

TWO LITTLE PROBLEMS IN DISCRIMINATION

ROYAL E. S. HAYES, M.D.

The first of these two little reports illustrates a problem of peculiar importance to success in the use of homœopathic remedies. The importance lies in the fact that a second prescription may turn aside the finest prospects of the first one. When in doubt, therefore, close observation is imperative. In the instance related it was a question as to how much the patient would progress against an opposing circumstance without further medication.

CASE I

One day a farmer punctured his foot with a nail and came for treatment in the evening. Symptoms:

Steady ache in the foot, slight throbbing, soreness, worse after soaking the foot in warm water.

Had a chill (after taking two glasses of cold milk). A chill always takes hold of this man after any little injury. *Ledum* 10M. was prescribed.

He reported two days later. The wound had then closed, of course, but the foot was badly swollen and the dorsum especially was deeply reddened. The intensity of aching remained about as before, being relieved while the foot was elevated. But soreness to pressure was much more acute. He had walked on it too much.

In a situation like this what is to be done? Much depends. It depends greatly on the homœopathic outlook and experience; on the quantum of

observation; on interpretation of the facts; on the disposition to take a chance, that is, on the degree of justifiable nerve; on estimation of the results of alternative management; on the degree of respect for medical or surgical authority and on one's tendency to practise *a la mode*. My choice was that great pacifier and oftentimes arbiter of human destiny, S. L. And as the patient's home was fifty miles away he was requested to remain in town over night so that he could be seen by the homoeopathic eye the next morning; also that the circulation might be kept more quiet, for he could now hardly bear any weight at all on the foot because of soreness. I was thinking also of chores and the wood pile.

The next morning he had not appeared at the office and as I was to leave town I phoned his hotel for information. The daughter, who had accompanied him, answered and said, "Why, the foot is not red or swollen at all, father is walking about the same as usual."

Now, was the decision I had made too risky? I think not. *Ledum* had appeared well indicated from the first. Furthermore, neither swelling nor pain were extending toward the ankle; with the exception of tenderness to pressure the pain was less intense than would be expected with so much swelling and redness; sleep had not been disturbed. In a general way the man felt as well as usual; there was no increase of temperature or general circulation; and, the result showed that individual judgment is better than the conventional instrumentation and laundry work.

By way of postscript to these considerations is the fact that obstacles put in the way of cure after a medicine has been given will often cause apparent aggravation and delay effective reaction but not always stop it. In this instance too much use of the foot caused the extra trouble to patient and physician, not any failure of the remedy.

The second report illustrates how the conception of similarity to be valid, may be centered in a pathological condition, but not necessarily so if the proving of the remedy considered has had the psychic symptoms well developed. Many patients, even with tissue change, can be given the best remedy when the choice is based solely on some emotional quality or tendency. Other conceptions of totality will have to be centered around some pathological consideration that we feel may well be taken into account. Too often this is necessary because of inadequate or incompetent proving.

The lack of qualification and elaboration of emotional states in many of our provings is deplorable. Too general terms are apt to be used instead of descriptions which betoken research into the individual peculiarities of changed psychic states caused by the proving drug. In my opinion observers could do much better to use the time spent for measuring urea, blood pressure effects and conditions that do not individualize in the least, to probe instead into the psychic state. One pertinent, comprehensive mental symptom is worth more for prescribing than a ton of laboratory specifications

however arranged or interpreted. Let's curb this kind of scientific flattery, consult instead sick human nature, and express the results in unprofessional terms. That is the more practical science.

CASE II

Woman with a three day old burn of the third degree on the inner side of the dorsum of the left hand. She was sustaining intense pain with much difficulty, the hand and forearm swollen, red streaks up the extremity, thumb, first and third fingers numb. Intermittent shooting to the shoulder, aggravated by covering or any warmth, throbbing, aggravated at night, waking her frequently, ameliorated by holding the hand up with the forearm extended. Temperature 97 per orem and pulse 126. Morphine had done nothing and its proponent had disappeared after hospitalization had been refused.

So we have another problem in discrimination. Shall the remedy selection be based on the sleep aggravation and appearance of the hand, which shows infection, and give *Lachesis*? No, because it is doubtful whether *Lachesis* ever has an amelioration from cold in infectious conditions. Shall it be *Bellis* with its bursting, throbbing, ameliorated by cold? No, the shooting with *Bellis* is not so intermittent and in this case there is not the stasis so apparent with *Bellis*. Shall it be *Ledum*, ameliorated with cold, extension upward? Or shall it be *Chamomilla* because of a certain snappishness of temper and sensitiveness to pain and people? Or shall it be

Hypericum? Has *Hypericum* relief from cold and uncovering? We do not know. (Afterward the books were searched unsuccessfully for that possible modality under *Hypericum*). What then? We'll have to add a little deduction to light up the similarity. The burn had evidently shocked the distal branches or more likely the radial nerve itself. That fact was perhaps the most serious and central focus of the situation.

