

A FUTURE FOR HOMŒOPATHY

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Medicine through the ages has been largely empirical in practice. It has revolved around physiological medication which means, in strict terms, either the stimulation or the depression of body tissue. This system of medicine is known as allopathic. Throughout its existence it has been in constant change from one mode of treatment to another. Very little in the way of this particular therapy has ever stood the test of time. At present there are hardly more than a dozen drugs that ranked high in the allopathic armanentarium twenty to forty years ago that are in good repute in present day practice. In contrast, homœopathic drugs that were curative 150 years ago when that system was first discovered have exactly the same curative identity today. The efficacy of homœopathic drugs never varies; the one variation is the individual ability of the physician to apply them.

Branches of medicine that have been developed by allopathic personnel, such as vaccines, antibiotics, vitamins, glandular and mineral deficiencies, and diet, have no true relation to allopathy; neither do they have a true relation to homœopathy. Nevertheless the allopathic school has progressed with the years and at present it is far superior to anything in the past, even though it has deviated greatly from strict allopathic procedure. It is also continually vigilant in research and future planning to promote its system of therapy. This is as it should be. The more progress, the better it is for medicine in general.

Homœopathy is another system of medicine. It is sub-physiological in action in that the dose is below the stimulation or the depression level, but the remedy is present in such quantities that it is able to counteract the disturbing substance and influence the interchange of cellular chemistry that is affecting the organism in disease. Stimulation or depression therapy has a definite place in medicine but it also has its very marked limitation, while Homœopathy, because of the very nature of the

dose level, is unlimited in its range and effectiveness. All medicinal substances can be applied and used effectively in homœopathic preparations. In the period of proving these drugs there were great numbers that were tested on as near normal human beings as it was possible to do. There were from fifteen hundred to two thousand that were carefully tabulated. Many of these preparations were found to be of little value; others proved very valuable in many serious conditions; and a comparatively few, known as the polychrest remedies, were found to be invaluable to the every day practice of homœopathic medicine.

In prescribing these preparations, it was evident to all that in order for them to be effective they must be indicated to the particular condition being treated. This propounded a great task and the more successful one would become in the management of the remedies at hand, the greater student he must be of the *Materia Medica* and the more careful his interpretation of it. As a result repertories were developed to facilitate symptom analysis for the determination of the perfect prescription. This led to the wide use of repertories, which is still a monumental task, and still leaves uncertainty on many occasions in spite of all the effort.

As the laboratory became more and more a decisive factor for exact findings in disease of all manifestations, it was decided to attempt a series of laboratory experiments to study the behavior of homœopathic remedies upon the blood serum. In starting this experimental work it was recognized that the blood is the most important carrying vehicle of the organism with its great capacity for absorbing innumerable substances, abnormal as well as normal. It was easy, then, to appreciate that any abnormal substance gaining entrance to the body must come in contact with the blood and therefore any variation from the normal in disease in an individual might possibly be detected in the blood of that individual.

Extensive investigation of the serum and remedy relationship, first on animals then later on patients, was carried out at The New York Medical College and Flower Fifth Avenue Hospital in New York City. One experiment led to another

until it was realized that a satisfactory reaction occurred when some substance in the patient's serum reacted with a flocculation to a certain homœopathic remedy. Furthermore, it was found that, when the above reaction occurred, the remedy administered to the patient proved satisfactory in terms of homœopathic treatment. Many experiments followed and the test has now been perfected to the point where it is reliable and will show a response when any drug in proper solution having a true indication for a certain patient is brought into contact with properly diluted serum of that patient.

