—So much for the various symptoms and their values. One must not be deluded into thinking that the more symptoms the patient presents the better. A voluminous mass of sympoms may lead nowhere except to confusion and especially if constantly changing may show the workings of a neurotic mind—which always adds to one's difficulties. In a case with many symptoms it is advisable to run through them first underlining those of most value for prescribing.

We trust that the foregoing has made it clear that Homœopathy does not treat symptoms, but treats the *patient* through the symptoms.

—*Health Through Homœpathy, March, 1948.*

NON-ROUTINE SKIN PRESCRIPTIONS

EDWARD WHITMONT, M.D.

Among our great difficulties, we count the cases which, according to the symptoms present, seem to require a certain remedy, yet fail to respond to the apparently well-chosen medicine. Often the correct prescription cannot be arrived at from the symptoms which the case presents on its surface. In such instances we are confronted with the strange phenomenon that the organism produces a deceptive remedy indication, resembling, as it were, a surface mirage, while the true condition hides in the depths of an unrevealing, silent vital force. For a completely satisfactory explanation we are at loss. Sometimes an engrafted drug miasm may produce the mirage. In other instances, a constitutional weakness may prevent the expression of the true dynamic nature of the disease: The deeper defense mechanism is temporarily paralyzed and only the surface, as it were, produces symtoms, comparable to the deceptive fata morgana of the desert. When even this surface reflec-

tion becomes extinguished the completely asymptomatic, mute case results, usually found wherever pathology has too far advanced for a cure to be possible.

Systematic comparison of the relation between the "mirage" remedy and the truly indicated one may shed some more light upon this strange phenomenon.

Case 1. Engineer, age 27. Chronic eczema on face and hands; also complaints of abdominal gas with flatulence. History of hypertension from exposure to Carbontetrachloride; also overuse of sedatives. The skin disturbance started when he began his present job as an inspector in the tool department of an aircraft factory. X-ray treatment made the eczema spread from the face to the hands without giving relief to either place. He is of Finnish extraction, stocky, short, dark haired, with a slight goitre and flushed face, irritable, the skin worse from mental emotions, worse from dampness. Vehement itching and burning with a feeling of dryness and constriction. Typical dry eczema with redness, scabs and cracks. Stomach: aversion to and worse from meat, and milk.

The symptoms clearly point to *Petroleum.* Unfortunately it is found that his work continuously exposes him to petroleum vapours and grease. He probably presents a *Petroleum* proving. This assumption is confirmed by the fact that *Petroleum* 30. produces a profound aggravation without subsequent improvement.

What next? The patient must continue his work, thus perpetuating the exposure. On the basis of the nervous symptoms and the history of the other drug exposures the most likely antidote appears to be *Nux vomica. Nux* from 10M to 6X helped for two months, then failed. *Sulphur* gives no response. Then, struck by the angry bright red appearance of the skin, *Belladonna* 200. was tried as a stopgap prescription in the hope of palliating until a better remedy could be worked out. There was a violent aggravation followed by dramatic improvement within 24 hours.

Two more doses within a month completely removed any trace of eczema in spite of continued exposure. Recurrence, three and five years later, promptly yielded to the same remedy.

On would not think too readily of *Belladonna* as deep enough for a chronic occupational eczema, yet here it was the true similimum covering the case as to its *generalities:* Congestion, constriction, dryness, irritability, aversion to meat, to milk.

Case 2. A fellow worker, recommended by the first case. Chronic eczema of both hands and forearms. Migraine headaches every one to two weeks. Constipation. He is slender, tall, narrow-chested and stoop-shouldered, with a history of active Tb. ten years ago. He has large tonsils and is subject to frequent colds. Lack of vital heat, but the skin in worse from warmth and warm washing. The eczema itself presents the usual picture of cracks in indurated dry areas with oozing of yellow liquid, resulting in crusts and scabs. Acne on face and back. The whole of the skin appears oily and greasy with many blackheads. Feet perspiring. Other symptoms are a desire for sweets and highly seasoned and fat foods. Also this patient is exposed to *Petroleum* as well as to the vapours of *Copper, Zinc* and *Tin*. The obvious prescription, of course, would be *Sulphur*. The choice was as disappointing as it was obvious.

Upon complete physical examination, an elongated, narrow, triangular patch of faintly pink colour was found on the chest. Upon questioning, the patient remembered that this was the remnant of an erythema caused by exposure to a welding arc with the shirt partly open over the chest; forearms and hands were fully exposed, suffering a first degree burn. Exact reckoning with the calender confirmed that one month later the eczema erupted in the exposed area. It was assumed that possibly a radiosensitization may have given rise to the eczema. Prescription: *Radium*

bromide 30. up to 200., four doses in a six month period. The eczema completely disappeared and, interestingly enough, so did the migraine, which had antedated the burn and eczema. No recurrence on later checkups. *Radium bromide*, it should be added, is better from warm application. This case showed the opposite modality.

