." I did not find anything in Ruddock of particular use at the menopause. Generally I have found Homœopathy disappointing unless perhaps *Ignatia* or *Aurum* for depression.

Ruddock is rather interesting from the historical point of view on the subject of the most favourable time for impregnation which he says definitely is immediately following the menstrual discharge: "at every menstrual period an ovum is matured and discharged from its Graafian vesicle" etc. He then continues: "an entirely different doctrine, however, to that enunciated is now beginning to prevail." "Modern research tends to prove that a developing ovum does not belong to a menstrual

period just past, but rather to the one prevented by fecundation. In short, menstruation is now considered to be a degenerative process, a kind of metamorphosis similar to that which takes place at the end of pregnancy, and its occurrence proves that the ovum has already perished. Hence, according to this doctrine the time most favourable to conception is the few days preceding the menstrual period." The most favourable time has now been moved back to about 14 days before the expected period. Such is the result of progress!

Having considered some of the ideas of these stalwarts of the past, we might at some time put them to the test. Burnett's theories are, I should say, not practised today and are probably known to few. Some may say that he did not practise Homœopathy at all, with his liking for mother-tinctures in his organ remedies. On that point he had no doubt himself, "whether it lies within Homœopathy, *as I contend*, or not, it is true—very true—at the bedside, and that is good enough for me. It will not cure constitutional disease at all, but it sets right the relationship of the organ to the . . . organism." Such was his faith. I am not suggesting that in these days fibroids should not be dealt with surgically or that we should not follow the modern practice of having bleedings, discharges, discomforts, etc., investigated by diagnostic curettage and biopsy. But what of the patients who are returned to us by our gynæcological colleagues as "Nil gynæcological found: endometrium normal?" The gynæcologist is satisfied, as he has found nothing gross or malignant, but the patient may still have the excessive or irregular bleeding or the discharge or the backache or bearing-down feeling. She may be rather mystified as she feels she has had an operation and yet does not seem to be greatly improved. I think in these cases there might be a field for trial.

The following cases of a gynæcological nature may be mentioned, though most of them were treated before I read Burnett or Ruddock :

*Mrs. P. M., born 1920.* According to her records before she came on our list in 1948 she had dysmenorrhœa and metrorrhagia and menorrhagia as far back as 1938 and periodically had

treatment. In 1949 she had dienæstrol and ergot and iron. In 1954 she was considered sub-thyroid as well as anæmic and had thyroid and iron. In February, 1955, she complained again of irregular and heavy menstruation—7 days at 14 day intervals for past 18 months. Our assistant gave her stilbæstrol, and on examining her the following week he noted uterus retroflexed but not retroverted. Continued thyroid and iron. *January 16th, 1956.* Complained of frequent periods recently—started today after 10 days interval. Was given ergometrine to ease bleeding and was examined P.V. on January 25th. *Note.* P.V. Uterus enlarged? metropathia. *Fraxinus mother tincture m.5 t.i.d.* given on the strength of Burnett's recommendation. She did not come back. I called on her on April 27th, 1956, to enquire. She stated periods had been about 6 days in 24 to 26 days and not so profuse.

*Miss M. L., born 1937.* Over-weight girl who insists on having dextroamphetamine sulph. without much effect. Acute appendicitis 1950. *24th January, 1956.* Dysmenorrhœa first day and scanty periods. *Pil. Caulophyll 3x.*

*April 23rd, 1956.* Still pain, but less severe. Given *Gels.* 30 at time of period.

*Mrs. V. S., born 1930.* Has rheumatic heart disease. Two children. *November, 1954.* Irregular heavy monthly periods following birth of second child 5 months ago. Given stilbæstrol and iron. *January 30th, 1956.* Leucorrhœa—yellow—irritates. Bowels open 3 times daily. M.P. 24/4—backache first day *Sepia 30 1. Hydrastis 3x t.i.d.* Did not report again. Visited on April 26th, 1956, stated backache cleared up. Still some leucorrhœa, but not so irritating. *Pulsatilla 6* given. *Pulsatilla* type.

