

on my part nor due to faith of the small children who, for all they knew, were just given a few granules of sugar.

Then the case of the man with the difficult temperament. What could an orthodox doctor have done? Advise him to attend a psychoanalyst, so that he was cleansed of his childhood fears and phobias? A slow business and impossible for a man who had to earn his living and was too far removed from town to be able to attend a doctor once or twice a week for an analysis of his psyche. He had no faith in the sweet-tasting powder, no knowledge of what it was for, and much too concerned about his wife to wonder about the powder that was given him; and yet he was altered out of all knowledge within a few days.

"Faith without work, is dead" the sacred Book tells us; but Homœopathy is not dead, for it works!

—*Heal Thyself, Feb. & March, 1949.*

LABORATORY CHANGES UNDER HOMŒOPATHIC TREATMENT

RUSSELL K. MATTERN, M.D.

Considerable interest has been aroused by the work of Boericke, et al., in the reproof of homœopathic remedies with laboratory changes noted. The laboratory findings are significant. It is my thought that laboratory changes under homœopathic therapy would be of interest and value.

The cases presented were prescribed for entirely on a symptomatic basis, not on a pathological or diagnostic basis. The first three cases presented are pulsatilla patients.

Miss O. G. aged 23, a blonde, emotionally upset female, complains of a lump sensation in her throat, irregular menses with cramps, extreme apprehension, tearfulness and is easily swayed from the heights to the depths by suggestion. On May 4, 1946, her pulse was 100, B.M.R. +14. Pulsatilla was prescribed. On July 29, 1946—general amelioration of complaints. B.M.R. -6, Pulse 80. On Sept. 14, 1946, B.M.R. was -14, menses regular, with no cramps and she was symptom free. Interviewed on March 10, 1947, the pulse was 80 and there were no complaints.

Mrs. E. R. aged 62, blood pressure 256 over 104, B.M.R. +47 on October 5, 1946. Emotionally upset, fearful of her blood pressure. Fat, flabby, emotional individual with characteristic emotional range of reaction. Pulsatilla was prescribed. On November 2, 1946, B.M.R. +17, blood pressure 180 over 102, feeling much better. Pulsatilla continued. Consistent drop in blood pressure. Last visit on February 18, 1947, her blood pressure was 154 over 100, and she had no complaints. In June of 1947 her husband reported that she was feeling fine and had no complaints.

Mrs. P.S. aged 28 had as her chief complaint præcordial pains, worse on exertion. Her father had had a coronary occlusion three years previous and she has a definite fear of coronary heart disease. This fear has been enhanced by the suggestion of her father's physician who inferred that she too had a coronary insufficiency. She was easily fatigued, relieved by being in the open air. Wide emotional range of symptoms. Depression to immoderate laughing, capricious hoarseness. On April 11, 1946, the blood count showed:

R.B.C. 3,940,000

W.B.C. 7,000

Hb. 63

Lymps 32

Eosinophiles 5

Polys 63

Sedimentation rate normal. B.M.R. +18. Pulsatilla was prescribed. Laboratory checks made December 21, 1946, showed:

R.B.C. 4,710,000

W.B.C. 8,700

Hb. 90%

Polys. 67%

Lymps. 29

Mono. 2

Esinophiles 2

Sedimentation rate normal, B.M.R. +6. No complaints.

These three cases showing many symptomatic complaints in common show physical findings and laboratory changes which under treatment with pulsatilla approach the normal. Most important, of course, was the clinical response to treatment.

Mrs. G. McC. is a tall, lanky, tired, stooped, confused, pale individual. She is always tired and hungry, especially for sweets. She had been under treatment for a possible pernicious anæmia for two years. She was given an abundance of vitamins, liver capsules with B Complex, and had iron injections bi-weekly, with no response over a period of two years.

