

Dose : Two pills of the 6th potency every four hours.

*Rhus toxicodendron*. The skin is covered with numerous vesicles ; there is great itching and tingling ; the skin is often swollen and these vesicles have a red areola around them.

Symptoms are all worse at night, in damp weather and in winter.

Dose : Two pills of the 6th potency every four hours.

*Urtica urens*. Intense, intolerable, fiery itching of the skin from any trifling change in temperature ; also itching swellings on fingers. Face blotched.

Dose : Two pills 6th potency every two hours in acute cases.

*Hepar sulphuris*. Moist eruption in folds of skin and itching in bends of joints. Skin is extremely sensitive and suppurates easily and pimples form around ulcers.

Dose : Two pills of the 6th potency every three hours.

—*Health & You, June, '56*

## THE SIMILE AND THE SIMILLIMUM

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One may wonder why two terms, simile and simillimum. Hippocrates and Hahnemann used only one. It was Hahnemann, though, who was the first to use the term simillimum, but he used it only once and in a different sense from the one in which it will be used here.

The early homœopathic prescribers, after having accumulated sufficient experience, came to realize that similarity is but a relative term, just as is humidity of the air or hardness of a metal or clearness of the sky.

Thus the term "simile" gradually assumed two different meanings, not different in character, but different in degree. When used in opposition to the term "contrarium," it has remained what it was before, that is the general, the all comprehensive term, encompassing all the degrees of similarity, strong and weak, complete and partial. With the appearance

of the term "simillimum," however, simile started to be used in another sense, a narrower sense, the sense of a partial or weak simile, in opposition to the term simillimum to which the sense of the highest or completest similarity was imparted. Since complete similarity is necessary for curing constitutional diseases, the simillimum has also been called the constitutional remedy. Some refer to it also as the chronic remedy because it is the sine qua non of the chronic diseases. This appellation, however, should be abandoned because a constitutional remedy can be acute as well as chronic.

One may think that we should always try to prescribe the simillimum and ignore the weaker similes. This view must be opposed for there are situations where we must prescribe the simile before we prescribe the simillimum. In acute cases, in emergencies and in temporary changes, one remedy may not cover the case in its entire extension. The important thing is that we be aware which one of the two we are administering, the simile or the simillimum. Then there are cases where it is extremely difficult to find the simillimum. In such cases we may prescribe a simile instead of the simillimum unwittingly. The sooner we afterwards discover this, the better. Citation of a few concrete cases will better illustrate the different modes of action of the different similarities than an abstract discussion.

A man in his fifties and of low vitality had been catching colds every winter for years. The mucous membranes of his upper respiratory tract were usually affected. Homœopathy helped, but his colds kept returning and even grew in severity. Every winter they were worse than the winter before. For one of his colds, three years ago, he was given a dose of *Rhus tox.* 10M in a glass of water to be taken one day only and in tablespoon doses every two hours; placebo the day after. His temperature fell with the end of the first day, but on the second day, the day of placebo, it rose again. So the remedy was resumed and continued for two more days. The temperature then fell again and this time stayed down and he seemingly fully recovered in a few days. After two uneventful months he was again laid up with a similar infection, only worse. This time *Rhus tox.* was ineffective and *Tuberculinum* (Health) 10M was resorted to.

Like *Rhus*, *Tuberculinum* had to be repeated two hourly for three days in order to extinguish his fever completely.

A cold infection usually imparts an immunity of about two months duration for its own virus only and may be also for some similar viruses. That may have been one reason why this patient became sick two months later again. Apparently *Rhus tox.* did not produce any immunity nor did it raise the natural resistance of the patient. On the contrary, it seemed to weaken him and make the second infection worse than the first. This second attack, therefore, was the motive for a more thorough investigation of the man's constitution and this led to the conclusion that *Calcareo carb.* was his simillimum. A single dose of the 10M potency of *Calcareo carb.* was administered. This brought his colds to an end. The result achieved with *Calcareo carb.* proved that *Rhus* and *Tuberculinum* were not simillima in this case but similia. They saved the man from his sick bed though, and made it possible for him to resume his work. Beyond any doubt, they were necessary from the economic standpoint, but it is debatable how necessary they were from the therapeutic standpoint. We must admit, however, that in cases where the patient's life is in danger from the violence of an acute attack, the use of appropriate similia is justified from the therapeutic standpoint also. Similia can be life savers in such cases, but it would be a mistake to expect from them any action on the underlying psoric process and to neglect to complement them subsequent with the simillimum.

