

time, the chances are we do not need an antipsoric. In any case, the remedy must be worked out from the totality of the characteristic symptoms in each case, and must not be based on any preconceived idea of the remedy or group of remedies.

Many homœopaths successfully treat chronic disease while it is internal, but as soon as it appears on the skin they mistake its beneficial nature and regard it as something that must be cured by ointments. That means, of course, suppression. If a physician suppresses skin eruptions he is not practising homœopathy, and he will not cure chronic disease.

Dr. Constantine Hering, that great pioneer of American homœopathy, once said—"If our school ever gives up the strict inductive method of Hahnemann we are lost and deserve only to be mentioned as a caricature in the history of medicine."

—*The A. I. H. Journal, June, 1949.*

HOMŒOPATHIC THERAPY IN OBSTETRICS

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The following discussion will illustrate the value of homœopathic remedies in obstetrics. An elderly primipara, 37 years of age, was safely carried through a prolonged labour with repeated doses of *Gelsemium* and *Sepia*. Actual labour time was thirty-six hours and low forceps had to be applied. I am positive that if this case had been in the hands of an allopathic physician, she would have had a cæsarian.

My method of prescribing, in this case, as well as in my other cases is as follows: first, I like to see what the patient is capable of doing without any remedies. This patient was about two fingers dilated, cervix thick and rigid

when medication was first begun. She was given *Gelsemium* 30., 2 tablets every half hour for three doses. At the end of the hour, her pains became stronger and more frequent. It was necessary to repeat the *Gelsemium* 4 hours later, because the pains had begun to diminish in intensity. After three more doses of *Gelsemium*, the pains again became stronger. I thought at this time she would be able to deliver within a few hours. The pains again diminished and I gave her constitutional remedy, *Sepia* 200. By morning, the head was on the perineum and I delivered her with low forceps. She was given *Arnica* 200., 2 tablets every four hours for one day postpartum. She was discharged in ten days time.

The above case was delivered two years ago. I mention the time because since then I have read the British Post Graduate Correspondence Course in Homœopathy and many other articles, one particularly, on the use of remedies in obstetrics. In one of the lectures given in the British Postgraduate Course, *Caulophyllum* is mentioned as having been given during the last month of the prenatal period. Since then it has been my custom to give *Caulophyllum* to primiparas and I have found that not only does it make labour easier, but it also reduces the actual labour time considerably. I have also used *Arnica* and *Kali phos.* during the last month of pregnancy and the results are the same as with *Caulophyllum*. In one case where I used *Arnica* 30., 2 tablets daily during the last month of pregnancy, the patient, a primipara, thirty-six years old, took six hours to deliver. She had no medication during labour with the exception of the *Arnica* that she had received during her last month of pregnancy. I had read where *Arnica* is used by a lot of homœopaths in Germany to bring about a normal delivery.

There are also some excellent combination tablets on the market that are used to make labour easier. I have read of some men using these tablets before labour. I have

not had any occasion to use these combination tablets as I have had such excellent results with *Caulophyllum*, *Arnica* and *Kali phos*. In the near future, I intend to use *Gelsemium* in a similar manner, because I believe it will produce the same results as the above mentioned medicines.

I repeat this statement, and I cannot emphasize it too strongly, that since using these remedies during the last month of pregnancy, labour time has been reduced to a minimum, particularly in primiparas, and very little prescribing is necessary during the actual labour. The remedies act by strengthening the uterine muscles, thus overcoming any uterine inertia.

Before I began to use the remedies in the above mentioned manner, I used to prescribe only during the actual labour period. Naturally I would prescribe for any symptoms that would develop during the early pregnancy such as nausea and vomiting, constipation, etc. I found when prescribing for labour in this way, that my main remedies were *Gelsemium*, *Pulsatilla*, *Cimicifuga*, *Chamomilla*, *Ignatia* and *Caulophyllum*. Other remedies were occasionally used, but the above remedies covered the majority of cases. It is interesting to note the action of the remedy during labour. It will increase the pains, that is, the pains become stronger and more frequent, and yet there is perfect relaxation in between pains. This must be seen to be appreciated, and anyone using the remedies in obstetrics will be surprised and astounded at the results obtained. I have found that the remedies will not initiate labour. Labour has to come by itself, but when once begun, the remedies will carry the patient through a normal labour period.

