

CLINICAL PRESCRIBING

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In presenting this paper be it understood that it is not my intention in any way to presume to teach this learned audience any new method or methods of therapeutic approach to any given entity or entities. The studies to be presented are simply clinical cases that have been worked out to the best of my ability to satisfactory terminations. I hope this review of *materia medica* and clinical analysis will prove interesting rather than boring, and if you fellow practitioners derive half as much pleasure in listening to these lines as I did in preparing them, it will make me very happy.

To any system of thought a certain tenet is postulated. These postulates must be tenable and must survive the test of time and experience, otherwise the system would crumble of its own weight. The homoeopathic philosophy has withstood the test of time since its inception by our master and discoverer of this system of thought. It is true it has to be modified and extended in some of its phases because of the rapid progress in the modern concept of biology and its allied branches, but the philosophy itself is not controverted nor its postulates undermined notwithstanding the contentions of our contumacious colleagues of other schools. The cases I shall discuss this evening have been treated strictly in accordance with the homoeopathic principle; in other words, the law of *similimum* has been carried out exclusively. It is true that other medications, which innumerable commercial houses have so painstakingly prepared for our convenience, could possibly have been employed with probable benefit, but it is difficult, if not solely against the dictates of my conscience, to use such preparations as *coramine* in cardiac failure when *Cactus* or *Aconite* is indicated, *morphine* in *angina pectoris* when *Glonoina*, *Latroductus*, or *Spigelia* is the picture, or *sulfapyreden* in pneumonia when the case clearly indicates *Bryonia*, *Phosphorus*, *Sanguinaria*, or a host of other remedies, if one just has the patience to match the symptom complex of the case in question. Ladies and gentlemen, may I say here that in my forty-four years of practice and experience I have found no set of symptoms that has yet failed to correspond to some drug pathogenesis or proving, if I only persevered its searching through the vast amount of literature we have at our command. Some of the literature I have in mind is Clarke's accurate picture of drugs without which the practice of Homoeopathy would be laborious and difficult, and lately Ward's dictionary has proved an invaluable aid to any homoeopathic physician. So to all you here assembled I repeat that if we would just search in our literature we would find drug pictures or *similimum* for any set of symptoms which might confront us. The beauty of the practice of Homoeopathy is in the constant challenge of meticulous study, for only in

studying do we gain a broader and better concept of our armamentarium in drugs to better help our patients.

The first case I am about to present is an excellent example of how one may easily be in error in prescribing hastily without careful evaluation of apparent unimportant symptoms which the patient just mentions in passing, but are of immeasurable value at times to complete a drug picture. It also draws our attention to the valuable help which the repertory has in store for us. The reason that this case is presented is that a considerable amount of study was undertaken because there were so few symptoms to go by. Also being a new patient and having gone through the gamut of all preparatory medications without benefit it behooved me to produce, if I could for the sake of the patient and Homoeopathy, palpable results on her first visit. Following is the case as related by the patient.

A married woman 37 years old, fair, fat and, as you see, nearly forty. Went through all the children's diseases with flying colours. Had appendectomy ten years ago, and in due time another subsequent laparotomy for adhesions and benign ovarian cyst. She told me that for some time she has suffered sharp pains in the lower back extending down the thighs. When she stood up this pain became steady instead of paroxysmal. Occasionally she had a sort of pain in the face, location undetermined and unrelated. Bowels irregular and now and then had attacks of disagreeable eructations. Bowels were so irregular at times laxatives had to be resorted to. Two weeks ago she went to a hospital and stayed fourteen days for observation where complete laboratory and G. I. studies were done. At the end of that time they suggested an operation on the gall bladder and possible hysterectomy. It is obvious that these recommendations were due to cholecystic irritation and uterine pressure on some sacral nerve producing this unpleasant complaint of the back. The suggestion of another operation frightened her out of the hospital and into the arms of anyone who might be able to offer a less drastic suggestion. I was the unfortunate doctor chosen. I say unfortunate because against all these odds Homoeopathy had to be placed on trial.

No modalities could be elicited as regards the pain in her back outside of continual pain on standing and nothing else. You, ladies and gentlemen, will agree that either Sulphur or Rhus tox could be given here with impunity. Belladonna or Bryonia might also be entertained. But my object was not to temporize with this patient but to give her that remedy which would appear the most likely to help her case and then study her case more detainedly until her next visit; however, I determined this procedure would not do for the reasons already mentioned. Therefore, I decided to give her case careful study then and there despite the fact that we might both be detained until midnight to complete the work. The patient was willing to stay for a gruelling wait and questioning. She also mentioned that her mouth was dry, or feels very dry, but not thirsty and 'spits cotton'. Her tongue was also heavily coated and sure enough on inspection it was coated brownish and the papilla raised. She

also lost fifteen pounds this last month. Questioning her further brought nothing to light which would happily satisfy me in the selection of the right remedy. I could, of course, have given her the remedies mentioned above and speculate on their beneficial action until more leading symptoms appeared, but that attack was abandoned. I therefore gathered up my symptoms as followed:

1. Pain in lower back extending to the thighs.
2. Unrelated pain in face.
3. Constipation with eructations.
4. Thirstless, very dry mouth.