Several questions intrude here. What would have happened if *Calcareo carb.* had been given in the acute attacks? In answer we must emphasize at once that *Calcareo carb.* is a chronic remedy and as such could not have been appropriate for the fresh attacks of fever in this case. Furthermore, as an anti-psoric and covering the constitutional symptoms of this case, it would have only further stirred up the patient's economy, raising his temperature still higher and prolonging the acute phase of his disease. You don't whip your horse when he runs all he can and, on the other hand, nature's forces easily get out of control. Waiting on placebos until the fever had subsided may have been the best in the long run, barring complications and other considerations.

Those who, in the acute sthenic fever stage of measles, scarlet fever, and other self-limiting diseases, abstain from prescribing anything outside of placebo are right. The reasoning behind their attitude is to the effect that the vital force should not be disturbed in its action against the infection. Fever is nature's method of combating toxins of infection when they invade our bodies. By increased intracellular electromagnetic tensions, by an intensified metabolism and by combustion of the infectious material through oxidation in fever the organism is cleansed of its toxins. We must anxiously preserve this process of nature and not try to counteract it. To fight this process, to destroy or to stop it with allopathic drugs or with insufficiently similar homœopathic similia is suppression or palliation. For many such cases of fever Homœopathy has remedies which cure, not by destroying the underlying metabolic activity, but by abbreviating it after first intensifying it for a few hours and thus accelerating the destruction and elimination of the toxins. If for a given case such a remedy does not exist or cannot be found or if we are not sure of our choice, it is best not to interfere unless justified by economic or other weighty considerations.

If in a self-limiting disease the fever is left undisturbed, then not only the toxins of the infection which have caused this fever are destroyed, but very often also other toxins, acute or chronic, are destroyed which may have been soiling the economy before this fever developed. The patient then emerges out of the ordeal like Phoenix rising in youthful freshness from its own ashes. That is why Hippocrates said : "Give me fever and I'll cure any disease."

In our case, fever was not abbreviated after its initial intensification, but it was simply stopped. Afterwards the patient was not less psoric, his second cold was not less bad, he did not feel stronger and *Rhus* did in no way improve his constitution, but only removed his favour, while underlying psoric condition became worse : typical homœopathic suppression.

In Homœopathy, then, we have three modes of treating fever : one by more fever with simillima, one by leaving nature undisturbed in its work and one by suppression or palliation

with similia. Consequently, in the production of suppressions old school medicine does not stand alone; yet there is a difference, a big difference. Allopathy, in order to suppress disease, must stifle the life force, must suppress life itself. No such nefarious side-effects exist in homœopathic suppression! Where there are any, they are usually mild, sometimes so mild that it may take months and years before they are detected. Some homœopathic suppressions may even look like genuine cures and only after a long time we discover their true nature. Two cases which I shall cite later will illustrate that.

Sometimes we read the term partial cure but, theoretically considered, partial cures seem to be a delusion. You cannot get a glass of clear water out of a muddy well. The whole well is either clear or muddy. Likewise, we have either cure or we have suppression and nothing in between. Our remedies are either curative or palliative and may be it would be best to call them curative similes and palliative similes. Partial cure is a euphemistic term for suppression as produced by similia. There are exceptions, however. There are partial cures that are genuine and effected by simillima. Not all sick conditions require only one simillimum. Some need two or more. One simillimum carries the patient, for example, thirty per cent toward recovery. Another complements it and carries him another 30% forward and a third, complementary to the second, may carry him the remaining 40% toward a complete cure. When used in this sense, the term partial cure is certainly justified.

