

# THE HAHNEMANNIAN GLEANINGS

---

Vol. XXI

JANUARY, 1954

No. 1

---

## THE NEW YEAR,

By the Grace of the Almighty the Hahnemannian Gleanings has just stepped in its twenty-first year of publication. Throughout its existence it has strived to serve the needs of the Homœopaths to the best of the ability. For whatever success it may have achieved we are greatly indebted to our writers, patrons, friends, readers, subscribers and all those who have helped us for the upliftment of Homœopathy.

We cordially and sincerely thank all of them and offer our New Year's Warmest greetings and best wishes.

---

## SULPHUR : SOME CLINICAL INDICATIONS

DR. JACOB GENIS, M.D., TRANSVAAL

In this clinical presentation of *Sulphur*, much must be left out on account of the vast field to be covered. The idea, however, is to give a representation of how the homœopathic clinician looks at his diagnostic entities in term of materia medica characters. The clinical picture becomes, to him, a living repositorium of the symptoms of a remedy. Only in this way is the homœopathist a good clinician. His approach to disease is primarily symptomatic and only secondarily diagnostic, whereas the other point of view is just the opposite, and symptoms only have some meaning in so far

as they may confirm or support a diagnosis. No account is taken of the vast number of symptoms that may have a differentiating or modifying influence on the clinical condition per se. Hence the homœopathic dictum that "there are no diseases, only sick people."

The orthodox profession, the chief exponent of the diagnostic school of practice, is, in many respects, beginning to veer sharply round to the homœopathic point of view, viz., that all disease is finally the acute reaction of the vital force to the inroading pathogenetic influence, or the residue of this struggle that remains in what is known as chronic disease.

By knowing that the homœopathic law of cure is a fairly reliable scientific fact, the homœopathist is placed in a far better position from a therapeutic point of view. His main concern should be primarily to diagnose the proven remedy correctly, and secondarily only to attempt the more fallacious procedure of making a clinical diagnosis. As soon as a clear symptom picture is obtained, active treatment may be started homœopathically, and with fair expectation of favorable results.

Under the designation of manic depressive psychosis quite a few *Sulphur* types will be found usually. Seldom would one find the acute maniacal types, but rather the melancholic types, of whom the simple, stuporous, delusional, and hypochondriacal types are most common. The patient is often non-communicative, repeats stereotyped phrases, wonders about the origin of things, thinks and thinks, and gets nowhere with his thinking, perhaps forgetting about his meals or his appearance. The *Sulphur* manic or melancholic often thinks or acts for long periods according to his exalted or depressed moods.

Often a sense of unreality and nihilism develops in the *Sulphur* type, or some such like involitional state. Incoherence in thought becomes apparent, which may not be entirely due to senility at all, and is characterized by silly, disjointed or irrelevant utterances.

The paranoid, usually with a deep sense of inferiority, but with typical egoism, starts blaming everything and everybody but himself for his failure; he exteriorizes his own blameworthy qualities.

Neurasthenia is also a common complaint of the *Sulphur* type. He is so fatigued; complains that he has to do everything; gets no help, and carries all responsibility. He complains of headaches, sensation of pressure on the vertex, with heat and burning, but is quite rational and anxious to get well.

Delusional insanity is common to this remedy. He often thinks himself immensely wealthy, of noble lineage, or possessed of great powers, and in some cases, these powers are believed to be occult powers, like the idea of "I am God," or "I am the risen Christ!" Quite often, when this type is confronted with the stark reality that he is or has none of these exalted things, the realization leads to secondary persecutory ideas.

Paraphrenia expansiva is common to the *Sulphur* type, with a chronic foolish excitement or happiness.

Mattoids or eccentrics, the faddists, food cranks, altruistic and impractical dreamers, idealists without a basis, iconoclasts and introverts often require *Sulphur* as a medicine.

Very frequently it is useful in the various drug psychoses, as well as dipsomania, and alcoholic paranoia. *Sulphur* is one of the most powerful remedies with which to stop the deteriorating effects of drugs and alcohol, and bring about rehabilitation, mentally and physically.

Threatening senile dementia, probably more frequently the arteriopathic form, in old men, who have been neglected for a long time, whose diet has been deficient, who have probably been using too much stimulants, and who have probably done a great deal of mental work, can often be arrested and cured by the timely administration of *Sulphur* in high potencies at long intervals.

A number of the borderline psychoses, usually those

that come on after acute diseases, are very often covered by this remedy when the general *Sulphur* picture presents.

Epilepsy is cured by this remedy, but usually the types that may perhaps be due to suppressions or the deteriorating effects of drugs and alcohol, or other occult and deep-seated dyscrasiae. There may not be anything very specific about the aura or the attacks, but rather the general picture would be the guide to the exhibition of *Sulphur*. Sometimes *Sulphur* intercurrently will bring the required reaction for other more suitably indicated remedies to cure.

