

## A PATHOGENETIC AND CLINICAL PROVING OF THYMOL

WILLIAM B. GRIGGS, M.D.

**THYMOL:** *Thymol* is a phenolic substance occurring in the volatile oil of *Thymus vulgaris*. It occurs in large colorless, translucent, rhombic prisms, having an aromatic, thyme-like odor and a pungent, aromatic taste.

One gram is soluble in about 1000 cc. of water and also one gram is soluble in about one cc. of 95 per cent ethyl alcohol. This last preparation I have called my tincture and from this basic tincture (prepared by Boericke and Tafel) I made my dilutions on the decimal scale to the 3x.

These provings were begun with the 3x for two weeks, the 2x for two weeks and the 1x so long as the provers would tolerate it, approximately ten days.

The proving squad consisted of six men, two young women and one male used as a control. The proving was begun in 1916 with the sanction of Dr. O. S. Haines then head of the Department of Materia Medica in the Hahnemann Medical College. The male provers were students in the College, the female provers were nurses. At the beginning of the proving a thorough routine physical examination was made, including heart, lungs, blood, urine, weight, etc., and all were found to be in excellent health. The provers kept their day books very accurately; all were given Sac. Lac. for six days to observe any reactions.

There were thrills and some serious anxieties for me in this new field of endeavor. Two male provers suddenly quit, one on account of the gastric distress which he claimed made him unfit for his work, the other stopped because of religious scruples when unusual sexual symptoms developed.

*Thymol* affects principally the stomach, sex organs and respiratory system and to a lesser degree the nervous system. The 3x was given, but after two weeks of frequent doses no important symptoms developed. Then the 2x was used and pushed at two hour intervals all during the waking hours. After the sixth day most of the provers complained of heat or burning sensations in the stomach, with incomplete eructations mostly when the stomach was empty. This got very much worse as the proving was carried on.

When the 1x was used several provers complained of severe pain of a burning type along the whole gastrointestinal tract, accompanied by much nausea and raising of burning mucous to the point of gagging; some ringing in the ears; eructations of hot, acrid fluid which burned from the stomach to the throat and eructations of hot gas from the stomach which caused hawking of clear mucous. These symptoms were worse from tobacco, either smoking or chewing.

After taking a dose of the medicine there were attacks or waves of nausea often lasting a half hour, waves of nausea with the mouth filling with watery saliva, which frequently improved after taking some solid food.

One prover complained of nausea with a sense of emptiness; and a brown, watery diarrhoea developed with soreness of the anus followed by obstinate constipation.

More valuable symptoms no doubt could have been developed but two provers stopped on account of the gastric distress. Even more symptoms continued to develop after the drug was stopped.

In several provers a severe headache developed which was described as a vice-like compression with dull ache in the occipitoparietal region. This sense of compression was no doubt severe, they became depressed; complained of a feeling as if "all done out"; general physical depression with backache, and became somewhat lethargic. This occurred in both sexes.

The female provers developed a constriction and compression of the temples from the 1x, which made them so weak and distressed they refused to continue the drug. Lying down and applying heat afforded the only relief. They developed an irritation at the bifurcation of the trachea with a tendency to cough. Other throat symptoms, which developed in several provers, were a scraping, biting, irritating feeling in the larynx with spells of hemming and clearing of the throat and some soreness in the chest radiating over the area of the larger bronchi. I must confess I was much disappointed in not being able to develop more cough or bronchial symptoms as this was my main reason for proving this drug.

All provers had more or less kidney irritation, soreness and dull aching over the region of the kidneys extending down into the buttocks. Both female provers developed sudden, intense, darting pains at the lumbosacral junction several times daily for three days and pains in the back would strike them suddenly.

The urine in all provers was absolutely normal before the proving was begun. During the proving the urine was examined daily and there was an increase in the frequency and quantity, otherwise there was no change until they had taken the 1x for several days when they all developed a mild but positive burning on voiding urine. Careful examination of the urine revealed albumin in three provers and one male prover showed some red cells, otherwise all microscopic examination was negative. In four provers there was nocturia, they had to void two or three times a night, something they had never done before.