It is easy to see that it is important to know whether we have prescribed a simile or a simillimum. If we don't know, we must find out. In fever cases there is little difficulty. With the simile, fever falls gradually but the remedy must be repeated many times and over several days. The simile is like water on fire. According to the violence of the fire, we have to pour water on it by buckets, one after another. With the simillimum, on the other hand, one dose is mostly sufficient and the fever first rises before it falls. It is like a spark which starts the fire and one spark is sufficient. However, this rule has its exceptions, especially in violent fevers. In a case of

raging undulant fever, where the diurnal temperature oscillations reached six full degrees, it was necessary to repeat the curative remedy for four days. I first gave *Brucella* vaccine in 1M potency with no effect, then *Streptomycin* in the same potency and with the same lack of effect. After this I found the *Sulphur* covered all the aspects of the fever best and I gave it every three hours in CC potency for four days. On the fourth day the temperature began to fall and within a week the patient became symptom free.

As time went on, a number of rules came into use advising us what degree of similarity to apply in a given case, e.g. we don't prescribe deep acting constitutional remedies in extensive pathology nor high potencies in weakened and sensitive patients; we don't prescribe for the febrile stage of malaria at all; we don't prescribe in menstruation where the metabolism is already stimulated; we don't prescribe antipsorics in fever where the vital force is under high power anyway. These rules are not absolute. They have their exceptions, as some antipsorics are both chronic as well as acute remedies and may be needed in febrile attacks as, for instance, was *Sulphur* in the cited undulant fever case.

For asthenic fevers, where the vital control centres are encroached upon, our pioneers have bequeathed us such remedies as not only extinguish the fire of fever but also remove the weakness, so that their action approaches the simillima so much that we call them near simillima. We would not dare treat asthenic states with placebos and are fortunate to have *Baptisia* for typhoid fever, mercurial preparations for diphtheria, *Ailanthus* for asthenic scarlatina, *Gelsemium* and *Lathyrus* for polio, *Veratrum album* for cholera, etc. Every time these remedies have fulfilled their task, we must complement them with the indicated chronic remedy.

In chronic cases the difficulty of distinguishing the simillimum from the simile is greater. This difficulty is evidenced by the fact that in spite of all our cautiousness in our search for the simillimum we miss the simillimum often and make false cures without being aware of it and only time disabuses us of our errors. Here are some cases in illustration :

A farmer of 35, a heavy smoker, suffering from psoriasis which he inherited from his mother, developed an epithelioma on his lower lip. *Calcarea carb.* 10M cured the tumor but two years later it came back. This time *Silica* 10M cured it and cured also his psoriasis. The cure looked lasting, neither of these troubles having returned for five years in spite of the man's obstinate refusal to quit smoking. It did not take long, however, to see that only his diseases were cured but not he himself. His vitality declined, he became weaker, started to carry chronic subfebrile temperatures with susceptibility to pharyngeal inflammations in the wintertime. Since he lived 200 miles away, I had to treat him by mail which made the securing of symptoms difficult. All information about his attacks I could obtain was that during such sore throat attacks he could not breathe and had to stay up many nights. One winter, I was told, his tonsils were so swollen that they touched each other in the middle of the throat and his breathing was possible only through a narrow canal leading from nose to larynx behind the tonsils. His pharynx was so completely shut off from his mouth that he could not swallow even liquids. In each such attack I again succeeded in suppressing the condition with such remedies as *Belladonna*, *Bryonia*, *Hepar*, *Rhus*, etc. One winter, however, when in one of such attacks, he came to my office so as to give me the opportunity to observe his condition. I asked him to lie on the examining table but he said that he could not. Then, after two minutes, he lay down nevertheless, but he lay only a few minutes during which time he moved his legs up and down a dozen times, lifted his head, rolled his body left and right, bent and stretched his arms incessantly, then got up again, left the office to take a smoke outside, came back, sat down, rose again, paced the floor, etc. This agitation, physical and mental, made me think of *Tarentula*. By interrogating his family, I found that he also had two chronic mental symptoms belonging to this remedy. One was a constant hurry and driving of others to hurry; the other was an absolute aversion to all self-control concerning his smoking. *Tarentula*, being an acute and chronic remedy, covering also his acute throat condition, was there-

fore his simillimum. I gave it in LM potency, four doses, one every hour. Six hours after the first dose an abscess in his right tonsil broke; he went to sleep soundly; and in 24 hours his whole trouble was over. Subsequently, within ten months, *Tarentula* was repeated three times in rising potencies and cured the whole man. At first his psoriasis came out again, but it soon disappeared completely and he is entirely cured now. He is strong again and does not have to lie down and have a nap in the middle of the day. In this case the local diseases, psoriasis and epithelioma, were at first suppressed (epithelioma even twice) before the simillimum was found which cured the patient.

