

AND NOW ALLERGY

WILLIAM A. BOYSON, M.D.

As background media for a few impressions concerning allergy and Homoeopathy, let us consider a few comparisons. While comparisons are odious, perhaps out of the muck may appear a gem of crystallized truth.

Compare the rise of chronic diseases with the rise in life expectancy. Compare the popularity of foci of infection as aetiologic king just twenty-five years ago with the present popularity of viruses. And with what can we compare the present popular aetiologic trend in chronic diseases to allergy? Rheumatic disease, respiratory, dermatologic, renal, circulatory, ophthalmic, digestive, neurologic, blood and metabolic diseases are now allergic manifestations.

Today we are intrigued by the infinitely small and the infinitely large, the atomic and the astronomic, the energy of the atom and the megaton lift. Man has broadened and deepened his knowledge of his world. Today our world is that of Hahnemann plus a knowledge of coal, petroleum, electricity, psychology, mathematics, metallurgy, applied science, transportation and finance. Along with others, the drug field has been exploited chemically, botanically, biologically and economically. This is at least good business for the dominant multi-millionaire drug houses. Some day one of these researchers is going to rediscover the curative law and we may see Homœopathy dominate healing, even though the word is not in the vocabularies of many who are ostensibly educated.

Absymal ignorance may be an advantage on occasion. For example, ignorance of the technical obstacles to accomplish a desired end is often a real asset so long as the desire of accomplishment is unwavering. Thomas Edison is an apotheosis of this statement; his staff worked out all the reasons why his current project would not work and he combined selected data to his desired end. Of course his dumping ground was voluminous. It is in all constructive thinking. It took 605 failures to produce 606, Salvarsan, which itself is now relegated to the dump.

Medicine as a science has quite a big dumping ground for past favorites in diagnosis, therapy and methods. Hahnemann himself was the agent for dumping the seton, the cautery, the massive bleedings and the castigation of the insane. And, currently, allergy gibes promise to be another dumpee because it is such a popular repository for the chronic ills of mankind.

What is Allergy? It is the individual sensitivity to a substance not exciting to others. The state of allergy is best described as a perversion or perversions of the mechanisms of host defence.

The frequent allergens include pollens, plants, micro-organisms, and their products, animal tissues, digestants, cosmetics, drugs, serums, articles of cloth-

ing, dyes, industrial products, physical modalities (heat, cold, solar energy, etc.) and psychic tensions.

The allergen may be introduced to host by exposure, contact, inhalation, oral administration, or parenteral injection. The primary shock organ may be tegumentary, collagenous, mucosal, serosal, muscular, endothelial, hæmic or vascular. The clinical manifestations, resulting from exposure of shock organ to allergen may be preponderantly cutaneous, respiratory, digestive, nervous, circulatory, hæmatopoietic, skeletal, or related to an organ of special sense. The frequent reactions are histamine-like and tuberculin-like, so-called because of resemblance to tuberculin reaction or in time value immediate and delayed acute and chronic. The immediate or histamine-like reaction is commonly treated with adrenogens, antihistamins and the Tbc-like, or chronic, with small doses of ACTH and Cortone or Corticotropin.

The gold thread running through all allergy literature is, "One should not treat a case of allergy but rather a patient with allergy."

Early theories were based on the assumption that the reaction between antigen and antibody takes place in the blood stream. Evidence soon piled up that the site of reaction is in or on the tissue cells themselves. Thus, the humoral theory was supplanted by the cellular theory. If the blood of a sensitized animal is used to replace the blood of a nonsensitive animal, the latter is not sensitized until after an interval of at least four hours, the interval, presumably, required for the antibodies to become finally, firmly, attached to the tissue cells. The uterine strip test is based on this hypothesis.

Antibodies are actually modified serum protein, a modified globulin in the so-called gamma globulin fraction. No generally accepted theory applies to the site of these reactions. Definitely cellular, but whether reticulo-endothelial, liver, muscle, capillary, chemical, intra or extra cellular or physical the exact location and type of mechanism is under constant study.

Shock organ or shock tissue are terms in allergy to denote the reactive site in allergic manifestations in animals. This is especially applicable to humans, in whom quite a number of tissues and organs react. In one person, the skin may react, in another the intestines, in another the bronchi. And the location in an individual may vary at different times. One allergen may cause one person intestinal symptoms, in another a migraine and the individual may react in different tissues at different times. Coca has popularized the term shock tissue or shock organ meaning the site of reaction which may be the mucous membranes of the nose in hay-fever, the skin in urticaria or eczema, or the heart, the circulatory system in whole or in part, the liver or any organ or tissue. There is a specificity of sensitization in shock tissues, e.g. an individual in spring may develop asthma without hay-fever due to grass pollen and in the late summer may develop ragweed hay-fever but no asthma.