*Mrs. M. M., born 1916.* Wife of consulting surgeon; saw consulting gynæcologist for menstrual disturbance. Put on methyl testosterone which nearly knocked her skatty! so came to her G.P., my brother.

*February 12th, 1956.* M.P., formerly 3-4, now 6-7 days. Clots. Red flow. Not improved with lying down. No leuco-



rrhœa. Headache before and during period. Throbbing nape of neck and temples; improved by firm pressure on temples. Vomits. Backache before and during period. Headache in company. Irritable before period; worried about her unreasonableness with children. Fidgets. Given *Actea racemosa* 200, 3 doses, and *Ipecac.* 6 at period.

*March.* Had *Actea* aggravation for 3 days. Much better at period: less loss and less headache. Given *Ipecac.* 30 to take at period. *End of March.* Enjoyed a medical dance which she would previously have wished to dodge. *April.* Last period—headache and moderate loss.

*Mrs. R. S., born 1924.* Dysmenorrhœa before marriage. Had *Caulophyllum* 3x a week before period from October, 1949, till December, 1950. Eased her considerably. Questioned about this in April, 1956—said she certainly had relief but had not had pain since birth of children.

*Mrs. G. H., born 1914. January 26th, 1956.* Tracheitis. February 21st, 1956. Stress incontinence with cough. Meatal orifice patulous. *Causticum* 30 given.

*March 6th, 1956.* No improvement. Urine had haze of albumin and suspicion of infection. No sugar. I'm afraid my brother fell from grace and gave her urolucosil and ephedrine! Result? Has not returned. Looking back this record, I see that on December 28th, 1949, there is a note—cough—chest nil—spurts urine; *Causticum* 6, 4 hourly. *January 17th, 1950.* Diarrhœa and vomiting—"still coughs". I expect with the diarrhœa and vomiting she still spurted, but it is not noted. *January 22nd, 1953.* "Stress incontinence". Vaginal examination N.A.D. No caruncle. Urine no albumin or sugar. She was given a pot. cit. mixture this time. She reported again on February 7th with a pharyngitis, but there is no note of stress incontinence, though I presume it was still troublesome. I must say I have never noted that *Causticum* affected either the cough or the spurting of urine in these uncomfortable cases.

*Mrs. F. F., born 1911,* happened to report at out-patients on Tuesday last. She had been treated for left sciatica and also

complained of stress incontinence and nocturnal frequency. Catheter specimen of urine sterile. She had been given *Causticum* with no effect and had then been put on ephedrine gr.  $\frac{1}{2}$  with butobarbitone gr.  $1\frac{1}{2}$  at night and was highly delighted !

*Mrs. E. G., born 1902.* Hysterical type ; separated from her husband ; daughter is spastic who unfortunately developed moderate poliomyelitis of legs. Admitted in unconscious state by me to Bristol Homœopathic Hospital in war years, and diagnosed by our President as hysterical. Certainly had frequent and profuse uterine floodings and also severe dysmenorrhœa. Helped by *Caulophyllum* over a period of years. Has also had *Sulphur*, *Lycopodium*, and *Apis*. No conclusions can be drawn but *Caulophyllum* has proved useful. Last entry *February 18th, 1956*. Missed 2 periods ; loss of memory. There are other points of interest in this case.

*F. B., born 1940.* Acute appendicitis and appendicectomy June, 1953.

*October 27th, 1955.* Vomits first day of menstrual period. M.P. 30/3-4. Pain first day. Pil. *Caulophyllum* 3x last 14 days before period. Pulv. *Ipecac* 30 12 B.D. at period. *December 9th, 1955.* Much easier last period.

*December 28th, 1955.* Next period—no sickness but pain first day. Pulv. *Sacc. lact.* vi *January 16th, 1956.* Sick again this period ; (started today) Pulv. *Caulophyll* 3x. Pulv. *Ipecac.* 30 12.

*February 20th, 1956.* No sickness or pain. Repeat treatment.