A case of chondrosarcoma was suppressed with *Argentum metallicum* in a very short time and looked like a beautiful cure, yet the patient himself was not cured and needed another remedy. The disease was only displaced and scattered.

In a case of malignant mammary adenoma, the surgeon excised the tumor, but it returned after the operation and then grew so fast that in a short time it filled the breast to bursting fullness. This time homœopathic *Sulphur iodatum* suppressed it in two weeks so completely that no trace of it could be found; but the patient herself was not cured.

At a convention, a colleague presented a case of supposedly cured sarcoma. For this cure he used eight to ten remedies, but the remaining symptoms characterizing the patient were the same as before, which was a proof that the cure was only a suppression.

Asthma, chronic catarrhs and other diseases can also be suppressed. The most regular and the most conspicuous symptom of many consecutive suppressions is a slowly developing, but steadily progressing, exhaustion of the nervous system accompanied by low blood pressure, digestive weakness and symptoms of melancholia. The more psoric the patient, the less long will you have to wait for these symptoms. In order to illustrate this exhaustion, I shall cite rather in extenso a case of asthma which I had treated with similia for five years before I could find the simillimum. The patient mistook my suppressions for genuine help and I reaped many undeserved

laurels for my pseudo-cures as he did not suspect the source of his exhaustion.

He was a boy from Iowa, of 26 years, from an asthmatic family on both sides and asthmatic himself since childhood, heavily encumbered also by the fact that his mother had the "flu" when pregnant with him. He himself suffered from periodic "flu" infections. For climatic reasons he was unable to live in Iowa and came to Colorado for treatment. I treated him with different remedies and had a surprising success in suppressing his asthma; but, as I later found to my disappointment, none of the remedies used was his simillimum, and consequently I did not cure him. His asthma, nevertheless, was so thoroughly suppressed that he could return to Iowa where he engaged in heavy farm work for three years and in addition lived in a bad climate. During this time the effects of this suppression started to manifest themselves gradually. He observed that he was becoming weaker, so much so that he had to give up his farming and become a salesman. Selling was a much less strenuous occupation for him, yet during the succeeding two years his weakness nevertheless continued increasing. In addition to his weakness, some mental symptoms began to develop and to hamper his selling efficiency. I can not do better than to quote from his letter which he wrote me upon my insistent requests for symptoms, especially the mental:

"My chief symptom is a persistent overriding fear, a chronic anxiety. It seems to ebb at times, and, when it does, I am more efficient in my work; but when it returns, my productivity goes down and my demeanor becomes that of a person who is insecure, uncertain, confused. I feel discouraged and insufficient. When on the road in pursuit of my work, it makes me feel that I cannot sell to the people I am contacting. I have a sense of fear about calling on them. The compulsion to be successful and the overwhelming feeling that I cannot do it, make me desperate. In the effort to resolve this dilemma between urgent necessity and the impossibility of performing, I have developed escapist and self-destruction impulses. When this condition prevails,

I am near exhaustion much of the time. When evening comes, I am eager to go to bed and in the morning I have a great heaviness in my chest, knees and legs."

This gave me the basis on which to prescribe *Lycopodium*, and *Lycopodium* saved this young man's life. Five months later I received a letter from his wife which vividly illustrates what a difference there is in the results from the simillimum and those from palliatives. This letter is also worth quoting :

"Bob looks better than he ever has. He weighs over 150 lbs. and is outgrowing all his clothes. Even the collars on his shirts are getting too tight. The weight is well distributed and he is more handsome than ever. The combination of "miracle" remedies which you sent him plus the new work which gives him a chance to utilize his talents constructively, have certainly produced wonders."

This was two years ago, he has remained well all this time and weighs 160 lbs.

It is not always necessary to wait until the cure is complete in order to know whether we have selected the simillimum in a chronic case. The sooner we are correctly oriented, the better, and in that the law of Hering is often a wonderful help.

The simillimum follows the law of Hering, not so the simile. It was not an accident that Hering discovered this law. Only a prescriber of his caliber could have discovered it. A poor prescriber, one who seldom finds the simillimum and mostly suppresses what he treats, never sees this law in operation, so could not have discovered it. If, in a chronic case, reactions develop according to the law of Hering, we know for sure that we have found the simillimum. Also the simile may cause reactions but these do not conform to any law and are mere aggravations whose nature, as we shall see shortly, is allergic.