The following few cases will demonstrate the effectiveness of the test. The first was a patient, aged 66, brought to Montclair Community Hospital, Montclair, New Jersey, from New Britain General Hospital, New Britain, Conn., in a semiconscious, stuporous, and at times delirious, extremely emaciated and anemic state, and with albumin in the urine. This patient, who had previously been employed by the New Britain General Hospital, was now unable to express himself with any clarity even in lucid moments. A few weeks previous to his admission to the hospital he had developed a perirectal abscess and had been operated upon in the New Britain hospital. There he had been given all the latest treatment, without response but with gradual decline, until the physicians in charge notified his family that they had given up all hope of his recovery. The family then consulted me as to my willingness to treat him. I agreed to treat him and he was transferred to Montclair. He arrived by ambulance in the condition described. A surgeon checked him for any further surgery and stated that none was necessary. A urologist examined him and found nothing abnormal except a mild bladder infection. He was put on homœopathic treatment in addition to supportive treatment, but there was no satisfactory response to the remedies prescribed. Since there was no improvement, a flocculation test was made which disclosed a positive reaction to *Tarantula hispania*. When this drug was given as a remedy there was an almost immediate response. He recovered from his stupor and delirium, began eating well, and improved generally. The kidney condition cleared up completely. He was discharged from the hospital to his family's care and

continued under treatment until he fully convalesced. He then returned to his former employment at the New Britain General Hospital and to a surprised group of doctors who saw him return in perfect physical condition.

Another case was that of an extremely emaciated, anemic woman, weighing 94 pounds and aged 72, whose home was in Oxford, Ohio. She was first seen on November 3, 1949. She complained of abdominal distress with very poor elimination and no appetite. For the past year she also had been having chest pains, although not severe; these followed considerable emotional stress, presumably caused by worry over her abdominal condition. Her blood pressure was 190/105 and her pulse 88. Examination revealed three colostomy openings, from previous operations, two not functioning and the remaining one functioning very poorly. On X-ray examination the course of the bowel loops connecting the colostomies was visualized and it was a help to find that the rectum and sigmoid were intact and in good condition, although the rectum had not functioned since the first colostomy, which had been made two years earlier. After evaluation of her condition she was operated for the restoration, if possible, of intestinal continuity. All three colostomies and one intercommunicating intestinal loop were removed. There was no intestinal pathology found. The free end of the intestine was then anastomosed to the sigmoid section of the colon and the abdomen was closed. Soon after the operation the bowel function developed normally. She began to eat as a normal person should and gained in weight. Her blood pressure was found lower, 160-170/90, and she had less chest discomfort. We also had a very grateful patient.

Four years later she returned with severe chest pains diagnosed as angina pectoris. These pains were becoming increasingly frequent and more severe with a sensation of pressure in the upper portion of her chest and she would frequently be wakened out of her sleep by this distress. There was a sensation of tightness in her chest on hurrying. Her chest pains had been first noted in 1948 at which time as stated she had been under considerable emotional stress. During the past six months her complaints had become much worse; her blood pressure

was still 150-160/90, which was not excessively high, and her pulse was 92 and regular; but she would frequently become panic stricken with the acuteness of the pain. On November 30, 1953 she was examined by a coronary disease with coronary insufficiency. Peritrate, one tablet four times a day, was advised and she was to carry nitroglycerine 1/150th for any attack of discomfort.

Meanwhile, the usual homœopathic prescribing had not brought any satisfactory result. On December 2, 1953 a flocculation test was made, with *Latrodectus mactans* giving a good reaction. This remedy was given on December 3rd and one week later she reported that the chest pain was much less. On December 17th she felt much better generally, without the apprehension she had previously experienced, and there was now no chest pain. On December 28th she continued free of pain. She was now active, enjoying a normal life, without fear of pain, and sleeping well through the night. After a few more days she returned to her home in Ohio. I next saw her three years later in November of 1956, when she told me she had not had any recurrence of the condition.

The following case was of an acute nephritis in a young girl, aged 14. Her only symptoms, as expressed by her mother, were tiredness and generally not feeling well. She had very large tonsils and it was decided that a tonsillectomy was indicated. She was admitted to the hospital for the tonsillectomy and during the pre-operative laboratory testing she was found to have 4 plus albumin in the urine along with casts. Because of this, the operation was cancelled and since she did not have any satisfactory symptoms upon which to base indications for a remedy, a flocculation test was made. This test gave a perfect reaction for *Ferrum arsenicosum*. This was given as a remedy and in only a few days she felt better and albumin was less. After one week from starting the remedy a urinalysis showed 2 plus albumin. In ten days it was 1 plus and in two weeks the urinalysis was negative for albumin and there were no casts. Six weeks later she continued with negative urine and was generally well. Her tonsils looked better, although they continued large. She had recovered so completely and was feeling

so well that her mother decided she would not have the tonsillectomy and since that time she has remained in good health.