I knew that if I were to get to the true drug picture of this case I would have to repertorize the case somehow. The pain in the lower back extending to the thighs and aggravated by standing eliminates our *Rhus*, *Cimicifuga*, and a few others but brings into the picture our great polychrest, Sulphur. But Sulphur, although it has the dry mouth, is like *Bryonia*, very thirsty. The sulphur pain is higher up between the shoulder blades, especially under the left shoulder. The pain extends downward and is not a paretic feeling. It also extends downwards taking in the pudendal region, which is painful in Sulphur. This pain extended to the hips and then the thighs. Now the constipation with eructations. These eructations disturbed her a great deal for regardless of what she ate they annoyed her constantly, except when she included butter in her diet, then her belchings were not so bad, and sometimes she did not belch at all. Looking up this particular modality, I found this amelioration of eructation after eating butter is *Carbo veg.* and *Pulsatilla*. These are the only two in large rubric. Somehow this case did not seem to fit either of these two remedies, so I went on with my questioning. True we have a fat and flabby patient for the *Carbo veg.* type, we have the dry thirstless mouth, regardless of whether she 'spits cotton' or not (which, by the way, I was unable to find in Kent's or Ward's), for the *Pulsatilla*. The 'come-and-go' indefinite pain of the face is *Pulsatilla*, but the pain becomes worse in open air contrary to *pulsatilla* modality. The more I looked at the picture the more I became confused. I decided, therefore, that I would prescribe for this patient upon a definite and constant modality, if I could find one, and at the same time the drug must, if possible, be as nearly as I could match it with the symptom complex on hand. As I turned this case over in my mind I began to feel that *Pulsatilla* might be a good remedy, but I must have some more confirmation. You will notice that this patient was apparently aggravated in open air, so I thoroughly questioned her on this aggravation. To my question, was she worse in a closed room, she answered, "No, not particularly." The pain in the face came and went indoors but was temporarily relieved when first out of doors, but later returned with even greater intensity. This feeling of amelioration when first outdoors led me to ask if she could give me any clue as to the cause of the aggravation in the open air. "When getting warm walking or doing something in the garden," was her reply. I

went for this characteristic, better in open air, but aggravated by getting warm. I was gratified to find that Pulsatilla was the only one in large rubric for this particular modality. My remedy fitted my patient in the following respects:

Constitutionally she might be regarded as a pulsatilla type, although not a decided blond. Very dry and thirstless with viscid thick sputum which must have had the sensation as if 'spitting cotton', also fitted the case. Amelioration in eructative activities after eating butter was another significant modality which fitted our case (even if patient's aversion of fats is typical of Pulsatilla). But I took it she did not often eat butter because she did not like butter. I gave her Pulsatilla 6x. I decided upon this as the remedy was the closest I could find for this patient at the time. Although I must confess that had I been left alone without the consciousness of being on trial for Homoeopathy, and left alone to my materia medica recollections, she would have got either Sulphur or Rhus right off the bat. To cut the story short, on her next visit, one week later, she told me that she was much better. Her bowels were fairly regular, her face better, very little eructation, if any at all, mouth not so dry and had no more fancy sputum, such as cotton and the like, but the pain in the back was still there, although not so bad, and it did not extend so low this time, just towards the hips and very little to the thighs. I was tempted to put her on Pulsatilla again for she claimed to have been helped a great deal with this medicine. I thought I would study the case further and see if another remedy or remedies complementary to Pulsatilla would help but upon finding these to be Coffea, Nux, and Chamomilla, and none of them fitting into the picture I was guided by the new system.

Back pain extending towards the hips so I concentrated on this and found that tearing pain extending towards the hips gave only one remedy, Carbo veg. Suddenly it flashed upon me that eructation ameliorated by eating butter, called for Pulsatilla or Carbo veg. and since the individual before me was also fat, flabby and sluggish I decided on prescribing Carbo veg. 6x, and this terminated the case satisfactorily for both the patient and me. And when a patient is thoroughly satisfied in the termination of his case that is satisfaction in any man's language, for when patients are not helped they surely can grumble, and that with reason when their complaints are not alleviated by treatment.

The next case, I think, illustrates the folly of rapid prescribing in which we indulge occasionally during the course of a busy day.