*March 19th, 1956.* Repeat pulv. and pilules.

*April 17th, 1956.* (Trainee assistant.) Improving. Repeat pulv. and pilules. *No sickness.* Slight pain only on first day.

*Mrs. F. M. D., born 1925.* (Out-patient.) July 22nd, 1952. Flooding at periods 28/5—used to be 28/8. No pain : *bright red* : vaginal examination : uterus slightly enlarged, large anterior lip. No tenderness. Some discharge greenish, not acrid. *Ipecac.* 30.

*August 26th, 1952.* Period normal 7 days. Still discharge—to douche.

*September 23rd, 1952.* Period 21/5 normal amount. Discharge less. *Puls.* 6.

*October 14th, 1952.* Period normal. Less discharge. Has given up heavy work. *Acid phos.* 6.

*November 11th, 1952.* Periods normal 21/5. Putting on weight *Rep. Ac. phos.* 6.

*December, 1952.* M.P. 25/5. No flooding. No pain. No leucorrhœa. Weight up 4 lb. P. 72. Feels inside coming out. No backache. *Sepia* 200.

*February 27th, 1953.* Feels very well. Period 24/5. Discharged.

Two cases perhaps point a moral.

*F.O., born 1937.* Suffers from migraine precipitated by domestic worry. *January 16th, 1956.* Thin clear moisture at vulva. Not excoriating. Menstruation had been irregular. *Alumina* 6 t.d.s. 1 week. *February 20th, 1956.* Four-day period after 4 weeks. Discharge still? More irritating. *Arsen. alb.* 6 t.d.s.

*March 26th, 1956.* Referred by assistant to gynæcologist—to be admitted to Hospital for investigation. *April 24th, 1956.* Discharged from hospital. Report—diathermy to small cervical erosion, and D. and C. Endometrium normal histologically. We will have to await the final result.

*Mrs. L. E., born 1915.* Two children. Old history of floodings. October, 1955. Total hysterectomy and left oophorectomy for large fibroid and cervical polyp. Acute pyelitis during convalescence. Slow recovery. Always slight discharge since operation, thin, yellow to white—not irritating. Given *Alumina* 6 at intervals. Some improvement but not completely cleared. On vaginal examination by speculum there was a small granulation area in vault of vagina. Referred back to gynæcologist who is to admit her for diathermy.

The moral is, of course, that a bi-manual and speculum examination should be done in all cases. I did not examine the first case as she was so young, and I assumed there would be nothing in the other case so soon after the operation! Such

small lesions we used to treat in the consulting room or at home with phenol and iodine, but now they require admission to hospital.

*Miss D. C., born 1920.* Not a Countess or sister of a Baronet like Burnett's patients, but travels from Southampton to see my brother at out-patients! *May 23rd, 1955.* Floods at period; clots and pain. Given *Caulophyllum 3x*, also *Argent nit.* as constitutional remedy. *October 4th, 1955.* Period free of clots. Nil found per rectum. *Caulophyllum* repeated, and repeated once or twice by post. *May 1st, 1956.* Had a good winter. Periods normal, so had not taken medicine for a few months.

*Mrs. L. O., born 1910.* Long record of menstrual disorders, and various accidents. *December 16th, 1955.* Complained that periods frequent. Present one had lasted 10 days; loss and clots excessive. *December 21st, 1955.* Vaginal examination, n.a.d. Given ergot.

*February 7th, 1956.* Fairly severe loss and clots given *Fraxinus*, mother tincture *m.5.* *February 24,* no further period. Did not return. On enquiry on *May 1st, 1956,* said interval of periods had been 5-6 weeks. Still about 7 days duration, less profuse, clots less.

You may think that this evening I have been in the attic digging out junk that had better be forgotten, but I feel we may learn from our predecessors who apparently wrought cures without our present-day knowledge and aids to diagnosis. Burnett must have had great confidence in his remedies when he could persuade a woman to put off an operation arranged for the following day on the advice of five doctors, after she had specially travelled from Africa and booked rooms in Cavendish Square for the operation! Whether Burnett has anything to teach us today, perhaps the discussion will indicate. He was, however, an original thinker who served well his day and generation and he is worthy of being remembered by the Faculty.