These cases are presented for the sole purpose of showing the accuracy of the test and the effectiveness of the homœopathic remedy so selected.

In the practice of medicine about seventy-five per cent or more of patients can be treated well with homœopathic remedies in the usual manner of prescribing. A certain number of the remaining twenty-five per cent will present difficulty in deciding upon a successful prescription when Homœopathy is indicated. It is upon this smaller group of patients that Homœopathy, for its success or failure, depends. The public will judge a physician by his ability to meet with success in this class of patients. This group must be handled with exceptional precision if Homœopathy is to have a deserving future.

To develop a precision in prescribing of this calibre means first a research clinic of at least two well-trained homœopathic physicians; a larger group would be better. This work would be too much for one physician to handle successfully. This research should pay especial attention to the difficult twenty-five per cent of patients. They should be screened well, with a complete history and physical examination. If there are indications for other well-established treatments, they should be recommended. If the indications are for homœopathic treatment, this should be instigated at once with a thorough review of the case for a complete grouping of all related remedies followed by a flocculation test and a prescription for the remedy that is found most fully reactive. If one test fails, then another search should be made. Such management will prevent accurate prescribing from being delayed, resulting in early recovery and a satisfied patient. At the present time there is a vast need for just such therapy.

As this homœopathic research group would meet with success, they could tabulate their findings to more precise indications for each individual drug and, ultimately, could develop a tabulating machine that, in response to a button, would show on a card all drugs listed in repertorial order for a particular condition where homœopathic therapy is indicated. This would

simplify the repertorial study of remedies and assist in the work of the flocculation test by demanding fewer remedies for differentiation, and this in turn would lead to a more general use of the test. This would then facilitate more accurate prescribing and a wider use of remedies, with less need of the test.

It is important, however, that all patients presenting themselves for treatment for any unusual condition, and any who resist ordinary treatment where homœopathic therapy is indicated, should be studied and treated with the precise homœopathic remedy and not be permitted to continue with a remedy that does not produce results. It is also important not to persist in palliation therapy when a cure should be established.

For Homœopathy to advance and continue to take an active part in medicine, it needs to be progressive, to improve its methods and, above all, to restore the sick to improved health within the shortest possible time. There could be an introduction of progressiveness by adding laboratory procedures to our present well-established system of medicine. When this is accomplished, public interest in Homœopathy will be renewed. With this renewed interest there will also come a desire by other physicians and an enthusiastic public for the training of new personnel. Colleges will add to their curricula new courses for the training of this personnel, once the demand is urged upon them. By these standards the truth in the Law of Similars will assure a continuing place for Homœopathy in the future.

Summary

If there is any trend that is evident in medicine today, it must be conceded to be the increasing role of the laboratory. As far as I can see, a branch of medicine that makes no use of the laboratory will have great difficulty in attracting the interest of those who have been trained almost entirely in it. It is my deep conviction that the laboratory will have to play a major role in Homœopathy in the future if Homœopathy is to take an important part in medicine. Whether the particular test presented and discussed finds ultimate adoption is unimportant. In my hands, however, it has proved extremely successful in

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on it as if it was a piece of wood and had to be washed over with water. When the homœopath called next morning, the patient was sitting up devouring ham and eggs for breakfast, and his last ten days on earth were completely unclouded by pain. Such is the power of homœopathy.

—*Homœopathy, March, '58*

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difficult cases. I believe that it, as well as many other tests still to be discovered, may offer the soundest future for more wide spread interest in Homœopathy. The purpose of the present paper has been to present again a simple laboratory procedure to supplement ordinary homœopathic methods and to relate how Homœopathy can extend its usefulness.

—*Jourl. of the Am. Inst. of Homœopathy, Aug., '57*
