

THE X-RAY DRUG PICTURE

S. P. DEY

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The X-Ray Drug Picture

Proved by Dr. Bernhardt Fincke in 1897

It is a pity that a drug like X-Ray which was proved 90 years back, is rarely used by us till today. If we analyse the symptomatology as obtained from its potentised proving as also the crude effects of its clinical application, we can easily understand its depth and sphere of action. The drug is so deeply penetrating and long lasting in its effect that in my opinion we can hardly sacrifice its knowledge even for the sake of well versed knowledge of rest of the drugs in homoeopathic materia medica.

We are facing difficult, masked, complex and so called incurable diseases in our everyday practice and now-a-days the number of such complex miasmatic disease is alarmingly increasing. Generally, we try to give some sort of palliation to these patients and feel happy with the results obtained. Should we not try to do something better if we have the means to do so? X-Ray is a drug which may help us a lot in this respect. We are only to know how, where and when to use it.

Clinical conditions where X-Ray should be thought of as a possible medicine :

1. Dry, obstinate Eczema, Psoriasis, Vitiligo and Pigmentary disorders.
2. Alopecia.
3. Corns, ganglia, warts etc.
4. New growths including pre-malignant conditions like Neurofibroma.
5. Ulcers and wounds refusing healing (including Leukoplakia, Dry gangrene etc.)
6. Sinuses and fistulae.
7. Caries and necrosis of bones and tissues.
8. Obstinate Rheumatism, Arthritis and Gout—not responding to other medicines.
9. Oligospermia, Azoospermia and Amenorrhoea.

10. Affections of cerebrospinal nervous system ; paralyses.
11. Diabetes Mellitus and reversible degenerative diseases.
12. Retarded growth.
13. Severe Anaemia and varicose veins.
14. Deaf and dumb.
15. Lack of reaction to well indicated deep acting medicines.

Characteristic indications :

1. *Long lasting suppression of miasmatic affections :*

X-Ray penetrates deep into the tissues and organs. Hence, it possesses the power of bringing back the old suppressed disease manifestations on the surface. It is a process of evolution as we see in Hering's law of cure. We are to hit hard to reach the innermost part of the interior of a living human being. X-Ray is such a weapon. One will be astonished to observe its effect of bringing back the suppressed old symptoms, even if they be of 20, 30 or 40 years of duration. It has repeatedly been verified by me in my practice. I have seen old gonorrhoeal discharge, suppressed syphilitic chancres or ulcers and suppressed skin disease of long past to reappear after its judicious administration. But one caution is necessary for its use in such cases. It is a curative effect of the medicine against which the system (vital force) reacts as a whole. But if the reactionary capacity of the organism is very low and gross organic changes are there, this process of evolution may break the damaged organs and tissues into pieces and the patient, not being able to cope with the situation of stormy outburst, may face dire consequences, if not death. Hence, before its application in such cases, we must be sure about the curability of the cases as also the potency, dose and repetition of the medicine.

2. *Mixed miasmatic states :*

The first indication stated above indicates clearly that the drug covers all the three miasmatic states,—Psora, Sycosis and Syphilis and very often we come across patients suffering from mixed miasmatic states where X-Ray may be required

as an indicated medicine, if symptoms agree. Complex miasmatic states, especially if marked, should invite our attention to X-Ray if other constitutional medicines are not well indicated due to paucity of symptoms.

3. *Paucity of symptoms :*

The more a disease becomes organic and reaches the stage of incurability, the less are the individualising symptoms manifested on the surface. In such cases we get the common symptoms of the nosological conditions and homoeopathy has definite limitation in such cases. We should think of X-Ray in such cases as one of the means to explore the curability of the case. Has the patient not gone far beyond the scope of medicine, X-Ray may bring back many accessory symptoms, relieve the tension of the organ and tissues and save the patient from threatened destruction of the organs. Thus many so called incurable patients may turn into curable stage following the administration of X-Ray.

4. *Non-healing ulcers, sinuses, fistulae, wounds, burns etc. :*

X-Ray burns take long time to heal up. Naturally, the drug may be very effectively used in any ulcer, wound, sinus, fistula etc. which refuse healing by any other means including constitutional treatment. Even in burn cases the drug may be used for quick healing and preventing complications. Congenital sinuses may nicely respond to this drug. I have used this drug in anal fistula, idiopathic keloid formation, chronic osteomyelitis, caries of bone, spondylosis etc. with great success. In all such cases my prescription was based mainly on this indication of non-healing ulcerations.