#### DISCUSSION

DR. F. H. BODMAN (*Chairman*) thanked Dr. William Cameron for what he described as a most interesting paper, and said he was sure all present were grateful to Dr. Cameron for bring-

ing before them his experiences, and for his initiative in allying those experiences with the experiences of the best workers in those cases (Diseases of Women).

Dr. Bodman, said he had always been interested in the works of Dr. Compton Burnett, all of which he had in the library—inherited from Dr. Edward Neatby—and all small, pocket-size booklets : *Gold as a Remedy for Disease*, 1879 ; *Cure and Causes of Cataract*, 1880 ; *Diseases of the Veins*, 1889 ; *The Greater Diseases of the Liver*, 1896 ; and his last published book, *Organ Diseases of Women*, 1896, to which Dr. Cameron had referred. Like Dr. Cameron, he had found them most interesting reading, with their racy, original style, and Dr. Burnett had certainly had something to contribute. Dr. Burnett had been a follower of Rademacher, who had himself gone back in his views rather more to Hahnemann's and to Paracelsus' *Organopathy*. Though he had been unable to find any obituary notice to Dr. Burnett in any of his field copies of the monthly *Homœopathic Review* or the *British Journal of Homœopathy*, Dr. Bodman said still there was a Memorial to his Remedies in that there had been founded a Compton Burnett Professorship, of which Sir John Weir was the present holder, and towards the establishment of which Dr. Clarke's wife had been instrumental in raising two thousand guineas. And, said Dr. Bodman, the Members had heard from Dr. Cameron what Dr. Clarke had thought of Dr. Burnett.

Regarding *Fraxinus americanus*, Dr. Bodman said it was interesting that the Americans had done some work on *Fraxinus*, and had chosen it for treatment of pelvic disorders. The active glycoside had a very similar chemical formula to *Aesculin*, and its action was principally that of *Aesculin*, which again we think of in pelvic congestion. It was possible that *Fraxinus* had better action on the uterus whereas *Aesculin* had better action on the circulation through the rectum. It was very important to get the right kind of *Fraxinus*. There was a *Fraxinus* that grew in this country, another *Fraxinus* which was the source of Manna, given as an aperient because of its high content of Mannitol. But for this special organ it was important to get *Fraxinus americanus*.

Regarding *Bellis*, he said there were further interesting points which could be added to those of Dr. Clarke. One of its special indications was the illness which people got from drinking very cold drinks when in an overheated condition. The man, for instance, who had been pushing a lawn mower over a very sticky lawn on a hot day, and then went in and drank lots of cold Lager. *Bellis* seemed to be indicated remedy for that sort of thing. Another type of *Bellis* patient was the person who suffered from sleeplessness; who took a very long time to get to sleep; and then slept a couple of hours and woke early in the morning. He wondered if *Bellis* might not be successful in some senile cases where the person had disturbed nights, sleeping for very short periods only. Culpepper had specially recommended *Bellis* for bruises and injuries to the breast. Dr. Bodman said he had used *Bellis* in all those conditions and had had good results, particularly with bruises and injuries to the breast.

*Thlaspi*, too, was a very interesting remedy, and a Symposium to it had appeared in the Homœopathic Society's *Journal* in 1888, when two or three people had read papers on it, and reported cases cured with it. The indication that had started most people off on it was its capacity to reduce hæmorrhage. It had been found that not only did it clear up menorrhagia in women, and lumbago in men, but it had also cleared up gravel due to uric acid. One doctor had reported a very successful case of ulcerative colitis cleared up with *Thlaspi*—the indication being that there was an amount of blood lost in the very frequent stools.

