

## **RELIABLE INDICATIONS FOR ARSENICUM ALB., LAGHESIS, LYCOPodium AND SILICA**

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MR. PRESIDENT, LADIES AND GENTLEMEN,

The subject matter of this paper has been contributed by over forty members of the Faculty in response to a letter I sent out on behalf of the Research and Educational Committee. The original idea was put forward by Dr. T. D. Ross, who said that everyone's impressions of remedies are tinged by their own personal experience of their clinical use, and these impressions, if collated, might well prove a valuable addition to our knowledge of the therapeutic range of the remedies. (That is not an exact quotation, but I am confident that he will agree that it conveys his meaning.)

Following this suggestion, four remedies were selected, representing four main classes, namely, mineral, animal, vegetable, and those substances which are usually regarded as therapeutically inert. Members of the Faculty were invited to record, on specially printed cards, up to six of the most reliable indications in their experience for the selected remedies. Just over 160 cards were returned, and I wish to take this opportunity of thanking all those who collaborated in the investigation.

I have summarized these cards, with a little editing in places, and regard it as a privilege as well as a pleasure to present to you the resulting drug pictures :

(The numbers in brackets indicate the number of times the item was mentioned.)

### *ARSENICUM ALBUM*

#### PHYSIQUE (16)

Sudden prostration in acute illness.

Weakness out of proportion to the illness.

Exhaustion and weakness (4).

Frail and pale.

Thin spare build. Going thin.

Withered-looking asthenic people in the second half of life,

Especially useful for children.

RESTLESSNESS (18)

Restlessness with mental distress, driving him from place to place.

Restlessness drives him out of bed, and he roams round the room.

Mental restlessness with anxiety and fear.

Restless fussiness. Cannot relax. Must keep occupied.

ANXIETY (14)

Anxiety, especially at night.

Unusual anxiety, acute or chronic.

Hopeless, despairing, desolated, suicidal.

Full of fears. Nervous.

Anxiety when anything is expected of him.

FEARS (11)

of death (4), of illness and disease, of insanity (2).

of cancer, of being alone.

Self-controlled when well, but fearful when ill.

TIDINESS (8)

Extremely tidy, meticulous, and precise.

Fussily tidy, over-particular.

Fussy over details, not necessarily over dress.

Fastidious.

Neat and clean, almost to the point of vanity.

Methodical and tidy, but easily flustered.

Tiresome tidiness. Pedantic.

Irritable, easily angered.

Good memory for past events and dates.

Broods over unpleasant incidents.

Unreasonable feelings of guilt.

COLDNESS (19)

Chilly. Worse from cold.

Chilly, fastidious type.

Worse from cold, but likes sips of cold water.

Body is cold, and head warm.

Intense coldness, subjective and objective.

Internal chilliness, and dislikes draughts.

Collapsed, cold, sweating, and restless.

**BURNING (15)**

Burning sensations, better for heat (9).

Burning internal pains.

Better indoors, better for hot drinks.

Burning of eyes, stomach, and skin.

**EYES**

Photophobia with lachrymation.

**NOSE**

Acute allergic rhinitis.

Fluent watery catarrh.

Burning coryza with useless sneezing.

Profuse sneezing and watery excoriating catarrh, with nasal obstruction.

**THIRST (14)**

Thirsty for sips of cold water during a fever.

Likes frequent sips of cold water.

Likes sipping.

Wants frequent small drinks.

Wants very hot drinks (3).

**APPETITE**

Rather greedy.

Likes sweet foods, and fats.

Dislikes melons, vegetables, and cold food.

**GASTROENTERITIS (20)**

Simultaneous diarrhoea and vomiting (4).

D. and V. (4).

Acute D. and V. (2).

Severe D. and V.

D. and V. with chilliness.

Simple D. and V. with thirst and colic, especially in children.

Epidemic D. and V.

D. and V. like ptomaine poisoning (2).

D. and V. due to eating tainted foods.

Food poisoning with D. and V. and abdominal pain.

Gastritis in fussy patients, worse for cold and better for hot applications.

