HOMOEOPATHIC THERAPEUTIC APPROACH TO DROPSY

Dr. Howard M. Engle, m.d.

The title of this paper is, *a priori,* anything but homoeopathic. It does not even carry homoeopathic implication. Homoeopathy is, first and foremost, an individualization in medical practice. This individualization practice, as yon know, is the present trend of modern medicine regardless of school. In fact Homoeopathy is a practice peculiarly exclusive to the individual in question, exclusive to the patient before us, regardless of whatever known medical entity he happens to be suffering from at the time of consultation. Homoeopathic therapeutics is mostly the study of the symptom complex of an individual regardless of the pathologic diagnosis of the moment in order to arrive at drug selection. In other words, Homoeopathy is interested primarily in the individual with the pathology rather than the pathology itself. To elucidate this point further. The use of prontylin for most cocci infections, as gonorrhoea for instance, the sulfapyridine therapy in pneumonia, and so on, although many times productive of excellent results, are therapeutic approaches belonging to other schools of medical philosophy which have for their objective primarily the counteractions to causative factors. Whereas in our school the objective is to enhance the defensive mechanism of the sick individual and stimulate this mechanistic defence which was depressed by the disease factor (Arndt-Schultz postulate); or we treat the individual with gonorrhoea with a remedy which closely fits the symptom complex of that particular individual according to his own individual reaction to the present disease. We have no specific treatment nor the so-called routine treatment for pneumonia, but we have over 100 remedies which may be applicable to individuals with pneumonia depending upon the symptom complex therein presented. For instance, the gonorrhoea patient may present Pulsatilla symptoms if discharge is thick and yellow, or greenish; Gelsemium, if patient is cold and achy; Allium sativa if discharge is bland and thin with much urethral discomfort. Our pneumonia patient may have a belladonna face and eyes; bryonia if attended with thirst and sticking pains; or ferrum phos. if symptom complex warrants it. And you, homoeopathic physicians, can attest to the spontaneity of your results, provided the totality of symptoms has been matched with the indicated remedy. This, then, is the main difference between the two schools of thought.

From this difference, therefore, may I be permitted to discuss the question of oedema and its homoeopathic management? Oedema indeed is a very broad subject, about the mechanism of which we are still in the dark, despite the excellent work and research done by Mc-Callum, Sabin

and a host of others. It is claimed that oedema is a result of the loss of vitality of cells involved resulting in imperfect fluid circulation in the cells and tissues. It is obvious that the use of 'loss of vital force' reflects our present concept of the subject but hardly sheds new light on its mechanism. If the mechanism of this phenomenon is not known, we can hardly approach it from the avenue of causal therapy; hence the therapy for this condition so far has been palliative. The use of concentrated salts in oedema to induce variation in osmotic pressures must be admitted as only a palliative measure. Undoubtedly salyrgan injection in general cardiorenal anasarca with poor elimination is of similar purpose.

In dealing with oedema homoeopathically I must repeat again the careful study of the individual first; by noting his tissue reaction, his mental attitude at the time. A most fruitful drug differentiation may be obtained from careful studies of modalities presented at the time of examination. I state some elementary instances.

In oedema of the eyes when both lids are swollen to a slit-opening, many remedies are of value, the selection of which depends upon the concomitants. Apis mel. will come in very nicely if there is a pricking sensation like pins and needles. Arsenicum if attended with acrid lacrimation; Rhus tox., if there is an orbital cellulitis with pus exudation and photophobia. Chamomilla if there is morning aggravation with the usual chamomilla disposition; but without this disposition Sulphur, moderately high, has a place; Hepar sulph. for morning and evening aggravation. The marginal oedema of Euphrasia is classical, especially with sensation of gravels in the eyelids. We have Sepia when morning and evening aggravation is noted with muscular asthenopia, and a host of other remedies too numerous to mention and too voluminous for meticulous discussion. We readily see that even in a simple instance such as oedema of the eye, the consideration for the selection of the remedy is mainly directed at the concomitants which determine the concordance with the pathogenesis of our drug. The disease entity, although important, is of secondary consideration inasmuch as the drug selection is guided by the patient's reaction to the oedema; hence the symptom complex which is being presented at the moment. It is beyond the scope of this paper to take up in an exhaustive manner the various remedies for dropsy from the homoeopathic standpoint. It may be interesting to cite samples of actual cases and discuss the therapeutic approach to them to illustrate the points discussed above.