5. *Primary or secondary degenerations :*

Primary degenerations of syphilitic miasmatic origin or secondary degenerations of Psoric, Syco-Psoric or Syco-Syphilitic origin may nicely be cured whenever possible with the help of this drug. Rheumatoid arthritis, Osteo-arthritis, Gout, Pernicious anaemia, Spondylosis, Diabetes Mellitus, pre-cancerous conditions e. g. Leukoplakia etc. may respond

nicely to X-Ray provided the vitality of the patient is not too low to give necessary reaction to establish an order in the system once again.

6. *History of repeated X-Ray exposure either for diagnostic or therapeutic purpose and/or history of Radium therapy :*

Potentised X-Ray is a very good antidote to the effect of crude X-Ray as and when necessary. Indicated constitutional medicines may fail to produce desired result if the effect of X-Ray exposure acts as an obstacle in the way of cure. Children born with congenital defects may require X-Ray in potentised form if there is history of X-Ray exposure in the mother during pregnancy, especially in the early months. Even the mother should be given a dose of potentised X-Ray during pregnancy to eradicate the dyscrasia if any.

7. *Falling of hair in bunches or complete alopecia :*

Total destruction of hair follicles with complete alopecia indicates syphilitic miasmatic state either hereditary or acquired. X-Ray is a very good medicine in such cases indicating its usefulness as an anti-syphilitic drug.

8. *Corns, Excrescences, Callosities, Ganglia and new growths of any kind :*

Painful corns on sole of feet are very obstinate to cure. Pain may be relieved by Antim crud, Hypericum, Calc-Fluor., Thuja etc., but complete cure of such conditions is very difficult. Very often they require surgical aid. X-Ray may safely be tried in such cases. I have seen many such patients to be completely cured by X-Ray. Those who have no knowledge about the efficacy of this drug, may have a trial in such cases.

9. *Primary or Secondary Amenorrhoea :*

Delayed onset of first menstruation or long lasting secondary amenorrhoea due to hormonal imbalance or suppression of miasmatic manifestations in the past may respond nicely to X-Ray. In fact X-Ray acts in such cases as a strong whip to set the system in order so that all the

Endocrine glands regain their co-ordination of action in place of incoordination. This indicates how great an anti-sycotic medicine is X-Ray. I have seen menstruation to reappear after a period of 5/6 months of amenorrhoea or even more.

10. *Suppression of skin diseases, discharges and Rheumatism or Arthritis :*

Suppression of skin disease in any form, starting from scabies to Psoriasis may serve as a valuable indication of X-Ray, if indicated medicines fail to bring back the suppressed state. The longer the history of repeated suppression, the more clearly the X-Ray becomes indicated. In many chronic ailments we try and expect the suppression to come back, but it does not. Naturally the chronic ailments are not cured. In such cases we should think of X-Ray. Pre-cancerous condition of cervix of the uterus with history of suppression of long lasting leucorrhoea should remind us of X-Ray as a possible medicine. Cardiac manifestations following suppression of Rheumatic or neuralgic pain may yield nicely to X-Ray as and when indicated.

11. *Retardation of growth both physical and mental :*

Sudden retardation of growth in early childhood without any congenital defect or apparent cause indicates imbalance in the system either due to hereditary miasmatic dyscrasia or acquired deficiency states. X-Ray may eradicate the dyscrasia and the child may start growing again, normally. With this indication we may try this drug also in Mongolism, Microcephale, Hypo-Pituitarism, Hypo-thyroidism or Hypoadrenalism, cerebral palsy etc.

12. *Vitiligo and other pigmentary disorders :*

The medicine is very useful in vitiligo or other conditions of leucoderma as also hyperpigmentation of any kind. History of repeated X-Ray exposure in either of the parents or the patient himself may serve as a valuable guide in the selection of X-Ray in such cases.

13. *Rheumatoid arthritis, Osteo-arthritis, Spondylosis, Pot's disease etc. with history of previous X-Ray therapy :*

Such conditions previously treated with X-Ray or steroids may not respond to indicated medicines like Causticum,

Silicea, Calc. Fluor, Tuberculinum etc. In such cases a dose of X-Ray may bring back the original symptoms facilitating the selection of the correctly indicated drug. Thereby it helps in making a correct second prescription.

14. *When well indicated medicines fail to ameliorate or cure the mixed miasmatic conditions :*

As has already been stated, many obstacles may act as blocks or impediments in the way of cure. Removal of such blocks is a must before we expect to cure such conditions. X-Ray is one of the pioneers in this field—much more powerful than other nosodes and drugs like sulphur, Carbo veg, Camphor, Zincum etc. which are reputed for having similar action.