The male sexual symptoms I have purposely left for the last of the discussion as they gave me the thrills of a proving master and also some serious worries. With the male provers it was not until the proving had progressed three weeks or more and the 1x was being used that the sex symptoms rather suddenly developed in three men the same night. They had profuse seminal emissions during

the night and toward morning. Within the next two days they all complained of nocturnal seminal emissions and they continued for three nights in succession, then stopped for several days and began again.

In the beginning most of the emissions were excited by lascivious dreams. Two men had such depraved and debased dreams of the pervert type that I felt they were unfit to print although they were legitimate symptoms and can be described in a clinical case. These emissions made them feel tired, they did not want to get up in the morning. They felt "all washed up" as they termed it.

Most of the male provers complained of an oozing of glairy mucous or sticky fluid from the meatus at each effort to stool, and occasionally after urination or erection there was burning in the deep urethra. Two provers complained that for the last two days the nocturnal emissions burned them and were painful at the time of the orgasm. At this point in the proving they all turned against me and stopped taking the drug. One man claimed that I was ruining his nerves and sex organs and immediately consulted a neurologist and psychiatrist in the person of Dr. Weston Dodd Bayley who, after listening to the prover's story, immediately got in touch with me to get the facts from me and also to learn what kind of a drug I was giving him to demoralize him so badly.

Dr. Bayley immediately became interested in my work and offered his services in any way I might need them, at the same time he asked me to try this new drug on one of his patients whom he had diagnosed as sexual neurasthenia and perversion. I will quote freely from Dr. Bayley's letter and history sheets:

"Male patient, 22 years old, 5 feet 7 inches high, weight 118 pounds. Very thin, dark complexioned, blackhaired, rapid speech. Has been under the care of several physicians but would not reveal who they were."

Dr. Bayley writes: "I have had this man under my care for the last three months and consider him one of the

most depraved men I have yet handled. He is afraid of urologists or G. U. men as he calls them and I cannot induce him to have a local examination."

His chief symptoms from Dr. Bayley's letter are: "Frequent nocturnal emissions after spending a night spooning with a decent girl which is several times a week. Has to get up two or three times a night to void urine which burns and has a slow stream. No Gonorrhoeal history, some burning at each orgasm, felt back in the perineum; clear mucous oozes from the meatus each time he spoons and when straining at stool there is a discharge of clear or grayish mucous. This man is irritable, suspicious, cowardly and very depressed at times. His dreams are that his sweetheart is a girl of most beautiful features but has the lower body of a mermaid. These he says have been quite frequent. This man has had healthful advice, based on hygiene and common sense but it has been of no avail."

"He has taken Bromides but will not continue with them, as he says they make him drowsy and irritate his skin."

Dr. Bayley's prescriptions were: tincture *Salix nigra*, *Agnus castus*, *Conium mac.*, *Staphisagria*, also *Hyoscine 3x*, which the patient claimed ruined his eyes for a time.

I sent Dr. Bayley the *Thymol 2x* to be given four times daily as he had complete supervision of the case and I was promised no other medication would be used. Dr. Bayley sent a summary of the case at the end of three months. Quoting the patient's own words:

- "1. I feel better mentally, in fact in many ways.
- "2. Those horrid dreams have stopped for over a month.
- "3. I have less desire and indulge about once in two weeks.
- "4. I have had only one night emission in two weeks and had no pain.

"5. I void urine once during the night and not nearly so much at a time, and I finish clean now without any dribbling.

"6. When I am not very constipated I have no more of the gray mucous discharge when my bowels move.

"7. I have gained four pounds."

After the report Dr. Bayley asked the patient to see me explaining to him that it was I who suggested the medicine which had helped him so much. He agreed to this and after a long talk I went with him to see Dr. William C. Hunsicker, Sr., for an examination which was very unsatisfactory as the patient was so hypersensitive and unreasonable that Dr. Hunsicker with the utmost patience and gentleness could not satisfactorily feel his prostate and vesicles and would not make a diagnosis except to say the prostate was soft, congested and swollen, a condition common to that type of patient. Two months later Dr. Bayley said the man was gaining in weight and much better in every way, in fact he had the aspect of a normal well man.