*Sulphur* is one of our greatest remedies with which to cure and control abscesses anywhere in the system, especially chronic varieties with ulceration or fistulation (*Silica*). In the ears it has chronic suppurative otitis media, with a stinking, purulent or sanious discharge, and itching of the external meatus, necessitating boring with the fingers into them (*Psorinum*, *Silica*). Some very obstinate post-surgical abscesses, that refuse to heal, keep on discharging, often offensive smelling, sometimes ulcerating, with general sweatiness of the patient, and intolerance of heat, and itching and burning, and a reddish-purplish areola of the involved area, are very often cured by *Sulphur*. In these conditions it is related to *Pyrogen*, *Silica*, *Hepar sulph.*, and *Calc. sulph.*

In the lungs residual abscesses may develop due to previous inflammations, or tuberculosis, or embolism. However, although *Sulphur* may suit these cases symptomatically, it may be pathologically dangerous to prescribe it here, as it may, like *Silica*, break down too much devitalized tissue with consequent grave danger to the patient.

In states of septicaemia, sapraemia, or septicopyaemia we are always guided by its specific symptoms, viz. feverishness, sweatiness, intolerance of heat, great thirst, ebullitions of heat rising up to the face and head, with dusky-red flushing of the face and neck, and a marked sensation of suffocation. Here also it may not be the indicated remedy, but may still be required to bring about reaction.

In achondroplasia and rachitis this writer has often found *Sulphur* useful, not usually as a primary remedy, but after the administration of the indicated remedy and the correction of possible vitamin deficiency, and especially when the patient presented something of a broad *Sulphur* picture. In such instances it organized the case and made therapeutic success more positive. This observation holds good, in my experience, for most of the diseases modernly considered to be due to avitaminoses, e.g. pellagra, beri-beri, scorbutic ailments, certain eye conditions, neuritides, and anaemias.

Among the rheumatic group there are often syndromes calling for *Sulphur*. Here it usually suits the sub-acute and chronic varieties. There may be congestion, chronic swelling, paraesthesia, sweating of the affected extremities, with burning pains, intolerance of heat (*Ledum*), and sometimes itching. Sometimes the patient will tell the doctor that the affected extremities are very cold, and yet when they start to warm up, they will begin to burn like fire, so that he has to stick them out to cool off. Quite frequently one encounters this in old people, who have probably habitually abused alcohol and other stimulants, and who have not had much physical exercise.

In diabetes mellitus this remedy is of very great value at times. This symptoms are usually polydipsia, worse in the evening and at night; and polyuria, with passage of large quantities of pale urine, perhaps with burning. There may be itching in and around the genitals, especially in the female, or stitches in the penis, with absolute impotence, in the male. Gangrene of a toe (or toes), burning and numbness of the feet, also of the arms and hands vertigo and neurities, dimness of vision and retinitis, may all be present. Quite typically, there may be flushes of heat, intolerance of heat, and a lamentable desire for sweets and other contra-indicated rich dishes.

Hypertension often presents symptoms which cannot be dealt with quite successfully without this remedy, especially

the type attendant on the climacteric. The patient gets severe heat flushes, there is surging of blood upward, profuse sweating vertigo, a sensation of pressure or burning on the vertex, soreness in the cardiac region, overheating from slight exertion, with strong pulsation and arterial tension.

In liver diseases *Sulphur* may be a very necessary remedy as it has quite an influence on the portal circulation. There may be chronic hepatitis with enlargement and congestion, even some obstruction of the portal circulation with obstructive jaundice, or alcoholic cirrhosis. Accompanying the jaundice there is typical intolerance of heat, with vicious itching and scratching and often mental depression. Acute yellow atrophy may often be arrested and the liver sufficiently regenerated to avoid early death. If not too far gone, and in typical *Sulphur* patients, the prognosis may be quite favorable. At times *Sulphur* may also be indicated in suppurative hepatitis, when there may be the general picture of intermittent fever, sweats, chills, intolerance of heat, prostration and leukocytosis. Whether it would be wise to give *Sulphur* as a primary procedure, depends much on how the abscess, especially solitary abscess, is extending, as well as the general condition of the patient. It may be much wiser to give *Sulphur* only when aspiration or open surgical drainage is also available. In such cases it may act fast to bring the whole condition to a speedy and successful resolution.

*Sulphur* covers many of the symptoms of cholelithiasis, cholecystitis, and cholangitis. There may be dull or sharp pains in the region of the gall-bladder, sallow complexion, periodical attacks of colicky pains, rumbling in the abdomen, epigastric distress, bilious vomiting, sick headaches and chronic eructations, nausea, bitter taste in the mouth in the morning, constipation or diarrhoea, hæmorrhoidal congestion of the rectum, with much itching and burning, perhaps also bleeding. During a personal proving, a symptom that was quite pronounced in the hepatic-cholecytic area, was a

drawing, contracting feeling, with soreness, relieved by strong backward stretching of the torso.

