

A HOMOEOPATH LOOKS AT ANTIBIOTICS

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We are living in a great age! A magnificent age! Those of us who graduated from medical school thirty or more years ago can look with awe at the changes that have taken place in that time. When we were in school, the idea that within a really short span of time man would traverse the azure blue at a speed greater than that of sound would have branded him as a crack-pot. And people in high places did brand such long-range visionaries as Col. Billy Mitchell and others as just crack-pots. The idea of non-stop flights across our continents was scoffed at. The idea that a heavier-than-air-machine could lift from the ground with nearly a hundred people and travel from Cleveland to Miami, Florida, in less than 4 hours and land them there with a greater degree of safety than on the highways was one to be scoffed at. And yet it has all come about in this comparatively short space of time.

Other things have come about which were unthought of in those days. No one could have told us then that the atom could be worked with and toyed with, broken down in such manner that its energy could be released with such devastating force that a single bomb could wipe out the lives of hundreds of thousands of people and literally lay cities flat. The idea that a submarine could travel 30,000 miles around this globe without refueling just by the use of this same atomic energy was simply unheard of. Truly we are living in a great age of scientific advancement!

In other fields, too, great scientific advancement has been made. In that field which is very near to us, the field of surgery, great strides have been made. Had we been told 35 years ago that men would be able to side track the blood stream of the human heart by means of a mechanical device so that a clear field could be had for the surgeon to repair the ravages of disease upon this organ, and still have the patient live to tell the story, I think it would have stretched the imaginations of

most of us to the breaking point. I could go on and on, if time permitted, to relate the magnificent advancements that man has made.

But one point must not be lost sight of. Before any of these great advancements were made there were certain laws of the universe that had to be discovered. And beneath all these great advancements there lies the foundation of these laws of nature, or, as most of us believe, these laws of God. These laws, throughout all the decades and centuries, have never ceased to function as originally laid down. The apple still falls from the tree because of the law of gravitation, water still boils at 212 degrees Fahrenheit at sea level, the speed of light still remains the same, the speed of sound under controlled conditions never varies. All the laws of physics and chemistry function as they always have. Even the way of a man and a maid in the morning of life continues on unchanged.

But in spite of all the centuries of background and experience to teach us, we are faced in our own vital field of medicine with a peculiar paradox. We are faced with men who do not believe that natural laws are basic and unchangeable when applied to the human being. One evening, in our local hospital library, I was asked by one of our younger doctors, an otherwise brilliant fellow, to explain the basis on which I practiced. When in the course of our conversation, I explained that Homœopathy was based on a law of nature, and therefore worked the same today as it did a century ago when applied according to the law, and would work with the same results a century hence ; that there was never any change in the fundamental law but only enlargement, expansion and the improving of our ability to apply that law, I was roundly berated as a back number and criticized severely for the idea that science could not improve on the law of Homœopathy. Then, before our conversation ended, he came forth with this most erudite statement of his belief : "I honestly cannot comprehend how anybody cured anything before the days of the sulfas and the antibiotics !" And the strange thing is that he meant what he said.

That, ladies and gentlemen, is a prime example of the class of people who are attempting to treat the sick today. I know of a brilliant man in the past whose conscience refused to permit him to continue in the field of medicine because he felt that his patients were being made worse by the medicine of the day that was being poured down their throats. I wonder what Samuel Hahnemann would do if he were faced with the medicine of today. I wonder what he would say about the case I am going to present to you. This is not a fictitious case but one that was treated by one of our brilliant young doctors back home in Tuscarawas County, Ohio. And then he had the stupendous, nerve to present it at a pathological conference held in connection with our staff meeting, as a demonstration of modern medicine. I am going to give this case to you just as it was presented to us. The charts are all on file back home.

This case is dated : Feb. 14, 1955—Hosp. No. 55-600 Male, 61 years of age, admitted by ambulance with the following complaints (taken from the chart) :

Pain in chest with dyspnea, patient was asymptomatic until four days prior to admission, at that time he developed a sharp pain in his right chest which was diagnosed and treated as pleurisy (*Bryonia* would have cured this man at this stage). This was followed by a febrile episode with progressive dyspnea and cough until the present time.

Physical Examination :

Splinting respiration, coarse ronchi in right chest, diminished breath sounds, but otherwise negative.

Blood Picture :

2-14-55 : 33,200 Leucocytes

2-17-55 : 21,000 Leucocytes

2-19-55 : 11,000 Leucocytes

X-ray diagnosis on Admission :

Right upper lobe pneumonia. Recheck x-ray one week later showed improvement of pneumonia.

Progress notes :

2-15-55 : Breath sounds increased over right apex, still

coughing with color and general appearance markedly improved.

2-16-55 : Up to bathroom.

2-17-55 : Cough more pronounced. Rales have increased in right chest. I feel this represents resolution of the disease process and that progress is about normal.