15. *Symptoms taking wrong direction :*

If physical symptoms improve or disappear with abnormality in mental sphere or some organic symptoms supervene with disappearance of surface symptoms, it indicates a grave condition and immediate antidote is absolutely necessary. X-Ray is a very good friend in such cases to help the patient to be cured of his ailments following Hering's Law.

16. *Congenital or acquired deafness and dumbness of functional origin or due to reversible organic causes :*

Sudden development of such conditions due to high pitched sound like bomb blasting etc. or fear may yield nicely to X-Ray. But this drug is so deeply penetrating that it may also be tried in any such congenital conditions.

17. *Rough, Scaly and bleeding palms ; Dry or weeping eczema :*

In many patients, especially in women we see unhealthy conditions of skin on palms, persisting for years together. Skin appears like excoriations resulting from excessive handling of water. Dulcamara, Nat. Mur, Thuja etc. are very often indicated in such cases. But complete cure may not take place in many cases. We should think of X-Ray in such cases as also in the cases of long lasting dry eczema which have not been amenable to indicated drugs.

18. Complete anorexia and desire for sweets were revealed in the proving of X-Ray.

19. Complete aversion to meat is also one of its important symptoms.

20. Prolonged prostration of both mind and body without any other remarkable suffering is also one of its interesting features.

21. There may be sleeplessness or catnap sleep without any apparent cause.

22. X-Ray is one of those rare drugs which act on Oligospermia or Azoospermia with or without loss of sexual desire.

23. All the complaints generally aggravate at night.

24. It also produces trembling all over.

25. Paresis or complete paralysis of extremities or different organs is also another important symptom of X-Ray.

26. There is also polyuria at night.

27. Bulging of the chest wall, especially in the left side is another striking feature (may be both subjective and objective).

28. Usually the patients are irritable and desire to be alone.

29. It also has produced pain in the left kidney region like renal colic due to calculus.

30. X-Ray has significant role in varicose veins and dry gangrene.

POTENCY, DOSE AND REPETITION

A weapon with such stupendous power must be handled carefully especially in the selection of potency, dose as also regarding its repetition. I have observed the medicine to act for months together following the administration of a single dose of 200th potency. In fact, I consider X-Ray as the *most deeply penetrating* and *long acting* medicine of our materia-medica. Sometimes its action manifests quickly rather immediately, but in most cases, the action manifests insidiously, in course of one to three months. Any change of medicine within 15 days or a month, may lead to severe aggravation and seal the door of cure for ever.

In any case, where we like to prescribe X-Ray, we must first of all judge the vitality of the patient and reversibility of the pathological changes. If we are satisfied that the patient is in the curable stage, we should next judge the susceptibility of the patient. If we see that the patient is moderately susceptible, we should select a single dose of 200th potency in our first prescription. And then, as already stated, we have to wait and watch the changes patiently until the patient comes to a standstill condition. During this period of waiting and observation very often it is seen that the suppressed old symptoms of long past are reappearing one after another. It may so happen that the patient may forget the occurrence of any such symptom till its reappearance. Incidentally, the patient gradually feels better of the presenting condition as also in himself/herself, the more the old symptoms reappear.

Repetition :

The drug needs repetition only at long intervals. It can only be repeated when the action of the first dose is fully exhausted. It is better to repeat the medicine in the same potency giving 5 to 10 succussions to the phial (modified strength) instead of jumping to 1 M from 200th. When the condition of the patient improves to a great extent, still requiring repetition, we may administer one dose of 1M potency without any fear of danger.

Hazards of frequent and indiscriminate repetition of the medicine :

If the medicine is repeated unnecessarily, it may lead to bone-marrow depression and damage to the internal organs and the patient may develop an artificial chronic disease which may be much more grave than the present disease. Latent degenerative states may flare up and quick destruction of cells and tissues may occur. Hence, the drug *should never be repeated* like other polychrest drugs which generally take a long time to produce an artificial disease.

Caution about potency selection :

200th potency is moderate enough to start with. Too high (10M, 50M, CM etc) or too low (below 30th) may cause

adverse reactions and may even endanger the life of the patient.

How long to depend on X-Ray alone ?

(a) So long as the present condition of the patient improves, we can safely depend and wait.

(b) If old symptoms reappear and then pass off themselves, we should wait.