This case verifies part of the pathogenesis of *Thymol* and proves it to be of value when indicated in controlling pathological seminal and prostatic emissions, prosta-torrhoea some types of prostatism and benign congestions of the male urological tract.

An important clinical observation has proved that *Thymol* is useless in acute pyogenic infections of the prostate such as *Streptococcus*, *Staphylococcus*, *Colon Bacillus* or *Gonococcus*. It apparently helps only benign congestive states due to sex abuse and here it is a prompt and curative drug. It is to be regretted that the prostate and vesicles of the provers were not examined before or during the proving, but they would not submit to it. The provers told me that before beginning the proving they had a seminal emission about once every three or four weeks usually followed by a sense of well being and they did not have any of the untoward symptoms as experienced during the proving.

Dr. Oliver Sloan Haines who watched the proving, cured a very severe case of gastric dyspepsia which had gone the rounds of medical advisers with *Thymol* 3x and *Eucalyptus* tincture alternately. The very foul eructations were permanently cured. Dr. Haines also sent me the abstract of a case of a young man, who had nine nocturnal seminal emissions in two weeks, who was also mentally irritable, headstrong and very depraved. After using *Thymol* 3x for two months there were only three emissions and general improvement both mentally and physically.

*The female genital organs:* The provers were perfectly normal in every way before the proving. After the persistent use of *Thymol* 1x and 2x for three weeks they developed dull pain in both ovaries; a sore aching pain worse just before and during the menses, also acute drawing and crampy pains in the uterus, associated with a dull but severe aching in the back at the lumbosacral joint. The menstrual flow was scanty for two days then became rather profuse with small clots and crampy pain. The drug was stopped and the next month the flow was perfectly normal, no pain of any kind. I then persuaded both provers to try high potencies the 200. and 1000. These preparations developed very little pain but the flow was slow and protracted lasting over a week. This was followed with five days of a very scanty, thin, watery, brownish-stained or blood-tinged discharge with some slight odor. This symptom has proved most valuable and has high curative value.

*Thymol* has proven highly curative in my hands in simple congestive dysmenorrhoea in young girls and a clinical fact to be observed is that I never relieved a case with the low dilutions but have seen prompt and positive results from the higher potencies in diseases of the female organs. Further to illustrate the clinical value of *Thymol* I will quote from a case of the late Dr. J. Lewis Van Tine, who was much interested while I was making this proving. He had a case of an old lady nearly 80 years of age

in whom he had diagnosed carcinoma of the uterus. The chief symptoms were debility, marked cachetic look, dull soreness over the uterine region, cervix was indurated, hard and nodular and there was also a constant, watery, brownish, blood-tinged discharge, very offensive in odor, and somewhat scanty, that had persisted for months. Dr. Van Tine had prescribed *Carbo animalis*, *Conium*, *Pyrogen*, *Kreosote*, etc.; I suggested that he try out my *Thymol* which he agreed to do in the 200. and 1000. potencies, with the result that at the end of two months the discharge ceased completely as well as the odor. On local examination, however, there was no change in the uterine pathology, but the patient looked better, felt better, had no pain and no discharge, also gained a little weight. I feel that there are further possibilities with this drug in the treatment of diseases of the female genital organs.

This proving represents the effects of *Thymol* in alcoholic potencies on healthy human beings.

Analyzing its symptomatology, this drug should prove a useful remedy in serious gastric conditions and in some of the diseases of the male sex organs brought on by sexual abuse.

The provers have been thanked years ago for their grace of perseverance and personal sacrifice. Only those of us who have conducted a systematic proving can appreciate the amount of labor demanded in such work. I hope it will prove to be of some practical value to the profession and new symptoms be added through experience.

I am still working with the higher potencies on two volunteers and I shall in the near future present the symptomatology according to the Hahnemannian anatomical scheme.

Please accept my humble effort in developing another working tool in the materia medica. The profession is



asked to put it to the test in suitable cases and report the results. Only in this way can we make our *Materia Medica* a practical and useful working instrument.

#### DISCUSSION

DR. WILLIAM GUTMAN [New York, N. Y.]: Dr. Griggs two years ago talked to me about this and I urged him to publish it. I know he has quite a number of other provings you will hear about.

