

ILLUSTRATIVE HOMŒOPATHIC THERAPY

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Central heat, oil burners, and the modern push-button trend for domestic appliances have robbed us of one of the finest daily demonstrations of what the Germans call *Begeisterte Mitarbeit*—enthusiastic cooperation. When the hearth-fire was the source of cooking and dwelling heat, everyone knew that bringing together two or more smouldering logs produced a brilliant, glowing heat. With our Homœopathic practices we too need the warming influence of being brought together frequently to get the glow and enthusiasm of common convictions, of renewed faith in actual cases treated according to Hahnemann's precepts. The things we know so well we need to be reminded of; for the isolation we few Homœopaths experience we need association with kindred spirits; for discouraging cases we need periodic review of the principles promulgated by our great teacher; for another go at disease we can all profit by the successes and failures of others. It is said that Christians are made by contact with and emulation of the faith of a great believer. Certainly that formula works for the practitioner who would be a Homœopath.

Shortly after my internship I met a very affluent graduate of Hahnemann who gave his patients one of Schussler's twelve remedies soaked with the 3x of a somewhat indicated Homœopathic remedy and the admonition to return next Thursday. So, all that is practised in the name of Homœopathy is not Hahnemannian, even if it be profitable. Then there are those who find the simillimum by rubbing a jug, or loading a machine, or telepathy—to mention a few variants from the meticulous detail given in the *Organon*—which I follow.

I freely admit that I long for specifics very often, that I try to treat pathology instead of the patient frequently, that I hurry and miss the language of the patient, that the individual does not always shine forth from my case histories. But, when results are not curative the formula is: Is this case curable or

incurable ; is this case acute or chronic ; is this history individualized ??? Is there a red thread running thru the case ? Injury, burning, tiredness, periodicity, throbbing, dryness, lack of vital heat, e.g. :

I. Recently, a doctor's widow consulted me about recurring headaches. She had a pat, well rehearsed story that began with familial history, her delivery, childhood diseases, remedies her mother inflicted on her, her marriage, her single pregnancy, post-partum progress, gynæcological history, three operations and her expectation that I restore her youthful health. Not a single symptom, generality, modality, mental, or strange unusual combination that would indicate the remedy that would cure promptly, mildly and permanently. In fact, I was tossing Lachesis and Psorinum in my mind on voubility alone.

Hahnemann tells us that before we can properly examine a case we must use unbiased judgment and sound sense, attentive observation and fidelity in nothing down the image of the disease. Let the patient talk, even the female will eventually falter enough for a sliding question that will direct the story into productive channels. "Did I understand....." ; "What effect does....." ; "When does....." ; "How does....." ; "Where does....." What else ?

Right out of Kipling comes our key :

"I keep six honest serving-men—
They taught me all I know—
Their names are What, and Why
And When, and How and Where and Who."

This is the case I eventually uncovered :

This patient is a clear skinned, short, stout, graying blonde of 60 years, costive must take mineral oil nightly. Eats no breakfast, never hungry then, eats raw vegetables, potatoes, onions, cabbage, radishes, crackers, butter, cream, salty things and sweets. Likes apple sauce but not raw fruits. Wants water only if cold. No pep, tires easily, feels as if she had sand bags on her hips. Thinks she swells over lower abdomen about 10.00 A.M. The joints of her fingers are swollen and painful, worse dampness, motion, especially beginning motion, worse on rising

in morning and in late afternoon. Chilly, can't stand cold wind, cold weather. Feet and knees cold and calves are crampy. Feet damp even when cold. Eyes scum over after one hour of reading or watching TV. Breasts swell about every four weeks. Fingernails longitudinally ridged and brittle. No pains in hot weather. Limbs jerk when painful. Can't stand excitement. Cutting pains in intestines when excited. Takes cold easily, perspires easily. Pressure on top of head, throbbing vertex and forehead recurs nearly daily relieved by lying down. Sour taste in mouth. Palpitation of heart at night, oppression in chest, starts at least noise. Nearly constant low back pain.

Of course, you recognize the indicated drug. If the repertory is consulted, Calc Carb, Calc Phos, Lach, Lyc, Sil and Sulf must be evaluated. Read the Materia Medica and Cal Carb covers every symptom, mental, general and modality. She was given Cal Carb 30 single dose, and told that she would probably feel much worse for a short time but that was to be expected in her case and it was an excellent indication that the remedy was properly selected. She was to expect to have her symptoms disappear over a long time from above down, from inside out and in the reverse order in which they appeared. It was the next day that she called me on the phone to complain that her headache was so much worse and she felt so generally miserable. My reassurance pointed out the fact that hers was the aggravation that I had mentioned, that she would have long relief after this present exacerbation. Seven months have passed and she reports that she has never felt better.

One of her symptoms, heaviness, tiredness, always calls for a special evaluation. When a patient complains to me of tiredness, I test for cardiac reserve. Can this patient take a deep breath and hold it for at least 30 seconds? Can this patient blow up a toy balloon with one breath? Can this patient do a foot-ton of work in 30 seconds with a pulse rate rise of no more than 40 and a two minute recovery?