(c) If old symptoms reappear and persist unchanged for a long time, we should repeat X-Ray in altered (higher) potency.

(d) If old symptoms still persist and clearly indicate some other constitutional medicine, we should administer the new medicine in no less a potency than what was used in the last prescription.

(e) If old symptoms become troublesome while the present condition is still improving, the new medicine is to be given in lower potencies (6, 12 or 30) or in 50 millesimal scale. After the old symptoms disappear, we are to assess the present condition again to see if the patient is still improving in his present condition or as a whole. If so, we are to wait till the condition comes to a stand still state when another dose of X-Ray may be repeated in slightly higher potency.

(f) We are to leave X-Ray only when we are sure that the drug has done whatever it is capable of doing in such cases.

Signs of improvement following administration of X-Ray :

(a) Old suppressed symptoms reappearing.

(b) If any discharge e.g. Leucorrhoea, loose motion, mucus in stools, minor haemorrhages, fluent coryza, old gonorrhoeal discharge etc. sets in.

(c) If the patient as a whole feels better even with aggravation of present symptoms.

(d) If functional symptoms aggravate with amelioration of objective findings or organic changes.

(e) Patient's appetite, sleep, body weight, mental state and general appearance being improved simultaneously with the feeling of general well being.

Conclusion :

We must try to use this powerful weapon as and when

necessary especially in tackling difficult, masked and the so called incurable diseases. There is no risk or danger if it is used judiciously. Can we spare any of our efforts to be judicious in administering any of the deep acting prolychrest medicines of Homoeopathic Materia Medica? Surely we cannot. So, I appeal to all my learned colleagues to please give a fair trial to this medicine to see if it be of any help in alleviating the sufferings of the ailing humanity.

ILLUSTRATIVE CASES

Case no. 1

A male patient aged about 50 years came for consultation on 29. 3. 74 for treatment of his rheumatoid arthritis complicating with Psoriasis. He had been suffering from Psoriasis for fairly a long time, the exact duration of which he could not mention. The duration of rheumatoid arthritis was only two years. His principal complaint was rheumatoid arthritis and its associated features on the first day of his visit. He was on steroid treatment at that time. Almost all the joints were affected including neck. Severe pain in joints with stiffness and restriction of movement which used to aggravate in the morning and on initial movement and ameliorate by continued motion. The patient was hot and could never cover his feet during sleeping even in winter. He used to perspire profusely but only to increase his sufferings.

On examination, he was found to be severely anaemic and his blood pressure was high (exact reading not noted in the record).

The patient was on Kali Iod in different centesimal potencies from 29. 3. 74 to 8. 7. 74 with partial relief of Psoriasis and joint pains from time to time. Not being satisfied with his improvement, he discontinued treatment after 8. 7. 74 and placed himself under treatment of another Homoeopathic physician and took many medicines at a time including local application for Psoriasis. The patient was much relieved of his pain but became completely bed-ridden and was unable to get up from his bed even. There was free

discharge of pus from the eruptions also. So, he again called me to see him on 22. 7. 75.

This time I prescribed X-Ray 200 one dose to take care of repeated suppression and palliation. To my utter surprise, the patient steadily improved in all respects but with aggravation of Psoriasis and occasional rise of temperature. The medicine acted for about 8 months when another two doses of X-Ray 200 were repeated at an interval of 12 hours giving 10 succussions to the phial before each dose. Finally X-Ray 1M one dose was given after another 4 months when the patient could join his daily duties. This case proves the efficacy of the drug in bringing back the suppressed conditions on the surface and thereby to cure a patient following Hering's Law of cure.

Case No. 2.

A boy aged 19 years came for consultation on 17. 11. 86. He had alopecia since six years of age following an attack of small pox at the age of 5 years. He had no hair on eyebrows and axillae and pubic hair and eye lashes were nil. He was on allopathic treatment including steroid 1½ years back but discontinued the treatment as he was becoming obese following steroid treatment. He also had nausea and vomiting while riding in a car.

His past history revealed that he suffered from long lasting diarrhoea at the age of 5 months for which he was given many medicines and finally was checked by herbal products ; he suffered from convulsion at the age of 6 months ; thereafter he suffered from small pox (?) at the age of five years ; he also had tonsilectomy at the age of 17 years after which his alopecia turned to be total. His family history revealed Pulmonary tuberculosis in his maternal side and Diabetes Mellitus & mental disorder in paternal side.

