

WHEN AND WHEN NOT TO OPERATE

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A patient scandalized me the other day by saying that he understood that homoeopaths never had recourse to operations.

In my thirty years of practice as a strict, high-potency homoeopath, I have come to realize that prejudice knows no camp, and that those most addicted to Homoeopathy often harm their beloved science and art by unjustified claims, unwise assertions, and sweeping negatives.

A homoeopathic surgeon is beyond 'rubies'—by that I mean an able operator, a wise case manager, an encouraging and definite personality, who also adds to these criteria of all good surgeons a special knowledge of the fundamentals of medical philosophy and at least an appreciation, if not a working knowledge, of the aid for the surgical patient possible in Homoeopathy and through homoeopathic therapeutics alone. I know and use such a surgeon and I hope I will pass on before he does.

To be sure, those following Homoeopathy properly need less frequent operations than other patients. Why is this? Because, aside from mechanical conditions, the states requiring operating are end-pathology conditions, the result of defective physiology rather than the primary process in the body; in other words, surgery copes with end products rather than with functional beginnings. The most brilliant sphere of Homoeopathy is in the functional stage when there are many symptoms and few irreversible organic changes.

Let me illustrate the case of a lady who had fibroids, not very big, not bleeding, not giving any trouble appreciable to her, which were found on the routine check-up with subsequent hysterectomy. In a few months after this she developed symptoms referable to her gall bladder and took them to her gynecological surgeon who wished to remove the gall bladder, although the liver function dye test showed no stones or a sluggish emptying of the gall bladder. As she did not wish to undergo another operation so soon, she consulted me. The symptoms pointed clearly to *Nux vomica*, which she received with relief to her acute difficulties, which was later followed by *Sepia*, her constitutional remedy. Her diet was altered, her weight reduced, and she was saved the necessity of this operation.

On the other hand, a patient was referred to me who had had for five years a lump in the breast involving the nipple and adherent to the skin, who had been under homoeopathic treatment by excellent prescribers during the past five years. She herself was in good condition but involvement of the glands of the axilla were starting and progressing. I advised immediate operation without deep x-ray or radium therapy; in my opinion and that of the surgeon we used, the operation should have been performed long before. Had

this lady been under constitutional prescribing many years earlier she would have been far less likely to develop cancer.

Another example: kidney colic with actual stones; can be coped with by a homoeopathic remedy, and in a large number of cases, particularly if you get them early the constitution can be so regulated that subsequent gravel and stones do not occur. Many breast lumps which are not cancerous can be made to go away and kept from recurring with a remedy, and many duodenal ulcers can be healed with a remedy even without too long or too trying diet limitations; but it is no use saying that surgeons are not needed even in patients under competent homoeopathic care. The question of judgment, when and when not to operate, is the most delicate part of the surgeon's business and is essential to the family doctor and the homoeopathic specialist also.

Certainly one operation leads to another. A patient who has had many operations is dreaded by the homoeopathic therapist; on the other hand, the patient who absolutely refuses operation, when one knows that the pathology requires it, is a danger to himself and to the physician. Try to educate your devoted homoeopathic patients to the fact that careful prescribing under frequent supervision should be done, preferably with consultation with a surgeon who understands Homoeopathy, at the beginning and at intervals during the treatment (for instance, if I wish to try reducing small fibroids with a remedy, I want my gynecological surgeon to check them at the beginning and frequently during the course of treatment—often they can be cleared, sometimes not).

A homoeopathic doctor should know when such critical things as volvulus or intussusception can be resolved by such a remedy as Plumbum or Cuprum, or when it is necessary to life to have an emergency operation. Such things as varicose veins, piles and ulcers, a good homoeopath rarely has to have operated. The criterion for the doctor to remember is: Will the operation constitute a suppression, or an obstacle to complete cure, if such seems possible; or will the operation be the removal of the end product of a disorder to be resolved by the remedy, practically acting as a foreign body; or is it, as is the case of a tremendous tumor, deleterious? And he who knows what the remedy can do and what it cannot do is the best and most constructive physician.

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