

SOME INTERESTING EXPERIENCES WITH HOMŒOPATHY BY A SPECIALIST

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Any specialist who has an intelligent knowledge of homœopathic philosophy and homœopathic prescribing can cure or give relief in more cases than by any other medical procedure.

Let us suppose that you are driving down the street and suddenly you feel a fulness in one ear and then a dizziness and some nausea. You must make a quick decision. You will be fortunate if you pull up to the curb and shut off the ignition; for, as the dizziness and nausea become worse, you may be compelled to lie down on the seat. If the attack is at all severe, you will be obliged to lie quietly for twenty or thirty minutes, perhaps an hour.

Generally, your first thought would be, "What part of my breakfast caused such a disturbance?"

After this first attack you will feel quite normal except some deafness in that ear, but these attacks will recur frequently. You will be suffering from a group of symptoms designated as Meniere's syndrome, a most unusual form of dizziness. It does not affect a chronically diseased ear and is never aggravated by movement of the head or body as is the dizziness of *Conium* or *Calcarea*.

Since 1861, the following description given us by Meniere has been standard, very little having been added: ". . . sudden attacks of vertigo without any apparent preceding illness, nausea, frequent vomiting, extreme exhaustion and recurrence of attack."

The pathology is a matter of dispute.

Is there any drug that can be prescribed homœopathically for this sickness? We find one that has caused

buzzing and noises in the ears, fullness in the head, deafness, sweating, nausea and vomiting with extreme prostration. These symptoms have been produced by *Salicylic acid* and I have found it to cover this peculiar form of dizziness more accurately than any other drug. I have used it in the 2nd, 12th, 30th and 200th. If given between attacks in the 30th or 200th, it will generally cause an immediate aggravation which as a rule ends the attacks.

Let us consider a peculiar perversion of hearing which requires the presence of heavy vibrations to enable the subject to hear ordinary conversation. Riding on a train or a street car may enable the individual to hold a conversation, but the best results are attained in a very noisy machine shop or boiler factory. This form of paracusis was first described by Dr. Thomas Willis in 1672.

The pathology in these cases is very doubtful and I know of no form of treatment that has been very successful, although treating the catarrhal conditions present have modified some cases.

In 1922, a man about fifty years of age came to me with deafness of long standing. He could hear very nicely in a boiler factory.

Calendula and *Graphites* have a deafness improved in the presence of noise. *Graphites* did not seem to fit well into this case, neither could I visualize *Calendula* as its perfect remedy, but I gave *Calendula* in the 200th, four powders, one every night.

In a week he could hear the preacher in church better than he had in a year, and in a month he found the noises of the boiler factory very distressing; they lowered his hearing instead of raising it. He was given a second series of four powders of *Calendula* 200th.

A number of cases have been sent to me with a history of rapid loss of hearing in one ear. The tuning fork shows a loss of perception or nerve deafness.

We recall a short, fat man who refused to admit that he had any other sickness except the deafness; but careful interrogation respecting the condition of the digestive tract brought out the fact that he suffered from a typical *Nux vomica* constipation. He thought that was a normal condition.

A dose of *Nux vomica* 1M. was given. He reported in a week with a great improvement in hearing. He said that on the second day there was a terrific sensitivity in the ear to any noise. That gradually lessened and his hearing and bowel condition returned to normal.

You recall that in Kent's lecture on *Nux vomica*, he mentions the power of *Nux* to cause first an extreme sensitivity to noise and then a rapid loss.

A loss of perception in a seven year old lad recovered under the administration of *Cina*.

A great many of you will recall the case of a physician, recorded by Kent in his lecture on *Silica*. A difficult obstetrical case caused him to perspire very freely and he stepped out doors to cool off. An immediate attack of bronchial asthma was the result. The remedies he used only modified his suffering until he took a dose of *Silica* with immediate cessation of all trouble. He had a *Silica* constitution, easily heated and quickly chilled.

A case of bronchial asthma of three years' standing presented himself in 1925. He had become overheated while dancing and stepped out on the porch to cool off. The result was an immediate attack of asthma.

Silica 1M. resulted in a complete cure, although for a few years he was subject to colds from being in a draft. (*Hep. sulph.*)

In 1945, a sixty-five year old man came to me with a bronchial asthma of nineteen years' continuation with no relief. This was brought on by riding home in his car after working with his men relining a large boiler. Wet with perspiration, the car windows rolled down because the breeze felt good, an asthma had developed by the

time he reached home. *Silica* 1M. and 10M. put him in working condition for the first time in nineteen years. His daughter's asthma responded to the same remedy.

We are all familiar with the quick results given by *Lachesis* in many spasmodic conditions, but I had to practise medicine nearly fifty years before I found a *Lachesis* patient suffering from asthma.