The symptom complex fitted the prescription very closely, I thought, but the result was not entirely gratifying. A man 57 years old, thin and cadaveric, anacmie, nervous with low blood pressure, family history negative. Has had no previous operations, but ailing all his life. A type of individual who reflects upon himself all illness which might be going around, or symptoms which he might have heard during the day. Having sized up this individual, thus, I allowed him to relate his history without interruption or promptings regarding

modalities of his complaints, or relations of these complaints to any particular events; so he poured out to me, as much as he could remember, all the discomforts, pains, ailments he had gone through these last 57 years. He has always been puny, and suffered from stomach disorder, claimed to have felt better these last ten years. Used to be subjected to bilious attacks with headaches and vomiting. Claims to harbour two bullets in his body, one in the head, the other in the abdomen. These bullets were results of accidents and were not removed, because they could not be located. As a young man he passed through the normal classical G. C. period before entering manhood in full bloom. At the time of consultation his complaints were pain and tenderness in and around the pit of the stomach. Now and then these pains were severe and could hardly be touched. These were accompanied by occasional headaches. No vomiting nor nausea. Bowels regular. He also complained of lameness around the spine between his shoulder blades. This lameness extended forward into the chest. Previously these spinepains were accompanied by 'jerking' in the chest; and then again this pain extended into the occipital region and sometimes it would even extend over into the frontal region. He has had choking sensation for the past seven years. This often prevented his swallowing, and breathing. Swallowing often started this choking sensation. It was a sensation of a lump being lodged in the throat. This lump prevented anything going down or up through it. Rich food of any kind caused distress. Sweets of any kind brought about headaches. This choking sensation was relieved when he pulled his head a little towards the left. Two days before he felt very weak all over his legs, barely able to carry him.

Anyone in this audience, after hearing this fellow's complaints, and after looking at his thin lanky figure, and fidgety behaviours while relating his complaints with all the embellishment of self pity, at the same time attempting to impress one futilely of his resignation to all these ailments, would give him Nux; as this was almost a text-book picture of Allen for this drug. I gave him Nux 6x and asked him to report back at the end of two weeks. At the end of this time, although the patient claimed he felt somewhat better, I gathered from his conversation that he was not quite satisfied with his progress. Neither was I, because more definite complaints cropped up in the meantime. In this second visit I decided to study him more carefully and repertorize the case if necessary. The pain in the chest was still present. There was a feeling of oppression on the chest, a kind of constriction as from a band. Cactus, Lachesis, and a few others but not Nux flashed into my mind. The pain in the back became more pronounced when rising from a sitting position, like Bryonia, which is aggravated by motion. This pain was better, however, when rubbed gently but it did not eradicate it. His headaches were worse in bright light, especially when going out into broad daylight. When his pains settled in the forehead he noticed he could get plenty of relief when he went out in the open air, especially at night, not unlike pulsatilla amelioration. I discovered that

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in chronic cases from disturbed metabolism, or when they are constitutionally indicated. For acute eczema with redness and swelling of skin, vesicle formation, the following briefly mentioned remedies must be compared:

Belladonna when skin is tightly drawn and hot; during infectious diseases and intestinal disturbances.

Apis is similar: oedema of skin, stitching pains; no thirst

Rhus toxicodendron: acute blisters on skin, intensely itching and burning. Often after colds and change of weather.

Cantharis: when acute eczema is preceded or soon followed by bladder troubles.

Not to be forgotten: Formic acid therapy (internally, or preferably hypodermically or intravenously in medium aqueous potencies).

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his appetite was rather finicky. He preferred cold foods, and was strongly averse to warm meals. He claimed that warm foods gave him paroxysmal belching and food came up in large quantities. For this particular symptom we have about 107 remedies. The pain in the abdomen has a burning character such as one would find in *Arsenicum*. These peculiarities were elicited after careful questioning. At the time of this second consultation the symptoms above related were too tangled up for me to unravel with a single remedy, so I decided to repertorize the case. Here are the results of repertorial studies:

1. Abdomen: sensation of burning pain: *Ars.*, *Phos.*
2. Paroxysmal eructations by the mouthful: *Phos.*
3. Oppression in chest: *Nux*, *Phos.*
4. Constriction in chest as from a band: *Cactus*, *Phos.*
5. Pain in forehead ameliorated by cold evening air: *Phos.*
6. Headache aggravated by daylight: *Bell.*, *Nux*, *Phos.*
7. Back pain better by rubbing: *Phos.*
8. Back pain brought on by rising from sitting posture: *Phos.*

In many of the above captions *Nux* came up quite often, but *Phosphorus* was the predominant drug, and invariably in large rubric. You will remember that this patient could very well be a phosphorus type: thin, lanky and dark.

Phosphorus 6x was given and the result was as expected.

I have been tempted to extend this paper to at least four cases, but the presentation thereof would be too lengthy, so suffice it for me to say here that no matter how easy a case may seem to be, it is worthy of careful study, if we are to gild the name of our school. For after all a tree is judged by its fruit.

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