

ANTERIOR PITUITRIN IN A COMPLICATED CHRONIC CASE

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All that is known concerning the indications for anterior pituitrin in potency is based on a study of its function as an endocrine and the symptoms produced when the extract is given in toxic doses or the gland itself has become diseased. As far as I know, it has never been proven.

It is well-known that mal-function of the pituitary is one of the causes of obesity. Sajous (*Analytical Cyclopedic of Practical Medicine*) is of the opinion that this gland governs, by way of the spinal axis, the functions of the sympathetic nervous system, and through this, among other organs, the thyroid and the adrenals. Thus deficiency of its secretion may result in a diminution of the secretion of the thyroid gland also; and with the obesity, there may be deficiency of nutrition of the skin and nails. I shall not go into this further, but merely state that I reached my decision in the selection of pituitrin on these grounds, and also on the fact that a high potency of a drug may antidote its ill-effects when given in crude form. The case of Mrs. R.B.C., age 46, is not only an example of the action of a remedy according to the well-known tenet that cure is from within outward, but may provide a future basis for the application of this endocrine in disease.

April 13, 1945—The patient is light complected, blue eyed, weight 199 pounds, too heavy for her height, which is about 5 feet 6 inches. She has been ailing for ten years and has been under the care of at least two old school doctors, whose only medication was endocrines and pain killers. During most of this period she took ten grains of thyroid daily with only a few short periods of remission. For weeks at a time she was given phenobarbitol and aspirin every evening. After four years, the second physician told

her that he had found that the administration of both thyroid and posterior pituitrin was yielding the best results.

Cheerful as a rule; laughs too readily but inclined to weep; at times spells of melancholy in the evening after going to bed, accompanied by nervous tension and anxiety as if she had to hurry. This may have been a drug symptom because it was accentuated by the thyroid. Weakness with drowsiness, also, made worse by the thyroid tablets. Perspires profusely and on slight exertion. Sensation of intense heat recurring every four hours. Severe headaches starting in the shoulders and back of the neck, at times reaching the vertex. Ameliorated by heat. Eyes focus slowly. For many years recurring, abortive styes. Appetite poor. Craves fruit and juicy things. Some thirst for cold water but it is apt to chill her. Frequent, explosive, copious stools after meals, from milk, or from apparently no cause. Stool preceded by sadness and chilliness which are relieved afterwards. Involuntary escape of urine on coughing or sneezing for many years. Interscapular lameness and stiffness, especially turning in bed, for the past two years. General sore, bruised feeling, bruises easily, small wounds slow to heal. Menses moderate in amount and of short duration. Nails ridged, brittle; finger tips crack; inflammation, soreness and swelling at the base of the nails. Irritation, burning and redness between the fingers and on the palms, which are dry, scurfy and inclined to crack—this since she was thirteen years of age, always accompanied by dryness of face and lips, and stiffness of the hands, aggravated in the morning, better as the day goes on. Ameliorated in the open air, but dreads the cold; is always chilly, worse even from uncovering the head or hands. Rx. *Anterior pit.* 200, one dose.

May 16, 1945—Improved, but symptoms returning. Rx. *Anterior pit.* 200.

May 30, 1945—Much better in every way except that she lacks energy. A black ulcer, three inches in diameter, due to the coalescing of several sores due to the hypodermic

needle, is healed, all but a small spot which still oozes purulent fluid. Rx. Sac. Lac.

July 16, 1945—Backache, but only while in bed. Has gained twenty-one pounds since April. Rx. Sac. Lac.

August 5, 1945—Rx. Anterior pit. 200.

October 4, 1945—Rx. Anterior pit. 10m.

November 4, 1945—Has been unusually well for her. One or two attacks of diarrhea from no apparent cause. Backache worse. Eyes focusing more readily. No gain in weight. Walked six blocks, stood for a while and walked back again—has not been able to do this for seven years. Rx. Sac. Lac.

November 22, 1945—Pains in knees, hips, and sacrum (an old symptom). Has gained weight but feels better in general. Rx. Sac. Lac.

December 19, 1945—Rx. Posterior pit. 22, three doses (by mistake).

December 30, 1945—One severe headache but otherwise feels very much improved. Rx. Sac. Lac.

January 14, 1946—Sudden, acrid coryza with easy chilling. Rx. Hepar 1m.

January 30, 1946—Weary, sleepy. Has lost some weight. Rx. Posterior pit. 200, three doses.

February 17, 1946—Improving, feels better in herself. Menses last *five days* and are *more profuse* (never before in her life). Rx. Sac. Lac.

March 3, 1946—Definitely stronger. Finger tips cracking, some diarrhea. Rx. Sac. Lac.

March 26, 1946—Rx. Posterior pit. 200, three doses.

May 11, 1946—Hands worse, interscapular pain. Rx. Posterior pit. 200, three doses.

May 28, 1946—No improvement. Rx. Anterior pit. 10m.

July 7, 1946—Stronger and more cheerful. No headaches until past three days. Rx. Sac. Lac.

September 10, 1946—Rx. Anterior pit. 10m.

December 17, 1946—Improving. Rx. Sac. Lac.