Case 3. Hairdresser, 41 years, allergic eczema from hair dyes. Positive patch tests. Whenever he ceases to use the hair dyes his hands clear up; upon resumption of work the eczema returns. Referred by the foregoing patients, he consults the doctor directly with the demand to be freed of his sensitivity. For allopathy such a thing is impossible, as he had found out after making the rounds of specialists. To the Homœopath it is a challenge. He is thin, narrow-chested, of sallow complexion and sanguine temperament, restless, jumpy, irritable and impatient. He perspires freely and is disturbed by his own body odour. Sensitive to drafts, tendency to colds, generally worse in winter. Hot, burning feet which he likes to uncover. Desire for meat, highly seasoned and salty food. A text-book case of *Sulfur*, yet *Sulfur* does not touch the case at all.

Sulphur was prescribed high and low, then *Nux, Radium, Rhus venenata* (itching between the fingers) all in vain. Potencies of the offending hair dye were tried without effect. After five months, both doctor and patient, were ready to quit. Then came a "bronchial cold": Dry cough with laboured breathing and gasping for air. Worse lying down, worse at night, better from open air but worse from cold air. He felt chilly and wanted warm covers. On examination, one heard a wheezing, as in bronchial asthma. *Thuja* 200, one dose, greatly improved, but a few dry rales still could be heard. However, the doctor started asking himself why, in all the world, *Thuja* should be needed for an inter-current cold. Close questioning of the patient now unearthed a formerly unmentioned old G.C. infection.

Medorrhinum 200. promptly cleared the remaining chest affection and left the patient generally greatly improved, yet with the skin still unchanged. It was considered now that this case may present a blending of several miasmatic states, thus calling for still another nosode to complement the first one. An X-ray examination of the chest showed a doubtful shadow. This finding together with the general phthisical habitus, the tendency to chest colds, and the failure of apparently indicated *Sulphur* formed the basis for the prescription of *Tuberculinum* 200. Within a few weeks the skin cleared completely in spite of continued exposure. Repetitions were necessary approximately every six weeks for about a year. Then the eczema recurred, with little response to *Tuberculinum*. *Sulphur* 200., now given, acted promptly—as it should have done in the first place—restoring almost normal skin. The patient is still under treatment, though.

Case 4. Male 25 years. He suffered several sore throats during the preceding few months. Now his knees and ankles are swollen and painful. The most interesting feature is a bright scarlet-red, hæmorrhagic, maculo-papular rash covering both legs. The temperature is around 100 degrees. Diagnosis: Rheumatic purpura. Previous therapy in the Outpatient Department of the Hospital of Joint Diseases consisted of salicylates and sulfonamides, without any benefit.

The patient is of heavy, athletic build, dark haired, with a sallow, muddy, bilious complexion. The skin is sticky and oily. The swelling and tenderness extend from the joints diffusely into the muscular sheaths and aponeuroses. The rash occurs in crops, at first bright scarlet-red, then fading into brown pigment spots, simultaneous with the appearance of a new bright-red crop. W.B.C. 10,000, with lymphocytosis. Normal sedimentation rate. History of Infectious Mononucleosis, and much tiredness with chronic headaches for the last years.

Concomitants and modalities: Profuse, oily perspiration at night which does not relieve his pains. Joints better from rest and worse from cold. The remedy, obviously *Mercurius,* was given in 200. Within ten minutes intense aggravation, next morning much improved. Three days later full return of the condition. *Mercurius virvus* 5M, with good response. Three days later another relapse. *Mercurius vivus* 50M. Now the swelling, pain and rash concentrate around the ankles leaving the knees and legs free. At the same time there is an attack of cramping abdominal pain which he describes like an ulcer pain which seems to be a former symptom. Then everything improves.

The response seems to follow Hering's Law—yet two weeks later we are confronted with a full return of all symptoms, as bad as ever. It is obvious now that the symptomatically seemingly well-selected remedy is not deep enough for the case. A nosode might be needed. But which symptoms would point to the right one?

Hahnemann points out that where in a mute case the best possible prescription is only partly similar, it may raise the vitality sufficiently to manifest additional symptoms, leading to the correct prescription.

This patient, while temporarily improving, produced intestinal symptoms. Furthermore he is constipated and shows evidence of intestinal putrefaction. Rheumatism with constipation is a leading indication for Bach's Intestinal Nosodes. Prescription: *Bach polyvalent* 200. Violent aggravation involving all joints of the lower extremities with a profuse outbreak of the rash, accompanied by intense burning of the skin, followed by a complete and permanent recovery. The patient was repeatedly seen during the five years since and is completely well, also free from his tiredness and headaches.