## TIME (11)

Worse at : 11 p.m. to midnight.  
midnight.  
midnight to 1 or 2 a.m.  
2 a.m.  
1 to 2 a.m. and p.m.  
2 to 3 a.m.  
at night, especially after midnight.  
at night, if cold.

## SKIN (6)

Dry chronic skin conditions.  
Dry scaly skin complaints.  
Dryness of surfaces.  
Rashes in nervous patients.  
Dermatitis.  
Prurigo.  
"A variety of skin complaints".

## OTHER INDICATIONS

Chest troubles, including asthma.  
Neuritis, with tingling pains, better for warmth.  
Regular habits, e.g., visiting certain places annually, and attending clinics at regular intervals.  
Tendency to develop troubles in an urgent fashion.  
For cancer in any location, whether the mentals agree or not.

## DISCUSSION

DR. W. R. MCCRAE asked members for their experience on the question of the desire for sweet things, which Dr. Pratt had mentioned as existing among these patients. Dr. McCrae had thought that the one thing which *Arsenicum* patients did not like was anything sweet.

DR. W. LEES TEMPLETON suggested referring to a repertory.

DR. A. KELLNER thought that one point which should be included was the way in which the relative value of the indications varied according to conditions. Drying heat which drove the patient out of bed was similar to the indication for *Sulphur*. It was more an indication for *Arsenicum album* if it was present

in a menopausal woman than if it occurred in a hypertensive patient.

A hypertensive *Arsenicum* was much more indicated on the mentals—a feeling of impending disaster, flustered if hurried. Dr. Pratt's investigation would have an additional value if these items were inquired into.

THE PRESIDENT said that what Dr. Pratt had in mind was the need to refine the picture of *Arsenicum album* and find out whether there was clinical confirmation of the provings and the symptoms. He recalled the historical development. It began with a long list of symptoms; in that way Hahnemann propounded the principles of the system. Then Gross showed the importance of the modalities in distinguishing different remedies. Next Constantine Hering provided the "guiding symptom", expressed by Guernsey as the "keynote system". Then came Dr. Margaret Tyler who instituted the theory of the drug picture. Thus what was a list of some thousand symptoms became crystallized into a drug picture of 15 symptoms or less. The value of what Dr. Pratt was doing was that he gave an idea for further development as a result of clinical experience.

DR. A. BENJAMIN mentioned the value of malignancy as an indication for *Arsenicum album*. A malignant ulcer on the buttock of a woman cleared up when she was given this remedy. Malignancy was a valuable indication quite apart from the ordinary indications on symptoms and modalities.

DR. MCCRAE found that *Arsenicum* was seldom indicated. He thought that his experience was probably because he did not see many acute conditions. He found that it was usually the compounds that were required, such as *Ferri arsenate*, *Potassium arsenate*, *Alkali arsenate* and *Cuprum arsenate*, and he suggested an examination of one or two of these to obtain the opinions of different people.

SIR JOHN WEIR said that it was possible to prescribe *Arsenicum* on temperament, for the mental symptoms were very definite. He had a Nigerian come into his consulting room. The man's tie was just right, exactly in the middle of his shirt; he carried a gold-headed cane. He came in because of gastric

trouble. Sir John prescribed *Arsenicum*—the man's tie had given him away; he was so fastidious. He remembered a chest case which he saw as a youngster. The patient was warm and very ill. It was a typical *Arsenicum* patient and on that remedy he was out within a fortnight. Restlessness and fears (for example, of poisoning) were characteristic. Sir John would not allow the Devil to go out without *Arsenicum*.

### LACHESIS

#### PHYSIQUE (7)

Pale, sluggish, usually brunette.

Symptoms similar to *Sepia*.

Weakness; after a hot bath, and even after a rest.

Oversensitive to pain. Very sensitive to touch all over.

Sensitive to the pressure of the sphygmomanometer cuff.

Worse on slight pressure, better on hard pressure.

#### CYANOSIS (15)

Blueness of affected parts or lesions.

Purple hue or complexion.

Congested purplish toxic look of face or affected part.

Dark blue congested look.

#### MENTALS (61)

Verbosity, loquacity, volubility, talkativeness; a total of 25.

Talks, and promptly fills all conversational gaps.

Interrupts, and resents being interrupted.