Dr. Bodman spoke of one Homœopathic doctor who, recommending *Thlaspi* to his patient for her menopausal floodings, had told her to collect the drug herself. He sent her to get half-pound of Shepherd's Purse, and told her to boil it up with two quarts of water, and to drink the resulting infusion, one glass three times a day. The tincture had to be fresh, and that was a point to remember, too, with *Fraxinus* and *Sabal ser-rulata*. An interesting thing about *Thlaspi* was that in Gloucestershire, the local folk-name for Shepherd's Purse was Mother's Heart, and according to the doctrine of signatures should be

treated as a heart remedy. Dr. Bodman had seen no notice of that in any of the ancient compilations of people such as Culpeper, and so far as he knew it had not been used in that way. He had read of one case in Torquay of a man with very severe renal colic. He had been given *Thlaspi*, with very good results, and the only recurrence was when he had been pushed in his bath chair over a cobble street in Torquay.

Regarding *S.S.—Sabal serrulata*—and here again there had been a Symposium to it after the publication of the monograph referred to by Dr. Cameron. The work was that of a famous American Homœopath, who had proved a great number of indigenous remedies in America, and was incidentally the man who had given us *Caulophyllum*, to which Dr. Cameron had referred, as well as a number of other valuable remedies. Dr. Bodman thought *Sabal serrulata* had been his last contribution. The importance of having the fresh fruit had been stressed over and over again. It was a curious palm only 3 or 4 feet high, with very sharp saw-like leaves, and it grew along the coast of Florida and South Carolina, making a quite impenetrable scrub. The berries, looking rather like dark purple olives, contained a volatile oil, which disappeared when the fruit dried; and usually the fruit arrived in this country very dry. This might explain the poor results sometimes had with Tincture *Sabal serrulata*, as reported back to the Symposium. There had been an interesting point concerning *Sabal serrulata*. One lady doctor prover had increased her bust measurement by several inches with it; another lady doctor prover had had severe menstrual pains as a result of *Sabal serrulata*, and only after she had found an antidote had she been able to get any comfort, several months later. A great many doctors had contributed to this symposium on *Sabal serrulata* at that time. It was then being used by quacks, and was known as a stimulant. It was being sold on a large scale as a quack elixir, which aroused a certain interest at that time. They were trying to find the precise indication for the kind of person on which *Sabal serrulata* would work, and Dr. Dudley Wright, who had used it very extensively, had come to the conclusion it acted best on people of sallow complexion, with very dark

hair, and whose characteristic mood was depression rather than irritability.

DR. G. H. NEWELL, referring to Dr. Burnett's ideas on the tuberculous background to uterine disease, said she had often found that *Bacillinum* associated with *Pulsatilla* was helpful. One should not use a high potency of *Bacillinum*, because if there were any latent tuberculous focus, that might cause the condition to flare up.

Dr. Newell said she was very interested in *Fraxinus americana*, because she had found it useful. She had not used it in mother tincture; but in 6x potency given twice daily for a long period. She had quite markedly helped cases of patients suffering from fibroid conditions, especially in cases where they had refused to have anything operative done. She had used *Viburnum op.* in the mother tincture for dysmenorrhœa where there had been very severe pains going down the thighs, putting one teaspoonful into a tumbler of hot water, when it had benefited the patient during the early part of dysmenorrhœa; but she had found she got better results with the 200th potencies. One had to be very careful in treating gynæcological cases because of the long period over which one had to watch the patient. One might have to wait for several periods before one could really assess the value of the remedy; and if there should be any malignant growth which should be treated surgically, one might delay too long.

Regarding *Causticum*—where there was urination during the cough, Dr. Newell said she had not found *Causticum* much good if the prime trouble had been in the pelvis; but if the cough had been the main trouble, being so severe that it caused urination, then she had found it useful. If due to prolapse, in her experience *Causticum* had not been of any use. She had tried *Ruta* in cases like that where there was muscle weakness and thought she had more success that way.

DR. SANKARAN felt that possibly *Sepia* was used far more widely in his country than over here. He had seen very many cases of chronic pelvic disorders in women, especially those associated with a leucorrhœa, benefit a great deal from *Sepia*. Indeed, he considered it a most useful drug in the field of gynæ-



cology. It had also given relief in cases attended with frequency of micturition as well as involuntary micturition accompanying cough; and he thought *Sepia* should be considered beside *Causticum* for the latter condition.