In healthy individuals the stream of waste and of toxic substances always moves in centrifugal direction. In sick individuals this stream still moves in the same direction at first, but it is slowed down. Under the influence of the palliative simile it is slowed down still more and is eventually turned

in the opposite direction, that is inwards, so that the disease is interiorized. The simillimum, on the contrary, accelerates and intensifies the outward stream, that is, it exteriorizes the toxins and this is one part of the process which we call reaction.

This exteriorization caused by the simillimum is not the only effect of its action. It is not the exteriorization alone that the simillimum brings about. The process of exteriorization is coupled with another important phenomenon. In order to become able to grasp this phenomenon fully, it is necessary to revert to Hippocrates. It seems that Hippocrates was the brainiest of all the great physicians.

He did not say: "Diseases are cured by similars," but he said: "Diseases are caused by similars and by similars which we administer they are cured." The first part of this sentence embodies allergy, the second part embodies Homœopathy. The simile principle of Hippocrates, therefore consists of two parts, one allergic, the other therapeutic, homœopathic. Up to this day, Hahnemann's followers have been interested only in the therapeutic part of this principle and have completely ignored its allergic part.

The term "allergy" is not quite 50 years old, so Hahnemann could not know it, but there is no doubt whatever that he knew the phenomenon itself. He mentions it in his *Organon* only once, however. He devotes many pages to the description of the homœopathic aggravation which is only one aspect of allergy. It is strange that all through the rest of the *Organon* he remains silent about it. Understanding allergy makes us understand Homœopathy and its problems of reactions and aggravations more readily. It seems that it would be better for Homœopathy today if Hahnemann had not treated the allergic part of the Hippocratic simile principle with so much silence. Subsequently the effect of this omission in the early German homœopathic literature could be noticed. Confusion, dissension and disapproval of Hahnemann's teaching concerning the homœopathic reactions was the consequence because many of his young followers were unable to grasp the subject.

For us, today, it should be easy to comprehend this problem on account of the very lucid recent studies on the electro-magnetic wave mechanics made by some English homœopaths. This vibratory theory, though it does not explain everything homœopathic, helps us in the understanding of these reactions immensely.

If the vibratory wave of a potentized drug is similar in form, but not identical, to the vibratory wave of a disease to be treated with this drug, that is if these two waves differ a little as to their length and if in the diagram we lay one wave over the other so that they interact, we can readily see that at first, and for some time after the start, the crests of the one will fall exactly on the crests of the other and so will fall also the troughs. The two waves will at first pull in the same direction and the resultant wave will be a new wave twice as large as either of the original waves. In terms of drug and diseases this means a temporary aggravation of the disease or a reaction. If we then continue to observe the behavior of the two waves as to the nature of their further interaction, we shall soon see that they will start to interfere with each other and gradually work against each other more and more until a moment arrives where the crests and the troughs will oppose each other and pull in the opposite direction so that the two waves will annihilate each other. In medical therapy this means destruction of the disease and cure.

Should, however, the two waves have exactly the same length, though being dissimilar otherwise, it is easy to see that they would remain in the phase of their mutual reinforcement indefinitely and the phase of their mutual destruction would not develop at all. This means permanent aggravation or allergy with no subsequent cure. Such drugs have no therapeutic, not even palliative value. They cause only trouble and are far worse than completely dissimilar drugs. If we happen to prescribe such a drug to a patient, we lose him. Such drugs are meant in the verse which says that in the practice of Homœopathy "a little learning is a dangerous thing."

There is a great difference between allergy and pathogenesis. Pathogenesis is that effect which is brought about by

an external noxa in a healthy individual. This effect is usually slow and mild unless large doses are used. Allergy, on the contrary, is impossible in a healthy individual. It is only possible in individuals already sick, even if this sickness is only latent. Here the new noxa, after introduction into the sick person, stirs up the pre-existing functional or organic troubles and it does it in ever so small amounts, even infinitesimal. If the disease and drug waves are similar but of slightly different length, they soon destroy each other. This is Homœopathy. Homœopathy is, therefore, nothing but a branch of allergy, that branch in which the allergen and the disease have different wave lengths, but are otherwise not so different that they could not interact.