Morosely silent, or talkative with flow of ideas like *Coffea*.

Mental activity with a great variety of details.

Emotionally overstrung. Tension everywhere. Hysteria.

Ideas of reference; thinks others are watching her or talking about her.

Suspicious (11).

Suspicious of medicine; thinks it upsets her.

Jealous (9).

Jealous suspicious look when acutely ill.

Hateful; has a touch of the devil; pleasant to one's face, but strikes behind one's back.

Afraid to go to sleep lest the breathing stops.

Dreads the night, has frightful dreams, and awakes unrefreshed.

Depression, worse on waking.

Depression, with desire to be elsewhere.

Discontented and restless.

#### SLEEP (31)

Worse after sleep (18).

Sleeps into an aggravation (5).

Wakened by an aggravation.

Symptoms wake him from sleep.

Worse after a short sleep, with a feeling of suffocation.

#### ENVIRONMENT

Worse from heat (7).

Worse in closed places.

Worse from sunshine (3).

Likes skating weather, and a cold bath in the morning.

#### SIDE

Left-sided complaints (17).

#### HEADACHE (6)

Worse on waking, at vertex, especially left-sided, at the menopause, migrainous in character, better in the open air, and better when menstruation begins.

#### THROAT AND NECK (23)

Sensations of choking, constriction, and suffocation in throat and neck (11).

Cannot bear any clothing round the neck (11).

Likes the face and the front of the neck uncovered.

Clutches the throat.

Throbbing and palpitation in the throat.

Pain in the left side of the throat, worse for hot drinks, and worse on empty swallowing.

Acute tonsillitis. Diphtheria.

Throat lesions going from left to right, worse from excess of heat or cold.

#### WAIST

Dislikes anything tight around the waist (4).

Loosens her corsets.

Likes warm clothes but soon complains they are too warm.

GYNÆCOLOGICAL (28)

Menopausal symptoms (16); hot flushes (2); hot sweats (2); menopausal flushes (2); toxic menopausal symptoms; better when cool.

A most useful remedy for flushes and hæmorrhages at the menopause.

Worse before menstruation, and better afterwards.

Dysmennorrhœa, better when the flow is established.

Menorrhagia with dark foul discharges.

OTHER SYSTEMS

Pain in the chest, on the left side.

Spasmodic dry cough with tickle in throat.

Dyspnœa, worse on the slightest effort.

Palpitations.

Irregular heart action.

Auricular fibrillation of sudden onset.

Hyperpietics with a tendency to heart failure.

Flatulence, distension, and tenderness of the liver.

Queer feeling starting in epigastrium, rising to chest, and causing prostration.

Venous congestion and thrombophlebitis.

Varicose ulcers with a blue tinge.

Unhealthy blue-black ulcers.

Carbuncles with a dusky blue colour.

Bluish discoloration of septic swelling.

Septic states and blood poisoning.

Black hæmorrhages.

Epistaxis.

Bleeding gums.

DISCUSSION

DR. GIBSON asked how many said "firm pressure"—and what was the difference between "firm pressure" and "constrictive"?

DR. PRATT replied that only one mentioned "better for hard, firm pressure".



THE PRESIDENT thought that the passage in John Clark's *Dictionary of Materia Medica* in which he described Hering's discovery of *Lachesis* was the most dramatic in the whole book. The way in which Hering extracted the venom and when he regained consciousness asked his wife : "What did I do and say ?" showed his keenness in investigating a new drug. He stated that a "melancholy" disposition was an indication for *Lachesis* and that where the temperament was "sanguine" (again in the Galenic sense) the response was less. The President's experience of using *Lachesis* in psychiatric cases was that it was the people who underneath were likely to be depressed who responded best.

DR. TEMPLETON found *Lachesis* useful in the sort of patient who was the "life and soul of the party".

THE PRESIDENT thought that these people were often depressed underneath.

DR. BENJAMIN thought that there was a difference between "firm pressure" and "constrictive pressure". If one pushed in at one point, one could push out in compensation at another, but one could not do so if there was constrictive pressure.