The analysis of these "mirage" indications shows:

1: *Petroleum* instead of the indicated *Belladonna*

2: *Sulphur* instead of the indicated Radium

3: *Sulphur* instead of the indicated *Tuberculinum*

4: *Mercurius* instead of the indicated *Intestinal nosode*

Case 1: probably being an actual *Petroleum* proving, may suggest an antidotal relationship of *Belladonna* to *Petroleum.*

Case 2: probably was basically a *Sulphur* constitution which was altered or sensitized by the radiating energy of the welding arc. We know too little, as yet, about the detrimental constitutional effects of the various radiating energies. An organism which out of its own constitutional totality would produce a *sulphur* disease was, by *exogenous* injury, depressed into the deeper sphere of *Radium.*

Case 3 and 4: belong in the sphere of miasmatic pathology, the tubercular diathesis masking as a skin allergy; intestinal autointoxication producing rheumatic purpura. The last three cases also illustrate the value of a complete clinical examination and diagnosis as an essential part of the homœopathic case-taking. Since the true totality is subjective as well as objective, the omission of the objective search may not infrequently deny us a missing part of the full evidence on which to build the correct prescription.

DISCUSSION

DR. EUGENE UNDERHILL, JR.: I find that Dr. Whitmont's work and writings are a credit to homœopathy in general and to our Association in particular I want to commend to you his wonderful article on *Lycopodium* which I believe appeared in the March number of *The Recorder.*

In my opinion he is well on the way to becoming one of the great masters of the true art of healing.

He mentioned a *Petroleum* case. Every now and then you will find cases of *Rhus tox.* poisoning where successful suppression of the eruption has been obtained by local application of petroleum jelly, especially the yellow petroleum jelly. An attempted suppression is merely an error on the part of a physician, but a successful suppression is a very serious matter indeed, and often in direct proportion to two things: The area of skin eruption which has been suppressed and the amount of vitality in the

patient. Not sufficient vitality means he is able to receive the suppression or the suppression would be unsuccessful.

A symptom I have observed from the suppression of *Rhus tox.* poisoning from petroleum jelly was a feeling on waking up in the morning as if it were going to be impossible to move, a logy feeling, a heaviness, as if he cannot get started in any motion at all, and in those cases *Nux vomica,* as the doctor mentioned, has proven a wonderful antidote when indicated by the symptoms, and sometimes also I have seen *Rhus tox.*, high, bring back the eruption, with complete relief of all internal symptoms.

DR. JOHN E. AMES: I enjoyed the paper very much. I treat a lot of skin myself. I wonder if he were to have a patient come in the office tomorrow, would he have his *Petroleum* and *Sulphur* as much as these cases did, and he would not give that remedy again.

My thought in the matter is *Petroleum* and *Sulphur* were indicated. Perhaps they have done something to the case that brought the other remedies out so you could see them later. Certainly in the case of the first one he described, *Petroleum* would be sort of stretching the imagination not to give it and expect to get results.

I believe in his case administration of solution of *Petroleum* probably overcame the poisonous effects of the petroleum products and allowed the case to develop.

DR. A. H. GRIMMER: I can't let this go by without saying something about these skin conditions. They are among the hardest we have to deal with, sometimes because we have the blending of the miasms in the most of them, added to the effects of bad drugging and suppressive conditions; hence, we cannot be surprised if we fail sometimes to get a single remedy to do the work.

The doctor has shown great homœopathic sense in analysis, and in going to the spot to carry on consecutive efforts to eliminate one miasm at a time, or one poisonous effect at a time, in order to bring about a condition wherein he could see the similimum that effected the cure. I think that is the way we all have to proceed, but a good many are discouraged because of the difficulty of these chronic skin conditions. The doctor has brought us the ways and means by which to proceed if we are going to be successful. I want to thank him.

DR. THOMAS K. MOORE: You know, Hahnemann says that in the face of a continuing cause we are not to expect results. Here we get results and a continuing cause, possibly because we are using a higher potency than was available to Hahnemann, and here this case, disturbed by petroleum, is taken care of. It seems

to have cured the tendency which it had in the first place to be disturbed by petroleum, and so this patient became normal in that respect.

DR. GRIMMER: It removes the susceptibility to petroleum.

DR. EDWARD WHITMONT: I am quite convinced that *Sulphur* or *Petroleum* did not act at all. The patient was given enough time. There was no hurrying. He was prepared for the fact that it would take a long time. The remedies were given. Absolutely nothing occurred. In order to get certainty about this point I tested against the patient's reflexes, *Sulphur* and *Petroleum*, and they did not test at all.

The *Petroleum* case had apparently such definite *Petroleum* symptoms because he proved *Petroleum*. There is no getting away from the point, sometimes we apparently do have absolutely definite remedy indcations and yet the remely does not work.

I picked these cases especially for the fallacy inherent in them. Of course I think it is, as Dr. Moore said, a matter of removing the susceptiblity to the exposure that counts, and indeed the skin cases are our worst cases, sometimes.

—*The Homœopathic Recorder, September, 1947.*

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