With females, tiredness as a major complaint, it is well to do a Papanicalauo cytological exami.

We mentioned the red thread running thru a case history; several run thru this one: heaviness, coldness, obesity especially.

These threads are gems for remedy selection, rank with the "strange, rare, peculiar symptoms."

II. Another case : Geo. R. 54 yrs., six feet, 175 lbs., florid complains of pain in back over 2d lumbar, usually at night. Can tell when pain is due by a prodromal numbness of the hands. Eating generally relieves the pain, but rarely feels hungry, satiety of appetite with little food. Goes on periodic sweet jags. Is warm and worse when warm. Worse in dampness and definitely worse in damp weather. If he has hunger it is at 11:00 A.M. and 11:00 P.M. Can't stand draughts. Sweats easily. During pain saliva runs from corners of mouth. Says he sleeps on stomach but wife says he sleeps flat on back and snores abominably. This case history was not satisfactory, nor was it varied after several attempts at elaboration. Too many drugs are partly indicated, no decided modalities, no mentals except slight anxiety during attack. Ars Alb was given with no exacerbation and mild relief for a time. Sulf and Arg Nit seemed to rank heavily. However, before changing the Rx, he casually remarked that walking around at night with his pain was getting a bit more uncomfortable due to the cold nights. Eureka ! The missing link—the strange, rare and peculiar modality of walking with its pains—and the time was fixed at about 3:00 A.M. And Kali Carb has kept him comfortable. However, return of the pain came while he was on vacation at the seashore. He had resumed his habit of smoking cigars. Hahnemann admonishes that all obstacles to the action of a drug must be removed before we can expect relief.

III. An 80 yr. old male came for shortness of breath on going upstairs. Pulse 86 with dropped beats irregularly. Cardiac Reserve tests borderline : apnea 28 sec ton test, 52 beats with deficit of 30 after 2 min. rest. No edema of ankles. So we gave him the decompensation talk and sought the remedy in the following : "Fills up quickly at table." Any moving around makes him short of breath. Restless and grunts at night. Sleepy in forenoon. Warm and worse in heat. Restless even when resting. Feels worse generally lying. Admits he is irritable. Tired all the time and feels constricted across chest. Face shiny with earthy complexion.

With that data an indicated drug was impossible, so we began on his loves and hates. That did it! He was very fond of salt, craved it. He has been doing well on Nat Mur and the limited activity schedule called for in his cardiac picture.

IV. Mrs. M. centered her complaints on her experience with a Gyn specialist who sold her a bundle when he elaborated on her history and rationalized all of her symptoms on his finding an infantile uterus and her sterility in two marriages. She rattled on about her gyn symptoms for an hour before she paused enough for me to get in a few questions to uncover her expressed hatred for her husband, her home environment, tight clothing; her loves of salt, sweets, rich food; and that she felt uncomfortable in her lower abdomen but not pain. Sepia gave her relief but several months later she had much the same story but now made much of getting up in the A.M. feeling badly and not being able to stand anything tight about her throat and abdomen. She was given Lachesis on loquacity, mild heat flashes, intolerance of tight clothing and love of sweets. I thought that at last I had her quieted. I did for several months. On this third time I listened to the same story as before but paid no attention to her emphasis on hating her environment, etc. but confined my attempts at a history to find mentals and generals. On this individualization I uncovered:

Mentals: Fear of insanity. Sadness, weeping, satiety of life, irritability, hallucinations of some one casting a spell over her.

Desires: Eggs, raw potatoes, sweets and salt especially. Profuse sweats. Heaviness of whole body. Coldness of single parts. Numbness of hands.

Worse on waking, evening, at night.

Worse cold, cold air, draughts, wet weather.

Better Warmth, after eating, lying down.

Now we have an individualization that is only one drug:

Calc Carb, and it has held her for over a year.

V. After an auto accident this eighteen year old female was contused about the head, face and right hand—definitely injured so received Arnica. Did well on it, contusions cleared but after several weeks complained that the bones of her face

still hurt. *Hypericum* cleared up this residual pain. Hahnemann points out that one drug may not carry a case to completion, an exception that does not indicate alternation of remedies nor prescribing two drugs at the same time.

Recently a detail man for a drug house gleefully produced a tablet for my inspection, "Right down your alley! Straight Homœopathic"! It contained Aconite, Camphor, Gelsemium, Eupatorium and Euphrasia!

VI. An elderly man complained of a diarrhœa that drove him out of bed at 5:00 every A.M. With no more individualization we can do nothing—but when we uncover the love of sweets, the irritability, restlessness, red eye lids and lips, flushes of heat, sleeping with feet uncovered, 11:00 A.M. hunger, general weariness Sulphur alone is indicated.

VII. Mrs. Y had polio with paraplegia when less than a year old. Several times since childhood she has had bouts of cellulitis in her crippled feet. On other occasions she was rushed to a hospital, transfused, soaked in antibiotics and packed in wet sheets. When I saw her for the first time her temperature was 104.6, her head and chest were dripping perspiration, she complained of general aching and fatigue, was terrorized at the prospect of another hospital session. She said that she was hot, sweaty now but at times she was cold, chills up her spine and was so weak that she had to lie in bed. Her left foot was swollen, dark red and hot. She said she wanted no food but water as fast as it could be iced. The red thread here is terror, saw tooth temperature, sepsis, better lying. *Echinacea*, one dose cleared her symptoms.