A man in the forties came to me in 1942 with a very peculiar asthmatic or spasmodic cough. He had been skin tested by a very capable allergist. House dust was the diagnosis. All rugs and curtains were removed from his bedroom, the room cleaned and kept clean. He had his asthma every night without the aid of house dust. His attacks always came about three hours after going to sleep whether in his bedroom at night or when taking an afternoon nap on the davenport in the living room. There was no time modality, nor did position of body have any influence.

Studying his case carefully I could find no guide to a remedy except the fact that he "sleeps into an aggravation."

Lachesis 200 was given. He later reported a feeling of general relaxation and freedom from spasmodic cough.

It is seldom one sees identical cases in disease, but within two weeks a man from Chicago presented himself with exactly the same conditions and was relieved by the same remedy and potency.

Fortunate indeed is any specialist with a practical, not a theoretical, knowledge of homœopathic prescribing.

DISCUSSION

DR. GRIMMER: I want to commend the doctor. He spoke about knowing so little; he has brought some very good things to us, especially in the matter of diagnosis of Meniere's disease.

I think we should be more careful with our claims. We do often see cases with the deafness and dizziness and we jump at the conclusion when we relieve them that we have cured a case of Meniere's disease or a borderline case!

The doctor has shown very clearly when we can claim a cure and when we cannot. It is a good thing to be jacked up on our feet along those lines. The bringing in of *Salicylic acid* is really one of the remedies as we all know for such conditions. *China* can be compared, but I suppose that maybe one of the reasons we get so much dizziness of a nondescript order is because aspirin contains some salicylic acid and we have so many aspirin eaters that salicylic acid might sometimes be the antidote.

DR. DIXON: I want to be corrected if I am wrong, but it seems to me I have read that *Phosphorus* has that synorome of deafness that is relieved in a noisy room. Am I wrong?

DR. GRIMMER: I don't recall it. *Graphites* is the only one I recall. I didn't even know *Calendula* had it until Dr. Rust talked about it.

DR. DIXON: It seems to me I have seen it under *Phosphorus*.

DR. RUST: You do see a lot of things I don't, Charley.

DR. MORGAN: To me, this is a very interesting paper. I have had three cases of so-called Meniere's disease in the last two years. That is quite a large number for me, because I have not been practising all the time. I have been in bed for part of the time.

Feldspar, in potency, straightened all these cases out. Now I say *Feldspar* did it; maybe it didn't do it at all. All of these cases had work that exposed them in a very limited degree to gasoline fumes. They couldn't smell the fumes, but, for instance, one of them was a mail clerk on a gasoline driven train; and the other two cases worked at a distance from gasoline, but all three of them worked somewhere around gasoline.

Whether that is a factor or not, I don't know. All three cases I took to an ear specialist. They know so much, you know, and they confirmed the diagnosis of Meniere's disease. I suppose they could have been mistaken too.

Dr. Hayes got so many remedies that were recommended that just simply didn't produce those symptoms they were recommended for. We have that situation, as I see it, in what we call our cold remedies, whereas the remedy which produces a fever—we speak about fevers—in colds and things like that and the prescription but those remedies don't produce fevers.

DR. SUTHERLAND: *Belladonna* produces fever.

DR. MORGAN: Does it?

DR. SUTHERLAND: Indeed it does.

DR. MORGAN: I didn't know that, Doctor.

DR. SUTHERLAND: I gave my elder son, when he was under a year old, a drop of atropine sulphate under his tongue. I thought he had a pylorospasm. That was in my ignorant days. One day, instead of giving him one drop, the pressure slipped and he got about three or four. We took him out for a drive. I suddenly looked at him and I thought he had scarlet fever. I didn't have a thermometer but just putting your hand on was enough. He was a perfectly well child and he had *Belladonna* or *Atropine* proving.

DR. MORGAN: You didn't take his temperature?

DR. SUTHERLAND: No. Of course, that is one of the things Dr. Hayes was hawled out about. You know what I mean? It does produce a definite fever.

DR. MORGAN: It produces heat.

DR. SUTHERLAND: That is what fever is, isn't it?

DR. MORGAN: Fever will affect the thermometer.

DR. SUTHERLAND: I presume this would have. That is a presumption because I didn't put the thermometer in the proper spot to determine whether it was an actual

fever. He wasn't heated up from anything else, except the *Atropine*.

DR. HUBBARD: You mean you don't think any proving of any of our remedies alone without some infection from outside would give a fever?

DR. MORGAN: I don't know of any.

DR. GRIMMER: I have heard the older men, including Dr. Kent, say that is true but I have seen some remedies produce actual fever, a little fever, but nevertheless enough so that the clinical temperature registered.

DR. MOYER: I have found that *Conium* works nicely in Meniere's disease, and I think *Lachesis* is certainly the most beautiful thing that the homœopathic school has. It is a personal matter with me a little bit, but I use it in my practice and it shows what has been said here about the last symptom disappearing first.