Postpartum I use *Arnica* routinely, two tablets of the 200. every four hours for one or two days as needed. This I find is sufficient in the majority of cases; however, some cases may need *Chamomilla*, *Pulsatilla*, *Secale*, *Sepia* or *Sabina*.

The following are remedies that I have used for nausea and vomiting. I usually begin with *Ipecac 30.*, two tablets every four hours for one or two days as needed. Should this fail, other remedies may be indicated such as *Nux vomica*, *Pulsatilla*, *Ant. tart.*, *Sepia*, *Sulphur*, *Ars. alb.*, *Ignatia*, *Symphoricarpus*, and others too numerous to mention.

For albuminuria: *Apis*, *Cantharides*, *Terebinth*, *Merc. cor.*, *Belladonna*, *Equisetum* and *Lycopodium*.

For varicose veins and hæmorrhoids: *Pulsatilla*, *Sulph.*, *Hamamelis*, *Carbo veg.*, *Calc. fluor.*, *Nux vomica*.

For diarrhoea: *Chamomilla*, *Pulsatilla*, *Nux.*, *Sulph.*, *Ars. alb.*

For palpitation: *Ignatia*, *Coffea* and *Chamomilla*.

I have not had any occasion to treat any retained placentas or extensive postpartum hæmorrhages. I am, therefore, mentioning the remedies used by Jahr and Yingling: *Pulsatilla*, *Sepia* and *Secale*, occasionally *Sabina*, *Platina*, *Caulophyllum* and *Cimicifuga* for retained placenta.

For postpartum hæmorrhage Yingling mentions *Ipecac*, *Sabina*, *Belladonna*, *China* and *Secale*.

While on the topic of hæmorrhage, I might mention the use of the homœopathic remedy when a patient begins to bleed during the first few months of pregnancy. I find that very few remedies work. For this, I am not blaming the remedy, because I believe that most of these cases are inevitable abortions and eventually a D & C is necessary.

I would like to read of the experience of other men concerning this, because most of my cases, once they started to bleed, continued to do so until they were curetted. It may be that my prescribing in these cases is not good prescribing; however, I do not believe this to be the trouble here. Before I began to use homœopathic remedies exclusively in obstetrics, I had occasion to use Progesterone in these cases. As far as I am concerned, this is worthless.

I honestly and sincerely believe that postpartum hæmorrhage, retained placenta, or any other complication

following child birth is reduced to a minimum if the remedies are used during the prenatal and labour periods.

I am fortunate in owning Yingling's book, "The Accoucheur's Emergency Manual". This book can be obtained through Ehrhart & Karl second hand. The preface and introduction are masterpieces and this book is worth its weight in gold. I would advise any one doing obstetrics to obtain this book.

In conclusion, I would like to repeat the following from Yingling's book, page 12. "Homœopathy is the *only* means whereby abnormal labour may be made as natural as the conditions and circumstances will permit. It will relieve suffering and produce normal uterine contractions, and enable the parturient woman to cheerfully bear the ordeal as no other means is capable of doing. It is wonderful, magical indeed, to observe the rapid action of the simillimum in obstetrical practice. Let the physician be true to homœopathy and homœopathy will never fail him in an emergency."

—*The Homœopathic Recorder, July, 1949.*

HOMŒOPATHY & ITS PLACE IN MEDICAL SCIENCE

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To define homœopathy's place in Medicine would have been infinitely easier thirty years ago than it is to-day. Until a short while after the first World War, allopathic methods which aimed at cure, as distinct from mere palliation of symptoms, were exceedingly few; and the homœopathic physician then might have been justified in claiming that homœopathy *was* indeed self-sufficient, and that he was completely independent of all other methods. During