The minor remedies—minor in the sense that they are not used as often as they ought to be cause their full picture is not known—should be reprov'd and their full possibilities brought out. Many of their symptoms are not well defined, probably because they were not well proved. Referring to *Thlaspi*, Dr. Sankaran mentioned two very good peculiar symptoms of the drug. One was its aggravation (especially of menstrual disorders) every alternate month; the second being that the menstrual or leucorrhœal discharge leaves a fast stain on the linen, which is washed away with difficulty.

Referring to the cases mentioned in which patients had complained of their children's unreasonableness, Dr. Sankaran said that when a patient complained to him of the unreasonableness of others, he had often found that it was the patient himself who was unreasonable and not the others.

DR. MCCRAE thanked Dr. Cameron for his fascinating paper, the kind of paper, he said, which was extremely useful at the present time, when so many people were considering the subject of gynæcology as quite a speciality of its own, where Homœopathy did not seem altogether to do much good. There was no question as to the value of Homœopathy in such cases.

He too had found, like Dr. Sankaran, that *Sepia* was most useful. He did a certain amount of work on difficult cases among his colleagues and had been rather surprised that they had not been able to spot *Sepia*, because it came through very often as a remedy which stabilized difficult cases, and the subsequent prescription could be found more easily. The reason was perhaps that it was not always easy to recognize a *Sepia* patient, who could often be confused with a *Natrum mur.* type, or even *Pulsatilla*, there being a close similarity between them. He thought the weight of evidence had often led to the administration of *Nat. mur.* with the result that the subsequent development of the *Sepia* symptoms was not good. Another medicine worth recording, which should be investigated more, was

*Arotium happe*. This had a selective action on the uterus.

The value of *Sabal serrulata* should be remembered. In the early stages of prostate it could be most useful. *Sabal serrulata* came in the same group as *Silica*, so that there was a natural interest in their relationship.

Again from the grouping point of view, it was of interest to note that *Fraxinus americanus* came into a group in which there were only a few remedies having a direct effect on the uterus. Perhaps the outstanding one was *Causticum*.

There was one other remedy in hæmorrhage cases worth investigating, and that was *Geranium maculatum*, which had been noted on the Continent as being extremely useful.

DR. CAMERON said he had worked in very close partnership with his brother (Dr. William Cameron) and he wanted to make one or two observations on the clinical cases they had known.

He, too, recommended Dr. Burnett's interesting book. As a bedside book it compared with Nash's, and shared the same enthusiasm. Reading the two together, one began to wonder if Dr. Burnett had had anything to do with the optimistic outlook of Nash.

In reading cases, it had to be remembered that the personality of the writer played a part. Reading the earlier cases, one was led to wonder if such good results would have been obtained now, with all the modern controls that are carried out.

He referred to provings, and said that Dr. Haley had maintained that the value of some of these was not above suspicion, having regard to better health. As was well known among those present in their own practices, there were so many women who had pre-menstrual fluid retention, etc., that one began to wonder sometimes whether the gynæcological symptoms in the provings were always the provings of the drug; or, if in obtaining extra-menstruation, which only occurs once a month, some of the symptoms that had been recorded were not the symptoms of the person carrying out the proving. That was a difficulty.

On the subject of fluid retention before the period, where the symptoms were that, with the onset of the flow, there was bloating of the abdomen and mental irritability—a very common condition—this could be tackled in three ways: (1) by Homœo-

therapy, (2) Organotherapy, but he had found gynæcologists seemed to have varied ideas about indications for Organotherapy. (3) The third method was by Ammonium chloride or by urea, or something like that. It was very difficult to say over a period of time whether one was helping with diœstrol during the second half of the period, or whether one was helping as well as with Homœopathy. He had sometimes done a series of cases with one treatment and the other. Dr. Cameron said he would be interested to hear the views of members present as to the efficacy of modern treatment as against Homœopathic treatment. The main remedy he had found to help was *Sepia*.