That is a beautiful thing. I had a patient, a minister's wife, who had given me anxiety for a long time, with a little piece of dead bone in the ear. I rather thought it should come out but she said she didn't think so.

After a while, you know, this thing had come on and I would get it conquered and then it would come on again. Then she stayed away two years and I thought she was done with. Anyhow, she came in one day and she said, "You know, Doctor, I am not well. I am just miserable." She pulled up her skirt and put down her stocking and showed me a beautiful thing about as big as the palm of a hand in the vein on the other side, mind you!

I said, "I guess we'd better have a physical," so we went over her and of course this old thing was still there. The next thing on the left side was the turbinate which was big and red and had a few drops of that black old blood. I went on down into the throat and I found that same black and blue business on the tonsil on the left side. Then to top it all off, she says, "You know, here lately,

Doctor, my menstrual flow just keeps coming all the time, and it is that dirty coffee brown black stuff, you know."

I said, "Well, have you anything else besides that thing you showed me first?" when I was all through.

She said, "No."

"How do you sleep?"

"Oh, my Doctor, I sweat so. I sweat and I wake up every night."

I said, "That is all."

I wrote no more down and I went to work and gave her *Lachesis* in the two-hundredth and everything got well except the ear. It is still there.

DR. SUTHERLAND: I have to defend myself once in a while; I am continually saying things that are out of order, probably indicative of my mental and physical state. I read an article many years ago emanating from old school sources which decried the use of atropine sulphate in infants with pylorospasm because they invariably ran a temperature of 102 and 103 afterwards and were quite sick.

DR. RUST: There has been so much dissension on Meniere's. You take our most scientific eye, ear, nose and throat journal, *The Annals*; it is one of those books that comes every three months only and it is a dollar and a half a copy. I would find in these articles by the ear surgeons that the patient who had been troubled with Meniere's syndrome really had a case of bad necrosis. So I thought it was up to me, if I wanted to know anything, to go ahead and study it and I find those have been most carefully stated. It comes on in the ear and the patient never knew he had any sickness.

It isn't an ordinary business and the way I expressed it—you will be driving along, any of you, and you may have it some day. You will drive along and see your first case in the morning and you will feel the fullness and then pretty soon there is a little dizziness. Then you feel a little nauseated. You drive up to the curb and shut off the

ignition because you are going to have to lie down. You can't sit up.

I had one patient referred to me by one of our men. He had had this condition for seven or eight years. He came in and I took him into one of my co-workers, a very good young man, and he examined him. "Oh," he said, "Meniere's. I can't do anything for him. Take him up and see if Rust can help him."

After a dose of the two-hundredth I said, "You may be worse. If you are, just keep quiet."

Well, he had attacks of it where for a whole day he wouldn't be able to lift his head off the bed; he had his aggravation and it was a humdinger. It is about ten years now and he has never had another attack, yet it is a condition that recurs and recurs and recurs.

Salicylic acid you won't find in many of the repertories. When those repertories were made, it hadn't been investigated. Our English brothers have used it a great deal. Now where do you suppose I found what I gave you there on *Salicylic acid*? Our nursing school at the hospital has an allopathic materia medica that they use, and I have been interested in looking through it now and then. I was looking at *Salicylic acid* and down at the bottom it said to be careful not to give too much because it produced the symptoms that I enumerated.

There is a direct proving of what *Salicylic acid* will do. The pathology I said was uncertain. Investigation and research was made by a group in the Western Reserve. They have done a lot of cases. Their decision was that it was an oedema in the inner ear and they reduced that oedema by giving—I have forgotten what it was—a certain drug in very large doses, three times a day for weeks. In some of the cases they got some pretty good results.

I cured them with one dose. Of course, I give them placebo for their own pleasure, but one dose is all, as a rule, that is needed to cure that condition.

One of my colleagues put them in a hospital and has elaborate tests continually while he uses histamine. Histamine has to be watched very carefully in its action. He gets results, but I get quicker results which are more satisfactory to me and, what is more, to the patient's pocketbook.

The Homœopathic Recorder, April, 1947.

GOLD AND SILVER AS REMEDIES
IN DISEASE

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(Continued from December, 1947.)

DISCUSSION

The CHAIRMAN said that he held a long-standing objection to the President, as President, making the first remarks upon a paper, because frequently it seemed to limit what might be said by other speakers. So he would not say anything at the moment except to protest, as the father of three boys, against the insinuation that he was lacking in character. On the contrary, he had always believed that this only proved that he was a member of the dominant sex!

Dr. W. R. McCRAE said that it was most interesting that *Aurum* and *Argentum nit.* were so very unlike each other. It would have been noticed that the cases quoted by Dr. Fergie Woods in the *Aurum* class were absolutely different from those in the *Argentum nit.* class. That was of interest to those present, it should be of interest to a great many more, particularly those who wished to make a serious study of homœopathy, because it showed how