First case, No. 28: Male, aged seventy-four. Blood pressure 190/104, came to my office with a cane. Past history revealed nothing of note; never used alcohol. Upon examination he has a swollen right knee, markedly inflamed which dates back four months. Complains of lumbago which lasts for a couple of days and then disappears again; pain and lameness in both thighs. He claims he is worse at night when in bed. Pain and stiffness in small of back, tight-feeling around knee joint, no headaches, but at times

feels as if he will fall forward. Some years ago patient had asthmatic attack from pulling a field of mullein. At times his asthma would be so bad he could hardly breathe. Traces of these attacks are still present. There is a slight pitting in the ankle, especially on the right side. Blood count shows marked secondary anaemia of toxic base with mild leucopenia. Blood chemistry revealed some nitrogen retention; there were occasional hyalin casts in the urine, but at no time did we elicit albumen. From the foregoing it is obvious to assume that we are dealing with hypertension with possible renal oedema which elevated the nitrogen threshold, besides the local unilateral inflammatory knee joint, which apparently is not of septic base in view of our blood picture. In short, we have a patient with pain and stiffness of the back, high blood pressure, asthmatic, right knee swollen and inflamed, with constricting sensation like band, and sciatica. Outside of this our patient is in fine shape.

Now, several remedies would come to mind upon examination of the symptoms. For pain and stiffness of the back Berberis, Ledum, Nux, Rhus tox., Silicea, Sulphur. For tension of the knee we find Arnica, Bryonia, Causticum, Lachesis, Ledum, Magnesia carb., Phosphorus, Rhus tox., Sepia, Sulphur, etc. If we went down the repertory for all his complaints we will find that Bryonia, Nux, Sepia, Rhus tox., and Sulphur will come in very strong. Upon closer examination of the symptom complex of this patient we would be led, and pretty nearly confined, to the following remedies:

Bryonia, Sepia, Rhus tox., and Sulphur. Let us now study these remedies and see which one will fit into our patient's picture. Sepia may be eliminated as the patient is warm, never feels chilly or cold, pain never pulsating, as characterized by Sepia. The patient is bright, alert, clean, affable and kind—not like sulphur patients, who are forgetful, peevish, selfish, lazy and dirty. The problem, therefore, is boiled down to two remedies, namely: Bryonia and Rhus tox. Bryonia at first glance will be the choice because the knee looks red, swollen, and apparently with some effusion. But let us examine the modalities and characteristics of Bryonia. Bryonia's most salient modality is better upon rest and worse upon motion with the inevitable bryonia thirst. We notice that this patient is worse when going to bed at night, in other words, worse upon rest. If worse upon rest, we can safely assume that he is better upon motion. Inasmuch as Rhus has this modality, plus the classical pain and stiffness of the back, I decided to put him on this remedy. Rhus tox. 3x was given and upon finishing a four-dram vial of it the pain and stiffness of the back were greatly improved, and the patient was better now; upon rest, his sciatica was decidedly better. The knee still painful, red, and swollen but now better by rest. Bryonia 3x was given. The knee showed marked improvement, the swelling was milder, and he had less pain. At the end of ten days he was able to get around comfortably without the aid of a cane. Continuation of

these remedies brought about a complete cure. Over a year has now elapsed since he discarded the use of a cane.

DISCUSSION

The homoeopathic approach to this case is the usual repertorial studies. Because a single remedy must be sought to fit this particular case, many remedies, although fitting closely with existing conditions, had to be carefully studied and judiciously eliminated. Possibly Sulphur would have been wise to give at the time to further clarify our symptoms and emphasize the vague ones, but the patient was decidedly not a sulphur type; hence it was abandoned. The initial administration of Rhus tox. was apparently a wise move for it took care of the rhus symptoms and brought out clearly the bryonia complex. There is no doubt that Rhus tox. acted in this case as a drainage remedy to prepare the action of Bryonia to its fullest benefit.

Case No. 52: Man aged fifty-two. Has had usual children's diseases. Pneumonia six years ago. Patient came to my office on March 11, 1939 with his own diagnosis of cirrhosis of the liver; this was conveyed to him by a former physician. He presented an enlarged liver, icteric skin, with definite yellow tinge on the sclera. The liver could be outlined with great difficulty due to the existing ascites. The patient informed me that he had been tapped forty-eight times within the past year, which was confirmed by cicatricial markings. These tappings evinced that effusion is rapid. Other complaints were stiffness of the shoulders, weakness of the legs, often felt as if they would give out under him. Bowels move only with the aid of laxatives. Mental make-up of this individual, in spite of all this apparent misery and suffering, was bright and hopeful, and he had a good sunny disposition, with a keen sense of humour, minimizing his pains, which undoubtedly he must have from time to time. Periodic nausea and vomiting, especially after meals, appetite fair, sometimes very hungry, but food does not taste good, lots of thirst, tongue ditty gray (no dental markings or mapping), pulse slow. Respiration slightly accelerated, temperature normal. There is evidence of myocardial damage. The main complaint was enlarged abdomen full of fluids and that was all of which he wanted me to relieve him.