I just want to ask a question. Dr. Griggs, how do you protect yourself against charges of provers that they are suffering damage in the proving?

DR. WILLIAM B. GRIGGS [Philadelphia, Pa.]: I have them all sign a contract before they accept the proving. The job is to get provers, and I have been able to get provers only by making them believe that Homœopathy is the greatest thing in the world, that every proving will remove something in heir system and improve their health. You have to do that and play your diplomacy to keep them on the job.

The better provers are laymen. Students are never good provers, though these were fairly good. They were not fools; they were all good students, and the women were sensible girls, nurses in public health at the Children's Homœopathic Hospital. I had charge of the nurses, care of their health, and so forth. I tell them how much good they could do the world and their fellow-sufferers, and so forth. I make them enthusiastic and then strike while the iron is hot and start the work and do it precisely.

I consider my provings were better than Hahnemann's for the simple reason they had a thorough clinical health examination before they started a proving, so I could get the individual reaction, and then they were given the drug. They never knew what they were proving. I wouldn't tell them what it was.

You can't keep them on too long. Some stayed on three weeks, some on the whole seven, and this was developed out of it, what you have heard today, in the language of the prover, simple language; not the ordinary scientific jargon that changes from one generation to another—plain simple language.

DR. GUTMAN: I have done the same, and they sign that they do it on their own responsibility.

An interesting reminder of one of Hahnemann's provers is that the most valuable symptoms are those which appear after the first and single dose of fairly high potency. In this case this dose

should not be repeated, naturally, and if symptoms develop, then hands off; and this he claims develops the real, peculiar, individual symptoms of the drug.

Now, as I understand the thymol picture, we have partly attacked the mucous membranes and the characteristic is the burning. It has more or less everything in it, eructations and the burning, and so forth, and, on the other hand, the specific main general symptoms, and I think in this field this should prove the tremendous value of a remedy, and it would be helpful in our psychoneurotic cases.

I had quite an experience with a few patients sent to me by psychoneurotic doctors, and the psychoanalysts are surprised at how suddenly these patients improved after they had a psychoanalytic treatment of two, three, or four years after proving with the use of homœopathic drugs.

One question more. Dr. Griggs: What is the exact sacroiliac pain?

DR. GRIGGS: Lumbosacral pain, right across the top of the ilium.

DR. GUTMAN: Is the character of the pain darting?

DR. GRIGGS: Down in the buttocks, sudden, severe, "a crick in the back," and "bent over and couldn't straighten up for a while."

DR. T. K. MOORE [Akron, Ohio]: I should like to ask the doctor the potency which was given, 200th and the 1M, and how frequently in this case was it repeated?

DR. GRIGGS: Dr. Van Tine gave it three times a day for a week and as long as improvement went on he didn't repeat it, and when the improvement ceased, we repeated, in the higher potency.

DR. ALLAN D. SUTHERLAND [Brattleboro, Vt.]: I wondered if the females developed any symptoms analogous to those found in the male. It would be interesting to know whether normal sexual appetites were affected as they were in the male.

DR. GRIGGS: No. They were both single women and didn't seem to have any reaction that way at all. There was more congestive, aching, dull, sore pain.

DR. HARVEY FARRINGTON [Chicago, Ill.]: Madam Chairman, I have used *Thymol* for coughs and even cured some cases of whooping cough with it. No doubt Dr. Griggs has experienced that himself.

I just want to ask whether in these cases with burning from the mouth to the anus they were accompanied by any liver symptoms, or did they have any bitter eructations.

DR. GRIGGS: Burning acrid eructations.

DR. FARRINGTON: I have a case of a lady of about sixty-seven who has this burning and a number of symptoms the doctor has mentioned, and I have tinkered with her case for two or three years without any results at all. The one symptom which she had which was not developed in a proving is extremely bitter, acrid eructations and bitter taste in the mouth.

DR. ELIZABETH WRIGHT HUBBARD [New York, N.Y.]: I should like to ask one or two questions. Dr. Griggs, do you sometimes prove with higher potency than 3, 2, and 1x?

DR. GRIGGS: Oh, yes, I have two volunteers on 1M.