He is a hot patient with profuse sweat all over his body. He has craving for raw salt and cold food and drinks and aversion to fat and rich food. He has great thirst for large quantities of water at a time. Mentally, he is sad, depressed, anxious and prefers to be alone because of his illness. He is

basically nervous and has stage fright too. Considering the history of repeated suppression and tendency for complete destruction of hair follicles at an early age, the family history of mixed miasmatic states and paucity of symptoms, I prescribed X-Ray 200 one dose on 17. 11. 86. His hair started growing after the very first dose and now he has considerable development of hair at all places. In the meantime he has been given X-Ray 1M one dose three times at an interval of 4-5 months, each time repeating by giving 10 succussion to the phial.

The patient is still under treatment and he is now quite hopeful about his complete recovery.

It is really a pleasure to see how nicely a single dose of this medicine acts for months together in a curative way.

Case No. 3.

A male patient aged 17 years presented the following on 5. 9. 86.

1. Pain in right Iliac region since childhood—aggravates from exertion and ameliorates at rest.
2. Bursting headache affecting whole head for last one year ; aggravates from sunlight and mental or physical exertion ; ameliorates at rest.
3. Sudden spell of breathlessness during sleep at about 11 P.M. associated with stiffness of neck and marked salivation ; the attack is preceded with shouting ; each attack lasts for 3-4 hours. Duration—four months only.
4. Prominence of Thyroid gland with fine tremor of outstretched fingers ; duration 2-3 months.
5. Occasional mild rise of temperature at night.
6. Dandruff with itching of scalp and falling of hair for 3-4 months.
7. Many other vague complaints which the patient could not express accurately.

Past history :

1. History of ulcer on legs at 7 to 8 years of age >d. by local application.

2. History of dog-bite (Pet) in childhood for which no anti.rabies injections were taken.
3. History of evening rise of temperature with anorexia, mucoid stools and progressive loss of weight in 1983. In 1984, Mantoux test was positive and a course of anti-tubercular treatment was given till the end of December 1985.
4. Lastly, he was treated in an allopathic hospital as ulcerative colitis.

Family history : Reveals only rheumatism (maternal side).

N. B. Till 5. 9. 86 since he stopped allopathic treatment, he has regularly been taking Phosphorus 30 and Carbo-veg 30 daily.

Generalities :

1. Chilly patient. 2. Anorexia++.
3. Desire for salt (takes extra salt in diet regularly), fish, meat, warm food and fruits.
4. Aversion to sweets, milk and raw onions.
5. Intolerance to meat and milk which cause indigestion.
6. Thirst ++ even at night ; takes large quantities of water at a time.
7. Sweat ++ on back, chest and face ; feels uneasy after sweating.
8. Mucoid, semisolid, offensive stool.
9. Urine emits offensive smell.
10. Sleep disturbed ; lies on back ; shouts during sleep.
11. Fearful, irrelevant dream ; dreams of accident.
12. Mind : depressed, nervous, restless, impatient, hasty, anxious and despair of recovery ; confused.

Clinical findings :

1. Caecum, Ascending colon and Sigmoid colon—very much thickened and tender.
2. Liver—enlarged about 2 fingers below the costal margin ; tender++.
3. Trembling of outstretched hands+.
4. Pulse 100 p.m.
5. Wt. 43 kg.

Anamnesis and first prescription :

Considering the history of repeated suppression of various ailments since childhood and over-drugging till date, the case appears to be "Double complex" and masked. Moreover, the patient was under the influence of Phosphorus and carbogveg for a long time. Naturally, the present symptomatology lacks its originality and the patient himself is passing through a confused state both physically and mentally. As such, X-Ray 200, one dose was given on 5. 9. 86 with a view to make the picture clear and to antidote the effects of various medicines taken so far.

Follow up :

The patient improved in every respect till 16. 12. 86 with a general feeling of well being ; less number of symptoms day by day ; gained weight by 3 kg ; no further rise of temperature so far ; liver enlargement almost nil and occasional appearance of skin eruptions here and there which subside spontaneously. As some of the symptoms tending to relapse in recent days, a dose of X-Ray 1M was given on 16. 12. 86. After this, his skin eruptions started appearing on the surface in an aggravated form from time to time with occasional attacks of mucoid stools. He is still under treatment and observation, but he is a changed man now and leading more or less a normal life. He is lastly on Carcinisin 1M (January'88) one dose for disturbance of sleep in recent days and a tendency for reappearance of neurosis.

Reference : THE MATERIA MEDICA OF THE NOSODES
with
PROVINGS OF THE X-RAY
and
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Other Sources
by
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