How do homoeopaths treat allergy? Homoeopaths do not treat allergy. They treat individuals with allergies. These individuals offer an attractive

field for Homoeopathy. Even our old school brethren identify the condition as individual and when we treat the individual and his individual symptoms we are in the field of Homoeopathy. What are we dealing with? We all identify the situation in allergy as an old chronic case, a miasm, one of the psoric disorders. Rather than a didactic exposition on theory, suppose we rework a case illustrative of allergy treated homoeopathically.

About three years ago, I was called to see an unmarried female of 78 years, very stout, verbose and chilly. Her chief complaint was itching recurrent girdle rash, macular, worse from rubbing and from heat, especially in bed. We found that she was at times depressed to despondency, easily exhausted by effort, annoyed by her offensive body odors and filthy taste in her mouth. Cold air and winter made her worse, in fact, she wrapped her head in a woolen scarf at night, winter and summer, to be sure that she would not be in a draught. It was a warm October day but she wore a dress adequate for a Minnesota blizzard. She was given a dose of Psorinum.

Until a year ago, she was given Psorinum twice for irregularly appearing recurrences of her symptoms. A year ago she developed a tachycardia after a house cleaning spree. Two weeks in bed with Arnica 40M followed by Digitalis 1M put her right until a virus infection last November brought out a drug picture that I did not identify for several weeks. I was treating her influenza and not the patient with influenza.

Then, after a new case taking, a session with Kent's *Repertory*, a strict adherence to general rubrics and not the small specific ones, uncovered the drug she was asking for and her verbal report on her condition was, "That last medicine was the best you ever gave me. I can't remember when I felt so well as I do now."

Before going into the case, let me point out that she can be classified as a chronic or tuberculin-type allergic. Her chief complaint was a right sided prosopalgia, worse when chilled and shooting in character. She felt depressed and melancholy. The sight of food was offensive but she now likes milk and coffee. Her mucous membranes were all dry; she was very thirsty; her urine was frightfully odorous. Everything was worse in the morning when she should be refreshed. The girdle rash has reappeared. "Can't stand a draught, must be wrapped up to keep warm." There is a low back pain from hip to hip. She feels smothered and she has gas in abdomen but gets relief when she belches. She has trouble in swallowing even liquids. She has an occipital headache lying in bed. Feels best in the evening. She has a pain in the left shoulder aggravated by motion. She dreads weather changes because she feels so much worse.

Right here is a good place to drop the loyalty to "leaders." With a lack of vital reaction, coldness, melancholy and a diarrhoea of symptoms Psorinum should be a ringer. After a couple of weeks with no progress, we dipped into Kent with the above symptoms and from 21 drugs one

emerged in every rubric and on searching Hering's book the case was matched to the last symptom in *Chelidonium majus*.

To be sure, comparisons are tiresome, tedious and odious. But when the individual's curative remedy emerges from the travail of case taking and repertorizing ours is the joy of a new father.

It is not to be supposed that one case will establish new treatment procedures and illustrate all of the ramifications of allergy, or psora. It does illustrate the faults of repertorizing with small rubrics, of depending upon leaders, of relying upon memory and impressions.

We opened this paper with a series of comparisons, may we close it with a comparison of Homoeopathy and allergy. They have so much in common. Allergy is the individual's sensitivity to a common element in environment; so is basic Homoeopathy. Fortunately, Hahnemann was sensitive to Cinchona and did something about it. Allergy and Homoeopathy are on common ground in recognition of the individual. No text on allergy exists that does not insist that the individual and not his allergy be treated; certainly this is straight Homoeopathy.

Since allergy is a chronic manifestation, psora, the family history, and the past personal history certainly contain the key to this individual's distress. Suppressed infections, in a word, must be sought in the history. And, to clear the symptoms, a nosode is frequently indicated: *Tuberculinum*, *Psorinum*, *Lyssin*, *Pneumococcin*, *Homarus*, *Syphilinum*, *Pyrogenium*, *Medorrhinum*, to mention only a few.

Compare the skin testing and subsequent desensitization of the allergists with our treatment with potencies. If the old school technicians would potentize their dilutions and administer them with atraumatic method, we would be on common ground again. Compare, too, our method of immunizing against polio, small pox, rhus dermatitis and hay fever with the current old school methods.

Allergy teaches us again the great homoeopathic principle of treating the patient and not the disease. We homoeopaths need that lesson. It is basic philosophy. Just using drugs prescribed by homoeopaths is not Homoeopathy. We must begin with the patient's story to get generalities, modalities, location, sensations, his individual reaction to his disease. Then, with repertory and *materia medica* match his picture will be the proving of a drug that gave that same picture in healthy provers.

—*The Hahnemannian*, June 1974