In diseases of the respiratory system *Sulphur* may hardly ever be required at the onset, but sometimes is necessary when there is slow or no reaction to the acute remedies.

In chronic bronchitis it is useful when there are attacks of short, oppressive coughing, often very severe, which may be dry in the beginning, but in advanced stages loose, rattling, and with expectoration of lumps of sweetish, greenish or purulent mucus. During these attacks of coughing there is a sensation of suffocation and heat in the chest, sometimes tearing pains, sweating of the face with redness, and often lachrymation. There is deterioration of the bronchial mucosa, until there is bronchiectasis, or a filling up of the bronchi with tough mucus plugs, with asthmatic breathing, dyspnoea, a sensation as of a load on the chest, worse at night, and somewhat relieved by sitting up and fresh air. The writer has treated numerous cases of asthma that developed slowly and insidiously after the successful suppression of a typical *Sulphur* skin condition with external applications or the antibiotics.

In lobar pneumonia *Sulphur* is usually indicated in the atypical forms where abnormal symptoms persist after the acute attack, where the fever continues in a sort of chronic way and the disease is obviously running into some form of complication, usually abscess of the lung, empyema or pleuritis. In these cases there may be sudden exacerbation of symptoms, with heat, sweatiness, short difficult respiration, thirst, and aggravation at about midnight, sometimes egophony. Broncho-pneumonia, mostly already a complication of some other disease, may present a somewhat similar picture.

It often does brilliant work in the incipient stages of tuberculous pneumonia when its own typical symptoms are present. This develops usually with the atypical varieties of pneumonia with delayed resolution, continuous fever, steady deterioration of the patient's condition, and

expectoration of large amounts of muco-purulent material, which, on examination, may contain large number of tubercle bacilli.

In these conditions pleural effusion is common, usually with sharp stitches through the chest, sometimes extending to the left scapular region, with heaviness in and oppression of the chest. *Sulphur* often play an important role in the resorption of this exudate. Sometimes a chronic cough remains after some of these chest conditions, with no, or very few, other symptoms. *Sulphur* is one of the frequently indicated remedies for this cough, especially when accompanied by a feeling of oppression of the chest, and it is worse at night.

*Sulphur* has a very strong affinity for the skin, and, therefore, covers a large number of skin conditions. Erysipelas that is slow in developing, with a reddish-purplish appearance, usually starting from the right side of the face, and spreading slowly. The skin has often a dirty, unwashed appearance, even in cleanly people. Itching, burning, scabby or weeping eczema of the face or other parts, with great aggravation from heat and washing, is often dramatically cured by this remedy.

Solar dermatitis, which is a condition of great sensitivity to the rays of the sun, is benefited by *Sulphur*. Vitiligo or leukoderma is sometimes improved by *Sulphur* when other symptoms justify its choice, especially the acquired variety.

Conditions like acne, comedones, pemphigus, especially pruriginosus, prurigo, pityriasis, psoriasis, ichthyosis, impetigo, tinea, trichophytosis, and chronic urticaria are all benefited and cured by *Sulphur*, when they present its specific appearance, symptoms, and modifications.

In conclusion there are a few remarks that this writer feels are incumbent upon him to make. There are so many physicians who claim to be homœopathic and yet they are wholeheartedly in favor of the use of the antibiotics. Let that be as it may, but I have very often required *Sulphur*



for the suppressions produced by these drugs. The so-called allergic reactions to these antibiotics are extremely often cured by *Sulphur*. And although many of these pseudo-homœopathists claim that, as physicians, they are entitled to use any or all of the modern drugs, yet this writer has never yet had to have recourse to them, on account of the failure of the homœopathic remedy. Especially does this sort of practice indicate ignorance and failure on the part of the physician to comprehend and use Homœopathy, and the more so, when we have such well-proven and well-tried old friends as this one at our command. Moreover, some authorities have already advanced the opinion that it may well be the *Sulphur* element in these antibiotic drugs that is responsible for the favorable results claimed in certain cases.

With painstaking and diligent labor Hahnemann gave us the only method by which homœopathic practice can be successful. And those of us who have followed him thus far have not found any of the new discoveries to even approximate his scientific exactness or therapeutic acumen. But to know this, one has to know HOMŒOPATHY. How many do?

—*The Homœopathic Recorder, June, 1953*

## FOUR IDEAS FOR MODERN MEDICINE

DR. A. C. GORDON ROSS, M.B., CH.B., ST.AND., F.F.HOM.

An idea should be understood as a mental image. This is the proper meaning of the word as defined by Dr. Johnson in his Dictionary. Let us examine in turn, four such mental images which are in danger of being lost to the Profession to-day.

The first is the importance of thinking of the patient as a person: the second is to think of disease as disharmony or 'dis-ease,' meaning a state of chaos in the person, and not a label attached to symptoms, signs and clinical findings.