DR. GIBSON agreed. But was it true that "better for firm pressure" was a good indication for *Lachesis* ? The *Lachesis* patient, he had understood, did not like to be constricted ; he had not realized the distinctions.

DR. PRATT said he would write to the doctor who had sent in the "better for firm pressure" symptom and ask him to define what was meant.

SIR JOHN WEIR thought it a superficial symptom anyway. The mental symptoms were more important. The patients were loquacious and suspicious. Sir John described a case of a man who was quite mental and had a high temperature. Sir John asked the nurse whether there were any special symptoms. "Yes", the nurse replied. "The patient won't drink a glass of water unless he sees me drink from it first, he is so afraid of being poisoned." Sir John gave the patient *Lachesis*—and within 24 hours the temperature had gone down. The husband of a woman to whom he had given *Lachesis* said : "Thank you very much, Weir." "What for ?" Sir John had asked. "For giving me

back the woman I married," replied the man, "in place of the one I have had to live with for the past 10 years." Sir John gave *Lachesis* at the climacteric. Headache was a further symptom. One woman had a pin-cushion by her bed. "What is that for?" he asked her. "When I feel myself going to sleep", she explained, "I prick myself to keep awake, because if I sleep I wake with such a headache." The jealousy was usually worse in the mornings.

DR. D. M. FOUBISTER said that some asthma patients invariably slept into their asthma attack. In such cases one could consider *Lachesis*.

DR. MCCRAE was disappointed that there was not more mention of flushing. Menopausal flushing was practically always an indication for *Lachesis*. There was a very characteristic type of flushing—a wave, nearly always accompanied by a sense of mental distress and extreme embarrassment. Many other medicines had flushing and had particular symptoms accompanying this; but the flushing of *Lachesis* was quite outstanding.

DR. PRATT explained that this was an instance where he had been a little ruthless in editing. Menopausal symptoms had been mentioned sixteen times in all. "Menopausal flushing" had been mentioned in two cases; "hot flushing" in two; and "hot sweats" in two. It was a most useful remedy for flushes at the climacteric.

DR. KELLNER agreed that loquaciousness and suspicion were the backbone of indications for *Lachesis*, but how many patients had a sufficiently strong character to give correct information in answer to the question: "Are you suspicious?" He was surprised that no one had mentioned the sunshine aggravation, which was so characteristic.

DR. PRATT replied that sunshine aggravation was mentioned three times.

DR. TEMPLETON said that he had not found it difficult to get patients to admit that they were suspicious.

SIR JOHN WEIR added that if the patient did not supply this information it could be obtained from the relatives.

THE PRESIDENT said that he had a number of patients referred because of suspicion and jealousy which was on occasion

so bad that the police had to be called in. A large proportion of these were *Lachesis* cases and *Lachesis* cleared up the trouble.

DR. TEMPLETON asked whether any symptoms of vertigo had been mentioned? He found that "floating as if on a ship" was complained of in quite a number of these cases.

DR. PRATT replied that there was no mention of that at all.

#### LYCOPodium

##### PHYSIQUE (18)

Tall, lanky, lean and lazy.

Limp, stooping and thin.

Pale, sallow.

Dark hair and complexion.

White haired and prematurely aged.

Children who look older than they are, and also look as if they come from a higher social status than their parents.

Lean wasted hypochondriacs.

Poor physique, and debility.

##### FACIES (6)

Furrowed brow. Wrinkled forehead.

Vertical frown in centre of forehead.

Tired face. Muddy complexion.

Fibrillation of facial muscles, and of alae nasi.

##### MENTALS (60)

Lack of self confidence (7).

Irritable (4). Apprehensive (3). Worried (3). Depressed (2).

Suspicious and sensitive.

Hypochondriacal and introvert.

Undecided and shy.

Intellectual, but doubts his intellectual ability.

Methodical, but forgetful.

Narrowminded and critical.

Careful about money to the point of being miserly.

Conscientious, and willing to take responsibility.

Upset by contradiction or opposition.

Love of order, and zest for work.

Reacts vividly to music and to sentimental stories.

Dislikes company but likes to have someone within call.

Apprehensive before public speaking, but when he gets onto his feet he forgets his fear and speaks well.  
(Precocious child, but not "Vital".)