DR. HUBBARD: You said when you read it they did not develop symptoms.

DR. GRIGGS: The females reacted better to the high potency but the males did not. I never got any result over the third decimal on males.

DR. HUBBARD: And all your males got some symptoms out of the repeated 3, 2, and 1?

DR. GRIGGS: The best results on the females were with high potency—first started out with the third decimal with the college girls and got no results and was a little disappointed and remembered what I was getting in the higher potencies in the provings and gave both the 1000 potency and a few doses gave them relief.

DR. HUBBARD: I was thinking of treating, not proving.

DR. GRIGGS: The second set of symptoms I developed with the high potencies. The symptoms that came from the high potency would not be developed from the low potency, but high potency symptoms in the female were these: A prolonged, slow menstrual period followed by a thin, watery, brownish discharge, which was somewhat offensive, and with blood stain, for probably eight to twelve days.

DR. HUBBARD: The low potencies produced ovarian aching?

DR. GRIGGS: Yes, but the discharge was never developed until I gave high potency.

DR. HUBBARD: I am interested in the between symptoms, between a low potency and high potency proving, because in my experience there have not been discrepancies in symptoms. Have any of you had experience with that?

DR. SUTHERLAND: Yes. I did a fragmentary proving on sulfanilamide some years ago which has been reported, incidentally, and published. I found this: I started off with the crude sub-

stance on one or two and got a certain number of symptoms. Then I used the 3x and the 6x. I used the 6x on a female and got absolutely no symptoms at all. The 6x I used on a male and got no symptoms, but I got them with the 3x and was able to produce symptoms on a male. I didn't use it on a female, but the best possible and most widely distributed type of symptoms were with the 200, on a female. I got a lot of symptoms then. Does that answer your question?

DR. HUBBARD: It helps. I have always understood you had to give the 30. or up to get the real refinement of a proving. Am I wrong on that?

DR. A. H. GRIMMER [Chicago, Ill.]: I think you are right on that.

DR. HUBBARD: And that you gave the doses until the first symptom.

When I was given provings in Geneva, I took one dose, and again in four hours, and again in your hours, and my first symptom began to appear after the second dose. I was interested in Dr. Gutman's saying that it was said the most strange and peculiar symptoms came after a single dose of the high potency. I wouldn't have thought that, theoretically.

DR. GRIMMER: Only the sensitives.

DR. HUBBARD: And apparently the low potency will prove in a certain crude way on almost everything. It is true that the 200th will not prove on everybody but will prove out of the majority of any group.

DR. GRIGGS: I have a report which I will read in a day or two and I will prove there that mental symptoms are brought out by the higher potencies and no mentals by the lower; the vegetative system is affected by the lower, but not the mind or the spiritual nature. It takes a high potency to arouse the mental and spiritual nature.

DR. MOORE: Dr. Griggs, don't you think apparently Philadelphia men can't take it? (*Laughter*)

DR. GRIGGS: These were students from all over.

DR. HUBBARD: The students can't take it, then. If they had been proving something higher than the 2x they would not have had such protracted distress, the physical symptoms.

DR. GRIGGS: That is a possibility, but I got no symptoms with the 3x.

DR. HUBBARD: I mean, if you had given them the 30. or 200., I believe a few who were sensitive to it would have had the same unpleasant symptoms, but badly and briefly. In my experience with proving (I have proved 200ths, mostly), the symptoms have been sometimes violent and transitory, and you can stand terrific diarrhea with a colic for an hour or two, but I couldn't stand it for from three to seven weeks. You see what I mean.

DR. GRIGGS: This man, under Dr. Bailey, was an Italian, and a somewhat narrowminded religious type of fellow, and I antidoted his symptoms with *Thymol* in the 1000—gave that to antidote the lower potency. He got along. He simply didn't have the stuff to take it. That was all. There wasn't any Irish in him, you know!

DR. GRIMMER: I want to thank Dr. Griggs for bringing this. He is really one of the men who have been a bulwark of our modern homœopathy, and it is just too bad that he can't have another one hundred and fifty years to live among us, that we might be able to go farther with our work.

At least we all ought to get behind him and try to cooperate with some of the work he is doing. He does wonderful work.

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