She was examined on October 3, 1946, and the laboratory findings were:

R.B.C. 3,870,000

W.B.C. 3,950

Hb. 55%

Polys 68%

Lymp 31

Basophiles 1

The R.B.C. showed marked achromia, numerous macrocytes. Polymorphonuclears are atypical in size and staining properties. B.M.R.—22. Diagnosis; Hypothyroid macro-

cytic anaemia. Thyroid grs. $\frac{1}{2}$ was given T.I.D. Patient reported back October 10, 1947, feeling worse. In the interval a repertory study had been made. It pointed to Sulphur as the remedy. Sulphur was prescribed October 10, 1946. Pulse rate 120. There was slow but steady improvement. Recheck on November 7, 1946, the blood picture showed :

R.B.C. 4,000,000
W.B.C. 4,250
Hb. 55%
Polys 42%
Lymp 55%
Eosinophiles 3

Pulse rate was 72. Feels better but not entirely well. Recheck on December 3, 1946, B.M.R. was +5. Recheck on January 9, 1947, showed :

R.B.C. 4,220,000
W.B.C. 5,000
Hb. 70%
Polys 73%
Lymps 25%
Eosinophiles 1
Basophiles 1

Pulse rate was 72. Sulphur continued. Patient feeling better and is irregular in her visits to the office. Recheck on May 9, 1947 :

R.B.C. 4,160,000
W.B.C. 5,500
Hb. 70%
Polys. 68%
Lymp. 30
Bas. 1
Mon. 1

This patient is considerably better and I am entirely satisfied with her. She is the mother of two active children

who have had several bouts with contagious diseases in the last several months so the mother, not feeling too bad, has more interesting things to do, and better ways to spend her money than on a physician.

Mrs. W. A. aged 49, had her second bout of rheumatic fever while I was in the Army. When I was called in to take care of her after resuming my practice, she was convalescing from her second attack in two years. Her temperature was 99.3 and she was intermittent in type. She had numerous joint pains, slight sweating, extreme exhaustion with chills, palpitations, and an unusual sensation as if her brain was bobbing from side to side. This was the keynote symptom which facilitated the prescribing of china. Checking the *Materia Medica*, it was seen that she had a rather complete range of china symptoms. Her blood count on March 9, 1946, showed:

R.B.C. 3,810,000
W.B.C. 7,150
Hb. 35%
Polys. 73%
Lymps. 25
Monocytes 2

The patient had a rapid gain in strength with increase of appetite and lessening of the various complaints. On April 16, 1946 her blood count was checked with the following results:

R.B.C. 4,260,000
W.B.C. 3,200
Hb. 55%
Polys. 42%
Lymps. 53%
Eosinophiles 2%
Basophiles 3%

The patient visited the office in June, 1947, not as a patient

but in company with her sister. Her only complaint was that she was getting fat.

Mr. C. M. S., aged 40, has a history of chronic kidney disturbance. He had pain in the lower back, worse especially in cold weather. Urine specimen contained albumin and casts for several years. For a long period of time he had headache every Sunday, or any day he was off from regular work routine. He had upset stomach with inclination toward biliousness. Face always flushed, blood count exceedingly high in red cells and Hbg., Wassermann negative. In 1942 Dr. S. attempted to relieve the condition by raising great blisters on his back, over kidney region, in preparation for making a vaccine with which to inoculate him. Pain caused by this drastic treatment became so intense that he refused to see any physician until he visited me on December 23, 1946. Bryonia was prescribed. A repertory study was made which confirmed the prescription of bryonia. His wife, who was a technician in charge of the blood chemistry department of a noted regular school hospital in Philadelphia, did numerous laboratory tests on him and routinely found albumin, hyaline and granular casts in his urine. Since March of 1947 his urine has been entirely negative. The last report was on May 13, 1947.

Since these patients are private ones, the amount of laboratory work done was rather limited for financial reasons. As you know one can not perform as many tests on private patients as you can and do on dispensary patients or hospital cases.

Laboratory changes are of interest and importance in measuring the amount of good that can be accomplished under homœopathic treatment. The real important criterion of progress, however, is the feeling of well-being that the patient experiences, his return to health. We should not prescribe remedies on any basis except the symptomatic.

—*Journal of the A. I. of Homœopathy, April, 1948.*