**GENERAL**

Complaints go from right to left.  
Loss of elasticity of the tissues, e.g., as in emphysema and arteriosclerosis.  
Chilly and better from heat.  
Feels the cold but flags in the heat.

**TIME (32)**

Worse from 4 p.m. till 8 p.m. (15).  
Worse in the late afternoon (2).  
Worse in the early evening (3).  
Worse at 4 p.m. (4).  
and 8 other varying statements regarding time, including sleepy at 5 p.m., and drowsy during the day.

**HEAD**

Occipito-frontal headache.  
Dull heavy headache, giddy, tired, and worse on waking.

**TEETH**

Periodontitis, causing toothache.

**TONGUE**

Blackish fur covering the middle strip.

**THROAT (5)**

Follicular tonsillitis going from right to left.  
Diphtheria with epistaxis, going from right to left.  
Septic throat.  
Sore throat better for warm drinks.  
Painful throat worse for hot and cold drinks, but better after warm drinks.

**NOSE (2)**

Good sense of smell. Repeated colds in lean hungry persons.

**RESPIRATORY (13)**

Fan-like motions of the alae nasi (3).  
Fan-like motions of the alae nasi during fever, not synchronous with the respirations.

Desire for air, and better in the open air.  
 Dyspnoea and hypertension.  
 Emphysema and arteriosclerosis.  
 Old chest conditions. Old people's chests.  
 Colds settle on the chest.  
 Bronchitis and asthmatic wheezing in warm persons.

## ALIMENTARY (47)

Distension of lower part of abdomen (12).  
 Flatulence (16) with 3 qualifying remarks; with dyspepsia,  
 in old age, and passing wind per rectum.  
 Duodenal ulcer (3).  
 Hunger (5). Suddenly very hungry, but soon replete.  
 Craving for sweets (3).  
 Preference for hot or warm food and drinks (5).  
 Post-operative flatulence on second or third day.

## STOOL

Constipation with ineffectual urging.  
 Hard stool which takes a long time to expel.  
 Weak sphincters and rectal prolapse.

## GENITO-URINARY (9)

Urates deposited in urine (4).  
 Nocturnal frequency (2).  
 Nocturnal enuresis.  
 Urinary and digestive symptoms combined.  
 Adolescent boys with delayed puberty and undescended  
 testes.  
 Backache, better during or after passing urine.

## SKIN

Hairless chest and abdomen, with normal masculine outlook.  
 Skin conditions, with a marked desire for sweets.  
 Perspiration with a distinctive odour, not very offensive,  
 but "heavy".

## DISCUSSION

DR. LEDERMANN said that Dr. Vaughan always taught the child was a typical *Lycopodium* case who stood up to the strain of a physical examination well but broke down at the end. These patients were hypochondriac, but their digestive organs were

the centre of their hypochondriasis. He thought that the condition of the skin was caused by deficiency of collagen tissue in the skin.

SIR JOHN WEIR remarked that Kent's *Materia Medica* gave the whole thing, and he gave quotations, showing the difference between *Lycopodium* and *Silica*.

DR. MCCRAE remarked that the peculiar symptom of being worse between 4 p.m. and 8 p.m., but the most extraordinary thing was the great improvement immediately after 8 p.m. This should be emphasized just as strongly.

THE PRESIDENT said that the symptom "worse between 4 p.m. and 8 p.m." was a clinical observation which came out of Hering's "guiding symptoms"; it was not in the original provings. *Lycopodium* came in the second set of provings, when Hahnemann was an old man. All the provings of flatulence and distension were in the original.

DR. TEMPLETON suggested that *Lycopodium* was not so much indicated in stomach conditions as in gall bladder ones.

DR. FOUBISTER said that he usually asked these patients whether they would worry if they were going to make a speech. Kent had pointed out that *Lycopodium* subjects worried beforehand, but they spoke well. (One had, of course, to make allowance for whether the patient was used to public speaking.) A wrinkled forehead in a child patient would make him think very strongly of *Lycopodium*. Movements of the nasal alae were a pathological symptom in broncho-pneumonia in children only if they were asynchronous with respiration. Such asynchronous movements could be taken as an indication for *Lycopodium*.