A lot of women in the second half of their cycle got bloating of the abdomen. If that should be a marked symptom, it was often useful to use *Lycopodium*. He could recall a number of cases of metropathia where the orthodox treatment had not been successful, but where *Ipecac.* certainly had made life more comfortable for the woman. He could not say that Homœopathic treatment had been outstandingly successful with menopausal flushes and melancholia. One could get comparable results with the judicious use of Organotherapy and Amphetamine, *Platinum* and *Aurum* had been found useful in depression.

Referring to the spotting of tuberculosis in the Sub-fertility Clinics, there had, he said, been cases in their practice having no clinical signs of tuberculosis, who had been discovered in the course of investigation for sub-fertility.

DR. A. BENJAMIN said he had found *Thlaspi bursa* very useful in menopausal cases, for controlling hæmorrhage, and he recalled one case in particular where Hormone therapy had not been successful, but where *Thlaspi* had given very nice results. He did not suggest that because of that one case, *Thlaspi* was better than Hormone therapy, but it had appeared so in that case. He had used *Fraxinus* occasionally in prolapse, and in one case particularly it had been extremely valuable.

He had used *Sepia* in quite a number of prolapse cases, and had been satisfied, as also he thought had been the patients.

Regarding *Sabal serrulata*, he had not used it in women, but, like Dr. McLean, he had used it quite frequently in early cases

of prostatic enlargement, and it was a very valuable remedy to remember.

*Caulophyllum* was a very useful remedy, and he expressed surprise that it had not been mentioned. It was very valuable during labour, especially in protracted labour during the first confinement.

For dysmenorrhœa there were many remedies in general practice. He recalled the case of one young girl whom he had treated with various remedies. She got relief perhaps one month, but it did not hold, and she sometimes gave symptoms which suggested *Rhus tox.*, a remedy one would not think of in dysmenorrhœa. That remedy had cleared up the dysmenorrhœa permanently. He wondered why Dr. Cameron had not mentioned anything in regard to breast cases—was a breast case not regarded as a gynæcological case? Dr. Benjamin thought most of those present would agree that Homœopathy was very valuable in such cases. He said he would mention briefly two cases of tumour of the breast which had responded to homœopathic treatment, because he thought it should be remembered that it was possible; and it was interesting to know what Homœopathy could achieve in such cases, although a method of treatment should not be judged entirely by its dramatic results, but by its general good effects. One case was that of a young woman of 17 who had been brought to him with tumour of the breast, for which an operation had been recommended. Her mother had not liked the idea at all, and asked if Homœopathy could help the girl. He had treated her for quite some time with various remedies. Then the mother, a widow, had said something about her late husband which made him think the man had had syphilis—although the girl had no stigmata of congenital syphilis. After he had given her some *Lueticum* 10m. the tumour disappeared. The *Lueticum* was followed by some other remedies; but the fact was, it was the *Lueticum* that had turned the scales in her favour.

Referring to Dr. Newell's warning that one should be very careful about using *Bacillinum*, he said it should be remembered that one did not use this only because it was thought the patient had had tuberculosis. He at least did not do that. He used

*Bacillinum* or *Tuberculinum* fairly frequently, but not on the assumption necessarily that the patient was tuberculous, or had any history of any tuberculous condition—just as one gave any other remedy on the similarity of symptoms, and had found it useful.

The other case was that of a woman who had been operated on at one time in one of the teaching hospitals in London for tumours of one breast. Some few months afterwards there had been a recurrence in the breast, and also in the other one, and the hospital could only suggest further operation. She had not fancied that, because she felt that if the hospital had not been able to cure one breast, it was not likely they would be able to cure the two. She had come to him and asked for help, and he had told her he would try. Unfortunately he had not been able to find his notes on this case, but one thing he said he remembered well. The first remedy she had was not for any organ relationship, but because she had had very great depression not associated with her physical condition, he prescribed *Aurum*. He had been fortunate in getting a report from the hospital of the pathology of the tumours—fibrocystic adenomata—and that was such as would not be expected to be amenable to medical treatment. At any rate she had got perfectly well, gained considerably in weight, and there had been no need for further operation or other treatment. Therefore, one should remember it was always worth-while trying these things in such cases, and not take it for granted that nothing can be done for these people—especially if an operation had been advised, and the patient did not want it.