2-19-55 : Still spiking daily fever. Still moderate consolidation of right upper lobe. Progress satisfactory.

2-21-55 : Chest clear. Slept well flat. To go home.

There you are ! A case of lobar pneumonia treated and sent home as cured in one week. Wonderful ! Now let's see how it was done :

Treatment : Ilotycin, Penicillin, Streptomycin, Achromycin, and other preparations for patient comfort such as oxygen, codeine, and other auxiliary medications.

Discharge diagnosis : Right apical pneumonia.

So our patient goes home *cured*. Now let us see what happens :

Hospital No. 55-787—Patient re-admitted Feb. 28, 1955 (Just one week later).

Taken from chart :

Patient discharged to home after one week hospital stay for lobar pneumonia. After three days he developed a left-sided hemiplegia which was diagnosed as a cerebral hemorrhage by his home physician. He has remained comatose since and is admitted for supportive treatment.

Physical examination :

Eyes sunken, tongue dry, left-sided facial paralysis, neck rigid, chest breath sounds heard at apices but very distant to absent at bases, no rales. Extremities, left-sided paralysis of arm and leg. Reflexes, clonus of right ankle, positive Babinski, Blood pressure 130/80.

Blood Count :

R.B.C. : 4,380,000 W.B.C. : 41,300.

X-ray March 1, 1955 : Bedside supine chest film :

Residual right apical pneumonia.

Progress notes :

3-1 : Patient remains comatose, condition critical.

3-2 : Patient remains comatose, is dehydrated, has residual pneumonia, cannot take liquids orally, condition critical.

3-4 : Patient expired.

Treatment on second admission was purely supportive.

Final Diagnosis (Chart) :

1. Cerebral hemorrhage from undetermined origin.
2. Decubiti.
3. Generalized arteriosclerosis.
4. Residual pneumonia.

According to the trite old saying, "The treatment was a success, but the patient died."

Now, let us see what the pathologist makes of this case. This is his report :

Autopsy No. 209

Hospital No. 55-787

The body is that of a slender, well developed, white male of medium height. The skull is symmetrical. The scalp is clean and covered by short, dark hair showing grayish streaks. The features are externally altered. The eyes and mouth are not examined due to previous embalming. The neck is symmetrical. The thorax is symmetrical and shows frequent superficial abrasions particularly on the right side, the largest measuring 3.0 cm in greatest diameter. The abdomen is flat. The extremities and external genitalia are not grossly altered.

The body is opened by the usual incision. The peritoneal surfaces are smooth. The abdominal viscera show the usual distribution except for prominent Riedel's lobe of the liver. The right pleural surfaces are bound together over the right upper lobe by fibrinous adhesions which separate with slight difficulty. The left pleural surfaces are smooth. The pericardial surfaces are smooth.

HEART : The heart weighs 250 grams. The pericardial surface is smooth. Section shows the myocardium to be relatively firm, blue-red in color and usual thickness. The endocardium is smooth. The valve leaflets are thin and pliable and

show the usual distribution. The septa are intact. The coronary ostia are patent. The coronaries are thin-walled and patent throughout. The aorta shows moderate degree of atheromatous change particularly marked in the abdominal regions.

LUNGS: The lungs together weigh 2200 grams. The right lung weighs 1600 grams. The surfaces of the right upper and lower lobes are roughened by fibrin, which, in most areas, scrapes off easily. The surfaces are mottled, gray to dark blue in color. Section shows the parenchyma of the upper and lower lobes to be firm, friable, dark red-gray to gray in color. Large amounts of thick, red-gray fluid exudes from the cut surface. The major bronchi are filled by thick, red-gray fluid material. The left lung is soft and crepitant except at the base and posterior portion of the lower lobe.

GASTRO-INTESTINAL TRACT: The esophagus, stomach, small intestine, colon and appendix show no gross alteration.

LIVER: The liver weighs 1600 grams. The surface is smooth. The liver extends six fingers breadths below the costal margin in the axillary line. The surface is smooth, mottled, red-brown in color. Section shows a mottled, red-brown cut surface. The wall is thin. The lumen contains viscid, yellow-green bile and an ovoid, granular, yellow stone measuring 1.5 cm in greatest diameter. The hepatic ducts and common ducts are not remarkable.

PANCREAS: The pancreas is of usual size, shape and configuration. Section shows a firm, lobular, yellow-brown cut surface.

SPLEEN: The spleen weighs 250 grams. The surface is smooth blue-grey in color. Section shows a soft, easily scraped, purplish parenchyma.

ADRENAL GLANDS: The adrenal glands are of usual size, shape and configuration.