If we were to treat this patient for disease entity of ascites alone, as requested by the patient, we find the following drugs listed in many texts:

Acetic acid, Helleborus, Apis mel., Arsenicum, and Digitalis. Acetic acid can be safely eliminated on account of the patient's mental disposition; he is not worried, not irritable, no oedema of the feet. No pain in head, absence of tympanitic sounds in the abdomen, no wasting and debility, which are classical symptoms of Acetic acid. Helleborus can also be disposed of in the absence of muscular weakness, absence of mental apathy, no characteristic headaches of boring-in sensation, abdomen not sensitive, no particular respiratory embarrassment. Apis like Helleborus has mental

apathy, whining, full of complaints, which is entirely foreign to our case in question. The ascites, although pronounced, offers, according to the patient, no particular discomfort, no constriction, that you will find in Apis; no soreness. Apis is thirstless, but this patient is thirsty. It is obvious that Apis is not our remedy. The next remedy we note is Arsenicum. It is true that this patient complains of a great deal of thirst, which is characteristic of Arsenicum and many other drugs, yet lacks the classical anguish and restlessness of Arsenicum. The fear of death, hallucinatory disturbances are absent. The patient does not have looseness of the bowels so typical in arsenicum patients. No pain in the abdomen, nor enlargement of the spleen. Arsenic, then, does nor correspond with the picture. Digitalis at first glance may fit into the case, because of the myocardial damage, but like the previous remedies, is not in accord with the mental make-up of the patient, which is very important in homoeopathic prescribing. He has not the despondency and anxiety of Digitalis, nor the fearfulness of Arsenicum. He has not the tenderness of the epigastrium, or the neuralgic pain in the stomach that you invariably find in the digitalis patient. The abdomen, although large, is not painful or sensitive. He is constipated and does not have the looseness of the bowels of Digitalis. The classical oedema of the lower extremities of Digitalis is not present. So if the disease entity alone were to be considered in this patient, we would be hopelessly lost, for none of the ascites remedies in our repertory fit into the picture as described above. Let us look closer into the symptoms again.

We find a patient with an enlarged abdomen, no pain, no particular discomfort, with thirst, happy, sunny disposition. Having gone over most of the dropsical remedies without any of them fitting closely to our symptom-complex picture, next we look into one which we have not yet mentioned. His concomitant complaint of 'lots of thirst' is striking. Among the thirsty remedies not yet mentioned, Bryonia comes to mind. Bryonia has profound effect upon the serous membranes in that it aids in absorbing dropsical effusions, either peritoneal, synovial, pericarditic, and others. It is the remedy of a robust patient and not of a weak patient. We have an otherwise healthy patient in this case. Although the mental complex does not fit the bryonia picture, yet the complaint of dryness and thirst which is not sufficiently intense for Arsenicum is present. Periodic avid hunger and loss of taste are also the patient's make-up; the constipation of Bryonia is present here. The feeling of desire to expand the lungs and cannot is usheted in by the accumulation of fluid of the stomach encroaching upon the thoracic cavity. Painfulness and stiffness of the neck are also typical of Bryonia. The yellow skin with scleral tinge again calls for Bryonia. Occasional attacks of drowsiness caused from profound toxaemia as manifested by marked indicanuria, and profuse perspiration, are also a bryonia picture. Out of these six remedies discussed herein, Bryonia seems to fit the picture despite the contradicting mental make-up of the individual

and apparent absence of soreness of the epigastrium and of the liver region. Bryonia was given and at the end of four weeks the patient was back to the office. Girdle measurements reduced, but with this additional complaint: Vomiting of food one hour after meals and emission of water soon after it was taken into the stomach clearly called for Arsenicum iodide. Arsenicum iodide was given and the above symptoms were subsequently helped. Bryonia was alternately given with Arsenicum iodide for four weeks.

When this patient first came to me, looking like a woman at full term, he was able to do, occasionally, a few hours' work a day, and that with great difficulty, but now he is able and actually does eight hours of hard, firm labour daily.

And so we may quote cases endlessly to illustrate this type of approach to homoeopathic therapeutics in patients with dropsy. The main point to remember is, whatever a patient complains of we must look for the guiding symptoms first and work down to their various modalities, and with patient and careful care, select the remedy which fits into the patient's picture in its totality of symptomatology.

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