

FOUR BAFFLING PROBLEMS

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From time to time a doctor comes up against difficult problems and today I want to discuss four such illnesses.

These are sarcoidosis, disseminated sclerosis, thromboangiitis obliterans and diabetes.

Sarcoidosis is unlikely to be diagnosed at first hand by the practitioner as it has such a variety of symptoms. It can show little bluish red nodules on the skin of the face, enlargements of the lachrymal glands and the salivary glands with facial paralysis, and nodules on the iris of the eye. There are also chest changes which look like miliary tuberculosis and there can also be bowel symptoms similar to a grumbling appendix.

The orthodox school, because of the suspected connection with tuberculosis will try streptomycin, isoniazid and cortisone, but there is no conclusive proof that any of the three do the patient much good though fortunately he sometimes recovers of his own accord.

Resembles Chemical Poisoning

If a homœopathic doctor has a patient presenting the above symptoms he might think the condition looks very like a chemical poisoning. He then thinks what chemical poisoning most resembles the symptoms and decides on BERYLLIUM, which is coming more into use as an alloy of copper.

Now BERYLLIUM has not been extensively proved homœopathically, but it shows ulcers on the tip of the tongue, sore throat associated with swollen glands, a feeling of wanting to swallow continually, a deep cough and a weakness of the limbs, and itchy papules on the skin. Eye symptoms have not come out in the proving which is not complete.

BERYLLIUM belong to the same chemical family as MAGNESIUM, CALCIUM, ZINC and MERCURY and all of these drugs should be thought of as sarcoidosis. Some use CALCIUM for this trouble but in such massive doses that the patient is in danger of forming renal calculi (kidney stones).

Disseminated sclerosis is another grave problem characterised by remissions, unsteady gait, double vision, and falsetto voice. More common in women, they gradually become unable to walk and lose control of all their functions.

Some use Vitamin B 12, some use neoarsphenamine and isoniazid for these cases but without notable success.

Homœopaths treat the patient as an individual and if they can get the proper constitutional remedy they can keep the patient very comfortable for long periods. They remove some of the disharmony which is disease. Sometimes the remedy is NATRUM MUR, or SEPIA, or PULSATILLA, or MANGANUM depending on the person.

Our third problem with the clumsy name used to be known as Buerger's Disease. This condition usually occurs in middle life. Men are the chief sufferers and they complain of a pain in the calf muscle, worse when walking and better resting. There is also some interference of the circulation and there may be high blood pressure.

The orthodox doctor advises rest, prohibits tobacco and alcohol, then venous occlusion which works on the principle that there is an increased inarterial flow following the release of the occlusion. Then they try vitamin E or nicotinic acid of toluzoline or methyl testosterone or, when these fail (as they generally do), the patient is sent to a neurological surgeon for lumbar sympathectomy.

Individual treatment

The homœopath, being aware of the unsatisfactory results obtained by these methods, is content to treat the patient as he finds him. If the doctor is a routinist he thinks first of SECALE (Ergot of Rye) but this will only act in the scraggy type of patient who is not often afflicted with this trouble. A better drug in my opinion is LYCOPodium which helps the high blood pressure too. . .

Diabetes is our fourth problem and the word means "a running through". The classical symptoms are thirst, hunger, polyuria, weakness and loss of weight. There is sugar in the urine and in the blood in excess of normal.

This complaint is due to a disfunction of the islets of

Langerhans in the tail of the pancreas. The orthodox school have kept many sufferers comfortable for a decade by giving them injections of insulin, a hormone formed in the pancreas. This substitution therapy is of the greatest value though older homœopaths claim they have kept the disease at bay by treating the patient's symptoms.

In my view the better way is to get the disease under control with insulin, then build up the patient's resistance with his proper constitutional remedy and not worry over much about the sugar in the urine, provided he does not lose weight. It is known that hypertension and atherosclerosis are often found in older diabetics and that heredity plays some part in the trouble, but what causes the islets (numbering upwards of two million in the pancreas) to cease functioning is not yet understood.

I have used these four problem diseases to illustrate one of the fundamental truths in medicine, namely, that no matter what avenue of approach is taken to disease the thing that matters most is the well-being of the patient and not whether one is an allopath or a homœopath. The allopaths say that homœopathy is just faith, while the homœopaths say that modern medicine is science run mad and that the people are being made ill by excessive drugtaking.

In my opinion each system ought to realise that what really matters in the long run is the actual individual being treated, and I am sure when the time comes for a just assessment the homœopaths will get due credit for their long battle to put the individual before the disease.

Authoritative Statement

As Lord Cohen of Birkenhead said in *The Sunday Times* of July 14, 1957, "In retrospect, the medical historian of the future will stress this as the greatest British achievement of the past century—that in this country there persist the beliefs, first, that man is greater than the sum of his parts and that the study of the ill patient is more than the sum of specialist reports; and secondly, that man is a sentient being, whose health

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a time or in alternation. I saw Dr. Lippe clear up serious cases of illness over and over again—in pneumonia, bronchitis and so on, with a single prescription. Not always but very often. The secret is, first to find the remedy and then to know when to repeat and when to refrain from repeating. This is the work that marks the difference between the artist and the bungler. (*I.H.A. Trans.*, 1902.)”

These two great physicians belonged to a race that is gradually passing from the face of the earth. At this day we have many sincere and skillful physicians in our midst, but none quite the equal of Allen and Lippe. Let us emulate them, study their writings, the accounts of their successes and learn how it was that Lippe (and Allen, and Boger, and Hayes) “did it.” Hahnemann, throughout his entire career, was searching for a rational and scientific method for curing the sick. For he said: “God is too merciful to permit his creatures to suffer without providing the remedy.” When his long search was crowned with success, he made this dramatic statement: “THEN DAWNED TO ME THE FIRST RAY OF THAT METHOD OF CURING WHICH WAS TO SOON BRIGHTEN INTO THE MOST SPLENDID DAY!”

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and happiness depend on factors not all of which can be measured by scientific instruments.”

This is a long way of saying that medicine must remain more of an art than a science and the art of medicine is the study of the individual patient. It is a great advance when so eminent an orthodox medical man as Lord Cohen admits this, but he must not put it forward as a new concept for homœopathy has preached and practised this idea for nearly two hundred years.

—*Homœopathy*, Jan., '58