January 27, 1947—Stronger, small wounds and cuts heal quickly now, no headaches since Dec. 25th when she had a bad one. Hands crack, but feels very chilly. Rx. *Sac. Lac.*

February 11, 1947—Easy satiety, food tasteless, more headaches and diarrhea. Rx. *Anterior pit. 50M.*

March 12, 1947—Head better. Condition of nails better, three diarrheic stools every other day, urgent with cramps, nausea and vertigo, weakness after stool. Rx. *Sac Lac.*

March 27, 1947—Hands, face, lips dry, hands stiff in the morning. Some lameness in elbows, knees, hips, explosive stools, bad heartburn. Rx. *Anterior pit. 50M, three doses.*

May 14, 1947—Better in general. Diarrhea better, but nails split, cracks at the corners of nails and on finger tips. Rx. *Sac. Lac.*

June 1, 1947—Several headaches, feels hurried, pains in joints, worse damp weather. Otherwise improved. No gain in weight. Rx. *Sac. Lac.*

July 7, 1947—Feels "wonderful," mentally and physically; nails better. Rx. *Sac. Lac.*

August 8, 1947—Diarrhea daily followed by nausea and vertigo. Less headache. Rx. *Sac. Lac.*

September 15, 1947—Backache. Headache and diarrhea, but attributes this to the hot weather. Irritation between fingers, cracks on palms ("cured" by niacin and ascorbic acid combined, every time she took them). But energy vastly improved. Rx. *Sac. Lac.*

October 6, 1947—Cracks and stiffness of hands, stiffness worse, but no weepy spells. Rx. *Anterior pit. CM.*

October 21, 1947—All nails that had broken off are now growing out again. Rx. *Sac. Lac.*

November 7, 1947—Improving. Rx. *Sac. Lac.*

November 29, 1947—No complaints.

January 12, 1948—Flushes two or three times a day (hasn't had them for months). Anxiety, sadness, wants company. No headaches but diarrhea worse. Rx. *Sac. Lac.*

March 7, 1948—Rx. *Anterior pit. CM.*

March 31, 1948—Vague anxiety, tenseness. Two stools a day, first as usual, diarrheic, the second at 4 p.m. formed. Sweats now on the head and shoulders at night—a new symptom. Hands in excellent shape. Rx. *Sac. Lac.*

April 24, 1948—Much worse, headaches severe, flushes more frequent, sore, cracked finger tips, diarrhea daily for a week. Rx. *Anterior pit.* cm, three doses.

June 25, 1948—Rx. *Calcarea carb.* 10m.

July 7, 1948—Definitely better, nails continue to grow out. Rx. *Sac. Lac.*

July 13, 1948—Better in herself, though tires easily. Scaly hands better, hot face not any better, diarrhea after meals. Weight remains the same. Rx. *Sac. Lac.*

September 29, 1948—Rx. *Calcarea carb.* 50 m.

October 28, 1948—Better. Rx. *Sac. Lac.*

November 13, 1948—Feels weak and sleepy, sad. Diarrhea during the day, but a formed stool in the morning. Rx. *Calcarea carb.* 5cm.

December 12, 1948—Better. More energy but bowels still loose. Rx. *Sac. Lac.*

January 23, 1949—No headaches for a month until today. Rx. *Sac. Lac.*

February 5, 1949—Rx. *Calcarea carb.* 5cm.

The patient reported continued improvement at her several visits up to June 14th, when she said that she had no complaints to make except that in spite of having lost two pounds in five months, she still thought that she was too heavy! One could scarcely blame her!

The question now is, what to do about it? As soon as she was taken off of the thyroid, she began to put on weight; *Pituitrin*, either *anterior*, or *posterior* brought her to a point where *Calcarea carb.* was plainly indicated. Both preparations of *Pituitrin* undoubtedly worked curatively, as the record shows. But even the *Calcarea* failed to reduce her weight to any appreciable degree. She will return for observation, in a month or so, when some solution to the problem may present itself.

DISCUSSION

DR. JOSEPH G. WEISS [Detroit, Michigan] : I would like to ask Dr. Farrington if perhaps *Graphites* would have been indicated at some stage there? It seems to me that *Graphites* would have been indicated.

DR. F. K. BELLOKOSSY [Denver, Colorado] : I would ask just the same question.

DR. CHARLES A. DIXON [Akron, Ohio] : I wondered when he was going to get around to a dose of *Graphites*, myself.

DR. FARRINGTON : What was that you said—you didn't see why I didn't give *Graphites*?

DR. DIXON : I anticipated that you would but you didn't.

DR. FARRINGTON : Oh yes, and it fooled me. I didn't give the *Graphites* but I had the temptation to do it and found it was just as well I didn't. Don't you see, the cracks, even those on the palms of the hands, do not ooze. There is dryness. You see we have never had any eruptions in this case, or any lesions of the skin, that ooze moisture at all.

DR. JOSEPH G. WEISS : Can't you have both, Doctor—either a dry, scaly eruption or a—

DR. FARRINGTON : Yes, you can.

DR. DIXON : The very fact of her being so overweight is an indication of *Graphites*.

DR. FARRINGTON : Why didn't I give her *Calcareo* in the beginning? She didn't have cold, moist feet. Her menses were scanty and short of duration. She didn't have the *Calcareo* menses, for one thing. She had something of the *Graphites* mental condition, the sensitiveness to cold, and something of *Calcareo*; and her stools came like *Natrum sulph.*

She was worse from cold weather and I think somewhat from damp, but note that not only did this *Pituitrin* gradually remove symptoms from within out, because she was always improving within herself, but the external manifestations did not leave until well toward the end of the course of treatment.

She did not sweat directly—that is a strange thing because I was watching for it. She did not sweat particularly on the head in sleep until that day in April when she reported and I got the *Calcareo* symptoms and then I forget now whether I put in that last paragraph or not that she is not chilling any more!

—*The Homœopathic Recorder, July, 1950.*