DR. D. M. FOUBISTER said he had enjoyed Dr. Cameron's paper very much. On the question of leucorrhœa in girls, one had to keep in mind *Alumina*, which Dr. Cameron had mentioned in one or two cases. Indications of sensitivity which could be easily observed by the mother were that the child ate slowly, strained at stool, because of weakness of the rectal muscles, which was characteristic of *Alumina*, and might frequently rub the eyes because they were itching. There might be other indications, such as dry skin, etc., but the three he had mentioned could be observed by the mother, and she would almost always

be able to say positively whether or not these indications suggestive of aluminium sensitivity were present whatever the complaint.

Regarding Dr. McCrae's mention of the similarity between *Sepia* and *Natrum mur.* Dr. Foubister said a useful pointer to *Sepia* was that the *Sepia* patient might definitely enjoy watching a thunderstorm, and another characteristic of the *Sepia* patient was a love of the rhythm and movement of dancing. The patient would admit to dancing by herself for the enjoyment of it.

He was glad the question of pre-menstrual tension had been brought up. This responded very well to homœopathic treatment.

Getting back to Leucorrhœa, he said it was of course necessary to eliminate causes such as a foreign body, *Trichomonas* or other infection, also girls sometimes had leucorrhœa after acute illness which would pass off after a while, but in other cases where there was leucorrhœa with no apparent cause, and perhaps treatment had been given without success in these cases, one should remember *Alumina*. Sometimes it seemed that *Alumina* was a constitutional remedy, and it would clear up everything. In other cases it acted apparently by desensitizing. He had had a child who had been at the Children's Hospital, Great Ormond Street, on account of constipation. The child used to pass only two stools a week. Investigations had been negative. The parents were driven to distraction though the doctors had said there was nothing seriously wrong. This child had had the symptoms he had mentioned—itchy eyes, straining at stools, and eating slowly. The child was given 200 of *Alumina* and he had explained to the mother that the child was probably sensitive to aluminium. As is usual, she looked surprised. All the symptoms cleared up within a month, then about a year later the child went on holiday with the parents to a hotel where they used aluminium pans, and after a few weeks all the symptoms had come back. Again *Alumina* cleared it up. *Alumina* seemed to be that child's constitutional remedy.

Another child of eleven had had headaches, diarrhœa and constipation alternating since she was a year and a half old, as

well as leucorrhœa for six years. This child also had the symptoms—slow in eating, straining at stools and itchy eyes, irritability, and other symptoms of *Alumina*. He had explained about aluminium to the mother, and she had bought enamel pots and pans on the way home. A month later all symptoms had cleared up. *Alumina* had to be repeated about six months later because of a slight recurrence of the alimentary trouble, again with satisfactory results. That was a year ago, and the child has not been seen since. On the last visit to hospital the mother's only complaint was that she could not persuade her friends that there was any harm in aluminium!

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## CONCERNING THEORIES IN HOMŒOPATHY

DR. DAVID CASTRO, M.D., BRAZIL

Some days ago, a candidate for the doctor's degree asked me two direct questions:

1. Do you consider the homœopathic therapeutics as being the true one, to the exclusion of all others?
2. Did you ever have to use allopathic medicines in your clinical activity?

Answering the questions, I made some comments, promising him, however, a more detailed explanation to follow, thus taking the opportunity of answering both his questions and those of others who, although they have not asked them, have had them on their minds more than once.

"All roads lead to Rome," says an old proverb. But good sense completes it: "One of them, however, is the best, the quickest and the shortest." Similar is the reasoning of a homœopathist of good will concerning therapeutics. All thera-