Two cases of cerebral accident will illustrate the necessity for quick individualization:

VIII. I was eating lunch one day when an emergency call sent me to a woman who without pain, suddenly discovered that she could not speak, swallow nor move the left side of her face. She vigorously denied pain or any discomfort, insisted that she felt fine except for the inconvenience of a stiff face and tongue. She is normally a very cheerful, happy person, but now she was cross, snappy with her mumbled replies, very indignant when I ordered her to bed after giving her a dose of *Arnica*. Why

Arnica? Well, somewhere I read that a short, fat person is a natural for Arn, and she was now irritable, severely injured but insisted that she felt fine, face flushed, and she was apparently afraid to have me examine her and only allowed her neighbors to come near her to help remove her clothes after being actually overpowered. To go on with this case: I went back to my office, was recalled by the frantic voice of the woman's son who yelled that his mother had a fall, come quick! She had attempted to go to the bath-room, fell to the floor and was paralyzed right side, completely unconscious. It took the combined efforts of the household and the emergency squad from the fire company to get her back to bed where she stayed for the ensuing two weeks. I had given her Arn 30 when I saw her the first time, now I gave her Arn 1M. She received no other medication during her illness. After the third day, she moved right arm and leg, face became mobile. Today she has no evidence of her former paralysis.

IX. A similar summons discovered a 76 year old man, a face of death, cold nose, face, extremities. Face drawn into a grimace on right, left arm and leg motionless. Sure, this case was Verat. Alb. in capital letters. Again the remedy astonished with its action: the patient was feeding himself the third day and dangling his legs.

X. The path of the Homœopath is not exactly rose-strewn. Often the patient is his own worst enemy and should be in Hahnemann's admonition to remove obstacles to the drug action! Mrs. M. had a violent inflammatory rash over face hand, legs, torso. She related a tale of frustration and one of many cities. For relief she had been in California, in Arizona, in Florida and now back home and to me because I had been pretty well over the world and had surely seen something that would help her. Now on a profession of faith like that a miracle was in order. Getting a very unsatisfactory history was no harder than pulling a horse's teeth. The clue to the remedy was the sticky, honey-like sap that oozed from under the brown crusts. She had given me a chronic story with no etiology, she was a husky body and she craved demonstration of curative power. I gave her Graphites 1M and a hard time. She came to me ten days

later and I was amazed at the improvement in her appearance. She was cautiously enthusiastic and I found the reason when I presented a paper of placebo to her for immediate consumption—She recoiled violently, screaming, "Never again, I can't take that stuff, it nearly killed me." The next half hour was a recital of exacerbation, followed by desquamation and normal skin. So—we prepared her placebo and put it in capsules. In less than a month she had her miracle. Only recently, I was able to piece together the antecedent history of this case. She was a food faddist and also wanted to preserve a youthful figure. As might be expected she ran into chronic constipation, began to take a proprietary laxative—took it nightly for several years until I told her on her first visit to me that I must insist that nothing of the nature of a drug of any description be taken during my treatment. So not only her skin, but her constipation was cured.

Some patients are even tougher to handle, and must be classified because of no faith and noncooperation, as incurable.

Here is one :

Mrs. Y gave a history of being confined to her home for the past twelve years with asthmatic attacks from the least exposure to the air. Her house was sealed from the outside air. She said that when she first took sick she felt as if her mouth was filled with salt. She craves sour foods, fats and salty things. After eating she has lots of gas and belches with relief. Her left side is the source of her trouble but sleeps on her left side. Can't stand a tight belt. Thinks that she is worse in cold dry weather and better when the weather is damp. She catches cold on least exposure, develops a sneezing foryza and watery eyes and milky vision. She has a terror of thunder storms and open windows. Thinks she will give up her bridge club—a weekly affair and her sole remaining social activity—because she can't stand company. Constantly recounted in detail the previous bouts of discomfort she had suffered. Flew into her husband when he interrupted her intensely urgent recital.

The repertory of the mentals alone brings the choice of remedy to one only—Nat Mur. She did well on it for several weeks, began to go out in the car, went to a church affair,

visited friends. Then, one night, was caught in a sudden thunder storm began to snifle, called in the doctor who had been dosing her before I was called in, is right back where she was three months previously.

We have reviewed a few pages of the case-book together. You have now in mind methods, remedies, procedures and practices that vary from the recital given here, let us have them. This an example of the shoving together of smouldering logs, may we all burst into Homœopathic fervor.

Very often, especially when tired and weary with the woes of patients and their miseries, I pick up Kent's repertory, turn to the General Weariness, evening and after mental exertion, find the leaders Mur Ac, Sulf, Lecithin, and Picricum Acidum, read one or two of them in the Materia Medica, decide that I am pretty well off and then scan the seven and a half pages of Weakness and go to bed. Inductive therapy. Try it—It is revealing, reviving, curative and a real aid in your next tough case.

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