KIDNEYS: The left kidney weighs 200 grams. The right kidney weighs 170 grams. The capsules strip with ease revealing a smooth, mottled, red-brown cut surface. Section shows the cortico-medullary junctions to be distinct. The cortex appears somewhat pale. The medullary pyramids are marked by dark, converging striations. The calyces, pelves,

ureters and urinary bladder are not remarkable. The prostate gland is small, soft and symmetrical.

BRAIN : The scalp is incised across the vertex. The flaps are reflected anteriorly and posteriorly. The calvarium is removed. Over the vertex the leptomeninges covering the right cerebral hemisphere are firmly adherent to the dura over an area 2.5 cm in diameter. The right cerebral hemisphere is soft in consistency and markedly hyperemic over the anterior two-thirds. The left cerebral hemisphere is not altered. Section through the right hemisphere shows extensive softening involving the entire frontal lobe and region of the basal ganglia. The right lateral ventricle is filled by thick, pultaceous, gray-white material. Repeated section of the left cerebral hemisphere and cerebellum shows no grossly noteworthy alteration. The vessels at the base of the brain show mild anthero-sclerotic change but are patent throughout. The meninges covering the base of the brain are smooth and glistening.

MICROSCOPIC

HEART : Sections from myocardium show no alteration.

LUNGS : Section shows the alveolar spaces to be distended by fibrin containing large numbers of neutrophilic polymorphonuclear leukocytes. Frequent macrophages containing anthracotic pigment are present.

LIVER : Section of liver shows a marked degree of acute passive hyperemia and is not otherwise altered.

PANCREAS : Section of pancreas is not remarkable.

SPLEEN : Section of spleen shows the sinusoids to be distended. The follicles are indistinct. Numerous neutrophilic polymorphonuclear leukocytes are present throughout the pulp.

ADRENAL GLANDS : Section of adrenal is not remarkable.

KIDNEYS : Sections of kidney show no alteration except for rare small cortical scars.

BRAIN : Section of brain shows extensive softening. Focal areas of necrosis with infiltration by neutrophilic polymorphonuclear leukocytes are present. The meninges show zones of infiltration by neutrophilic polymorphonuclear leukocytes.

Anatomic Diagnosis

LUNGS : Pneumonia, lobar, right.

BRAIN : Cerebritis.

There, my friends, you have the story. There is an example of antibiotic therapy at its so-called "best." There you have a concentrated example of the sort of medicine that drove Hahnemann from practice. Here you see a gun-shot treatment, without which the patient might have had a chance to recover. Here you see a classical example of symptoms suppressed and the disease processes driven from the more superficial to the deeper, vital parts of the system.

How many, many times have men, with even a meagre knowledge of Homœopathy, been able to restore fully to health such cases by the application of the correctly chosen homœopathic remedy?

According to Hahnemann, "The highest ideal of a cure is rapid, gentle, and permanent restoration of the health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable and most harmless way on easily comprehensible principles."

I will admit that in the above case we have an example of rapid removal and annihilation of the disease in its whole extent, but I don't believe it is called for to annihilate the patient to accomplish this end. Nor can I see that there is anything gentle, reliable or harmless in this treatment.

Gentlemen, history is repeating itself. We are getting into another era where treatment is unsound, unscientific and definitely harmful. The case I have presented is not isolated. These things are going on about us all the time. I grant you that many of the older and wiser men are calling strongly for a halt on the promiscuous use of the antibiotics. They are foreseeing the dangers coming to the public from the too frequent use of these powerful medications. The germ immunizations that are developing, the sensitivities that are developing are becoming very dangerous.

Caught up, as were many people, by the wave of enthusiasm for the so-called "wonder drugs," I must plead guilty to having employed them in cases of rare emergency and where

pressure was placed upon me to do so. But as I began to see the lack of true curative results, I returned to my former training and beliefs and found that the homœopathic remedy, carefully selected and applied, was still so far beyond the "wonder drugs" that there can be no comparison.

Truly, the basic law of nature, expressed in the signature of our beliefs, still so far transcends anything that has been developed in the field of medicine that we can only adhere to it more strongly than ever. Sulfas may come and within a short span will go. But, the law of *Similia Similibus Curentur* continues on as the backbone of the homœopath's armamentarium forever.

—*Jourl. of the Am. Inst. of Homœopathy, July, 1956*

ALLOPATHY

(Extract from the Editorial,

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Allopathy is defined in *Webster's New Collegiate Dictionary* as the "theory or system of medical practice which combats disease by the use of remedies producing effects different from those produced by the disease treated. Also, erroneously, the system of medical practice making use of all measures which have proved of value in the treatment of disease."

The *Gould Medical Dictionary*, edition of 1945, has this to say about the term Allopathy :

"Allopathy : according to Hahnemann, who invented the term, allopathy is that method of treatment of disease consisting in the use of medicines the action of which, upon the body in health, produces marked phenomena different from those of the disease treated : erroneously used for the regular medical profession."