

## MY TEN MOST IMPORTANT REMEDIES IN FIFTY YEARS PRACTICE

DR. T. K. MOORE, M.D.

This title assigned to me by Dr. Clark includes at least thirty years of non-homœopathic practice in eye, ear, nose and throat. During this period we have seen many cases of inflammatory iris promptly wiped out by sodium salicylate from oil of wintergreen, gr. 20 every three hours, to give physiological effect of ringing in or stopped ears. Eighty or one hundred grains usually necessary. Atropine sulphate 5% locally to break up adhesions to lens, together with adjuvant hot applications. Synthetic sodium salicylate even with dosage of two hundred grains has failed in my hands. The supply of wintergreen giving out, it is now made from birch which gives like results.

A similar relief of rapidly eating ulceration of the throat and roof of mouth, luetic, has been promptly healed by a gargle of one to five hundred bichloride on mercury.

One will find cases of malaria resistant to quinine or poisoned by it. Here the following has cured many cases :

Potas. iodide, Oz.  $\frac{1}{2}$   
Potas. acetate, Drams, 2  
Potas. nitrate, Dram,  $\frac{1}{2}$   
Aqua qs. Oz. 8

A tablespoon every two hours for three doses, first dose before expected chill or demonstration. Dr. S. Wright used this remedy for forty-two years, obtaining it from an M.D. who practiced in a malarial district and had prescribed it for twenty years, even in severest cases. Neither had a single failure. My record has been prompt cure, especially in brow ague simulating frontal sinusitis, but with marked periodicity.

So much for the homœopathic blind spot in the eye of those who believe that only potentized drugs are effective and rate relief by crude drugs as only suppressive.

I. *Belladonna* stands out as a remedy for me in acute cases. I have a feeling that Homœopathy furnishes more than a single

curative drug in the same case. Where an acute case gives trouble to decide between *Aconite* and *Belladonna*, the latter is usually selected and usually fits. The two hundredth centesimal potency, given dry on the tongue, and a water solution left to be taken twice at two hour intervals, *if no amelioration*. The point of discontinuing a drug after symptom relief, seems quite as important in crude drugging as in using a potency.

II. *Bryonia* shows up quite often with its dullness, aggravation from motion, desire to lie quite still and not be disturbed, and relief of the local pain by pressure, especially in gastric, bowel and chest affections.

III. *Mercury* comes in often but here we have sweat, never a dry skin; usually offensive odor is in evidence in breath and salivation, as well as in sweat; a wet spot on the pillow in the morning and night aggravation.

IV. *Sulphur* is frequently useful as a first remedy. Later on it often comes in to clear up or relieve a case, strangely enough, *where no Sulphur symptoms*, so far as we can see, are present. The hungry patient, sleeping with feet uncovered; suppressions; aversion to a bath; hurried diarrhœa on waking in the morning and suffocative air-hunger. You all are familiar with this picture.

V. *Rhus tox.*, cannot rest in any position; rheumatic-like symptoms; worse from cold, wet weather, washing, beginning motion; vesicular eruptions like its poisoning on the skin. The successful use of its 50M potency in poison ivy puts up an argument for the idem as well as the similia.

VI. *Pulsatilla*, I should say, is a very frequent first remedy in colds as well as when they reach the stage of thick yellow discharge. Mild disposition, a weeper, relief from cold air and cold local applications (opposite of *Rhus. tox.*), warm room aggravation. It modifies and shortens measles and is a frequent help on the road back to health.

VII. After experience with disagreeable *Nux vomica* and *Chamomilla* patients, in comes relief and enjoyment in the person of *Phosphorous*. Tall, slender, delicate, sensitive and thoroughly cooperative, he is apt to enjoy plenty of ice water. Here it is well to keep to the 30th, to begin with, as we may

run into a real aggravation otherwise. *Phos.* is a great remedy.

VIII. *Spigelia* often stops the pain curatively where a narcotic, especially some barbiturate, is given by a routinist, a downhill practice.

IX. *Cepa* usually takes over most hay-fever cases arriving too late to work out the constitutional remedy, which must be done later on.

X. We have reserved for *FAITH* our last remedy the "sine qua non" in all manner of therapy, from the greatest of all healers to the least of them. I have often heard patients of an M.D. uncle of mine say, "When he comes into the sickroom the atmosphere changes from hopelessness to confidence. We know now that the patient will get well." *Faith* drives out fear from the heart. The greatest healer, Chirst, once said, "When man has reached the place where he has faith in God, in nature and in himself, he knows the word of power."

#### DISCUSSION

DR. DONALD G. GLADISH (Glenview, Ill.): This is a very interesting paper. I enjoyed, as usual, hearing it from Dr. Moore.

The first few remedies he quoted from the first thirty years' practice, I don't know much about. I wondered about the case of brow ague getting worse during the day. He is a homœopath. Wouldn't he give *Vanadium* instead of *Potassium*?

DR. THOMAS K. MOORE (Sharon Center, Ohio): We work back and forth with these things. Here comes a case with a great lot of rheumatic symptoms, and I am unable to do much with the homœopathic remedy. My Sodium Salicylate from Merrill's, which comes from the Oil of Birch, works very satisfactorily. In my gardening I shall have to raise some wintergreen because that old wintergreen looks good to me.

DR. CHARLES A. DIXON (Akron, Ohio): I want to make a little correction on his quoting me on the *Rhus* poisoning cases. He says I used the 50,000th, but I used the CM. I give them the powder on their tongues and give them a powder to take away with them, and tell them if they extend any in twelve hours' time to take the second dose in twelve hours' time, but if it hasn't spread any, the first dose is all that is necessary.

DR. MOORE : Usually the first dose cleans it up.

DR. DIXON : He mentioned about the contractors. It has been a yearly custom with a big contractor clearing up swamps and things of that sort, to get a gang of workmen in there working where there is poison ivy and poison oak. I send them perhaps twenty-five or fifty of those powders in the spring, and tell them to immunize the fellows before they take them in there, and sometimes they don't use up all their powders and I don't get another order the next spring. That has been going on for ten or fifteen years. It is rather interesting.

DR. ELIZABETH WRIGHT HUBBARD (New York, N. Y.) : May I speak to a point of both ? My memory is bad, but I recall that Dr. Rudolph Rabe, recently dead, claimed our *Rhododendron* is not poison ivy but is poison oak, and in that you would not have the problem of the idem ; you would have simile.

I like *Rhus venenata* best of all for the poison ivy around here, that is, around New York.

DR. MOORE : I have had a case recently that suggested that. This patient was very susceptible to *Rhus tox.* poisoning but said there was no *Rhus tox.* around anywhere he had been. This was the poison oak, so he got a dose of *Rhus, diversiloba*, and it did nothing whatever. The next day a dose of *Rhus tox.* cleaned him up. There is your idem again.

DR. LUCY SWANTON CLARK (East Cleveland, Ohio) : I was interested in your remark that sometimes you use *Sulphur* where it does not seem indicated as a remedy. I remember one case where I was using *Pulsatilla*, which I thought was the well-indicated remedy, and it did not take hold, and the book says : "Where the well-indicated remedy does not take hold, give *Sulphur*." I gave it, and in a few minutes an asthmatic attack started to go away. The *Pulsatilla* had previously done it, but not this time. Why does the *Sulphur* do it ?

DR. MOORE (closing) : We have gentlemen in this group interested in "why." I have very little interest in that sort of thing, but we do find it takes up a very large part of our time here, where papers should be cut down to twenty minutes. No soul is ever saved after the first fifteen minutes of preaching.

—*The Homœopathic Recorder, March, '54*