Any allergens, but especially those represented by homœopathic remedies in higher potencies, impart their own wave lengths to the organism to which they are administered. This is called sensitization. The organism once sensitized remains so several months, sometimes many months, and only gradually loses this property. If now, that is while this sensitization lasts, the same remedy in the same potency is repeated, we obtain a purely allergic aggravation and not a homœopathic reaction. We don't obtain any homœopathic reaction because the homœopathic reaction requires a slightly different wave length while here the waves have temporarily the same length. This explains why the repetition of a remedy at the wrong time spoils the case.

If a patient who has received a remedy afterwards, that is during the period of sensitization, gets infected by a virus or germ having the same wave length as the previously administered remedy, the patient may suddenly come down with a violent allergic attack, an anaphylactic shock. This is rare but it does happen.

Here are two examples :

A man, 86 years old, to whom I had given a high potency of *Sulphur*, five weeks later suddenly became sick with a cold infection in which he had a collapse so that death was expected by his family before I could arrive. I found him as pale as a corpse, his face covered with ice-cold perspiration, pulse all

but gone, himself lying on the floor close to a hot register, extremely weak and asking for cold water. Evidently his system was sensitized by *Sulphur* to the toxins of the "flu" virus which must have had the same wave length. In less than ten minutes *Veratrum alb.* took him out of the collapse and he recovered rapidly.

A lady of 72, who had been anemic all her life, received a dose of *Ferrum* 10M. Six weeks later she came down with an attack of intestinal "flu" and I was called hastily. I found her semiconscious, vomiting, her body ice-cold and temperature two degrees below normal. This also was an anaphylactic shock. *Carbo veg.* saved her quickly.

Whenever a disease starts with collapse, unexplained by the circumstances, we should keep in mind allergy to germs and viruses. The homœopathic incompatibilities have the same explanation.

So far you may have been satisfied with the wave mechanics and the manner in which it explains the problem of allergy and of Homœopathy, but we shall now see that this explanation is not sufficient as it does not include the whole problem in its picture. The more important part of the problem still remains thoroughly unexplained. This part consists in the fact that the final result of the interaction of the two waves, the disease wave and drug wave, laid over each other in the diagram, is not simply the sum total of the two single waves, but a multiple of this sum. The potentized drug wave which is the allergen, as well as that of any other allergen, does not simply add itself to the disease wave but it multiplies the disease wave many times, a thousand, a million, even a hundred million times and more. Thus the disease is often instantly and violently aggravated. It is this suddenness, intensity, sometimes foudroyant speed that characterizes allergy. It is also called anaphylaxis. This is the unfathomable reason why some microbial diseases attack their victims with such a violence. The amount of the toxin secreted by the offender being infinitesimal could never by its mere addition to the chronic toxins of the patient produce so much effect. It is the unusual interaction of the

two waves that is responsible for the suddenness and violence of the attack.

When the interaction of the two waves is not allergic but homœopathic, it is of course just as powerful, and the subsequent cure is commensurate—which gives us a dim insight into the mysterious might of our high potencies.

In conclusion I wish to say that the subject of similarity is pregnant with many problems of practical importance which should receive more attention at our conventions.

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## CLINICAL NOVELTIES

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Some random notes on a few little used and little known remedies will be of interest if not of use. However, if homœopathic provings could be made of them, a valuable asset to the homœopathic Materia Medica would be obtained, with new and powerful agents of cure.

The little known remedy *Oxydendron arboreum*, or Sorrel or Elk Tree, grows in the rich woods of the Alleghanies. Natural order Ericaceæ (tribe Andromedeæ) made into a tincture of the leaves. Clinical use in dropsy, ascites and anasarca.

Clarke says *Oxydendron arboreum* is the only species of its genus.

There are no provings, and only one reported cure by M. E. Douglass, in a woman with a general dropsy, ascites and anasarca which dated from an attack of measles treated with iced drinks and ice applications seven months before; the urine nearly suppressed but containing little albumen; menses suppressed; great difficulty in breathing, even when sitting, lying down impossible; the skin of the legs burst in several places. After *Apocynum* and several carefully chosen remedies failed