#### SILICA

##### PHYSIQUE (24)

Thin sickly children who cannot stand up for themselves.

Fair (4). Thin (2). Puny, weedy, weakly.

Asthenic, with poor general tone.

Angular, emaciated, poor nutrition, lack of stamina.

Pale blonde girls, with sandy complexion,

Sickly suffering look.

## GENERAL

## Coldness (21).

Very sensitive to cold air (3), and cold damp.

Shivery chilliness. Sweats even when cold.

Slow development of symptoms ; mostly subacute or chronic conditions.

Left-sided complaints.

## MENTALS (40)

Lack of vitality, confidence, push, spirit, grit.

Mild, shy, lacking in "go".

Spineless, no self-assertion, no "fight" in him.

Shy, asocial, no moral fibre.

Timidity on first approach, but not later.

Hesitates to give trouble. Too obliging.

Afraid of responsibility, diffident, faint-hearted.

Apprehensive ; anticipation upsets.

Despondent and tired. Listless, like *Pulsatilla*.

Depression, worse for consolation.

Mental exhaustion, unable to concentrate.

Nervous before an ordeal, but normal when the time comes.

Courage in spite of lack of stamina.

Obstinate children. Lack of confidence may be concealed by blustering manner or by obstinacy.

Sensitive to criticism. Upset by argument or by discord.

Worse from noise (3). Irritable (2).

Not so successful in business as his apparent ability deserves.

## SKIN (35)

Power to bring splinters, etc., to the surface (6).

Promotes the expulsion of pus.

Septic wounds slow to heal. Suppuration.

Whitlows, abscesses, boils, fistulæ, fissures, and cracks.

Long chain of pustules, which do not quite come to a head.

Sepsis, especially in later stages.

Cellulitis, especially of the hands.

## SWEAT (21)

Offensive cold sweat of the feet (10).

Cold clammy hands (6).

Sweating of the upper regions—head and neck (2).  
Sweaty palms and soles.  
Sore feet with offensive sweat, and rawness between the toes.  
Profuse perspiration at night.

## NAILS (7)

Brittle (3). Ridged and brittle.  
Brittle with white spots.  
Chronic nail infections.

## FINGERS

Cracked ends of fingers. Trembling fingers.

## HEAD (11)

Sweating of head (5).  
Cold clammy head, very sensitive to cold.  
Wants head wrapped or covered (4).

## HEADACHE (12)

Better from wrapping tight (3).  
    lying down in the quiet.  
    warmth.

Worse from artificial light.  
    moving head or eyes.

Headache from nape to vertex to front.  
    from occiput to eyes.  
    occipital.  
    right-sided.

Week-end headaches.

## MISCELLANEOUS

Eyes red-rimmed, and with styes at outer canthi.  
Photophobia.  
Sticky offensive discharges from the ears.  
Tongue red and painful, not acute.  
Splinter sensation on swallowing.  
Chronic tonsillitis, better for warmth and warm drinks.  
Big tonsils, swollen glands, and hypertrophied lymphoid  
    tissues in general.  
Frequent chesty colds, and chronic catarrh.  
Appetite poor. Averse to milk, intolerant of milk.



Abdomen large, especially in children.  
Constipation, anal spasm, hæmorrhoids.  
Lacks power to expel the stool.

#### DISCUSSION

SIR JOHN WEIR recalled that his entry to Homœopathy was through *Silica*. He had a septic cut which would not heal. Someone suggested he should try homœopathy and he went to Gibson Miller, who gave him *Silica*. Within four days the wound had stopped suppurating and in six had cleared up. He went to see a boy who was acutely ill with pneumonia in consultation with the child's own doctor. The boy was pale, thin and covered in sweat. "The doctor's come to see you", his father told him. "Don't want to see the doctor", snapped the patient. His own doctor tried—and the boy struck him. This was a good enough indication for Sir John, who prescribed *Silica*.

DR. TEMPLETON noted *Silica's* value in wounds that would not heal, especially in children. Where a wound healed with a cartilaginous edge instead of a smooth epithelial edge, he found that *Silica* was indicated.

—*The British Homœopathic Journal, April, '57*

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