Then, the aspect of the woman herself. She was compelled to lie down with hand high in the air with the forearm extended, quivering all over with pain, tremulous speech, intensely irritable at first sight, for her sentences were sharp and unfinished, the speech forced and cut short by pain and mental confusion. The eyes were brilliant, the expression startled like that of a wild animal shocked by pain and terror. She reminded me of a painter whom I once attended who had fallen on the buttocks and was suffering with concussion of the spine; and cured quickly with *Hypericum*.

Certainly, the unknown quantity, amelioration by coolness, could be left for future observation (I have since established that clinically). The woman had *Hypericum*, one jolt of the 1000th. She slept all night, was up next morning and the pathology had become insignificant.

It was not one hundred per cent to my credit that the choice of remedy was based on a pathological consideration plus the memory of a previous experience, for I find this in the *materia medica*;

"Talks wildly, excitedly, irritable; pupils dilated" (my patient's were); "apprehensive, screaming, gasping; mental weakness, unable to arrange or execute intentions, omits letters in writing."

DISCUSSION

DR. LEONARD: I can confirm Dr. Hayes' use of *Ledum* in several cases of beginning "inflammatory rheumatism" when the pain and inflammation tend steadily upward.

DR. PLUMB BROWN: It takes courage as well as wisdom to give *S. l.* when "the opening is closed with increased swelling and pain and soreness." I would appreciate a more minute comparison of the symptoms of *Ledum* and *Hypericum*.

DR. A. PULFORD: Such cases go right to the vital spot and teach us just how to bring about the same success in the next case. They show also, that the disease is of no importance; that no matter how the disease, or rather by what the nerves are injured, the drug is indicated by the signs present.

DR. GRACE STEVENS: *Hypericum* is an old friend of mine. For injured nerves it is marvellous. I have had several cases of injuries to the coccyx of long standing which responded at once to this remedy. In cases of fractures the pain is greatly relieved by *Hypericum*.

DR. D. T. PULFORD: Dr. Hayes' arguments support his action in letting *Ledum* run, hold water. The *Hypericum* case is interesting for one does not often think of this remedy in burns. With Dr. Hayes' life-like description of his patient, *Hypericum* becomes more easy to see. Just yesterday I was reading Hahnemann's introduction to the third volume of the *Materia Medica Pura*. Here he cited two cases and gave his reasons in each. The parallel between them and the doctor's *Hypericum* reasoning is marked. A splendid example of teaching.

DR. MACFARLAN: I was greatly interested in a proving which my father, Malcolm Macfarlan, made on *Hypericum* 45M.

many years ago. Here are his findings: Child nauseated; complains of great pain in stomach; sick whenever it eats; bowels loose, two to three times daily.

• Cured prover having articular rheumatism (knees mostly) with great effusion around the joint, and muddy urine which in a few hours looked like the settlings of beer.

• Caused severe pain in the last phalanges of the fingers, mostly the thumb, fore and little finger.

• Constant eructations night as well as day. Verified frequently its curative action in articular rheumatism and pains. Affecting small joints.

• Sores inside the nose; itching; continually picking it. This symptom was noticed in many provers.

• Cured eructations, caused severe cholera morbus on the third day which continued several days.

• Stye on lower left eyelid, muscles sore, bruised feeling.

• *Fearful, sharp pains in knees, could hardly touch them.*

• DR. HUTCHINSON: The allopath would have "done something," it would have been hospital at once, or failing that, dope of any one of the reprehensible kinds. It was nothing less than irony, that which Hahnemann included in his first paragraph of the *Organon*!

• But the real meat of the paper may be found in the analysis of the cases from the homœopathic standpoint of real medicine. It is a joy to read the thorough work of the expert. It helps every practitioner who aims for the best result. We cannot ever have too much of such keen differentiation concerning our remedies so infinitely well suited to the miraculous healing of trauma which we have continually to meet. The power of these remedies in respect to all the separate structures injured, the symptomatology indicative of them, the systemic reactions to be reckoned with—all provide us with never ending interest and opportunity for best work.

• MISS SUGDEN: A few months ago, one of my patients, a young girl, had a tooth extracted then something injected to

deaden pain—she did not know what—the dentist thrust the syringe under her tongue, causing a severe pain. About a week later she came to me with a tale of what she had been and was suffering. The tongue was much swollen, numb, difficult to move, quite inflamed on one side and on the same side was pain in the shoulder. Sense of taste lost, both arms so heavy it was a great effort to lift them. A powder of *Ledum* 500 cleared up the trouble in a few days.

DR. HAYES: Points of differentiation that I recall on occasion are these:

Ledum is more often needed for punctures. But I remember a boy who had stepped on a nail who had intense shootings from the foot to his head and thence all over the body like lightning. He was almost unconscious during the paroxysms. *Hypericum* cured almost at once. *Hypericum* more frequently has the red streaks, they are longer and more definite as to line. It has a quivering, nervous state, an indescribable state, a sort of physical premonition as of great danger.

Ledum pains are more confined to the part affected, are much worse from motion and positively relieved by coolness and exposure to cool air. The *Ledum* rhus poisoning case will be found bathing the parts in cold water. *Ledum* spreads upward systematically. I once cured a case of peliosis rheumatica in short order where the parts were better by being uncovered, the pain aggravated by least motion, relief from cool air and progressive extension from the lowest joints upward.

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