

PROSTATIC SURGERY OR HOMŒOPATHIC TREATMENT

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To the well-trained homœopath the question of surgery and the surgical treatment of an individual is a rare thing. Not because we are opposed to it where it is apparently the only practical thing to do; but the experience of the entire profession leads one to the contrary conclusion. His choice of treatment, therefore, is homœopathic and medical as distinguished from mechanical or surgical. Certainly, we try to the best of our ability and skill to apply our remedies curatively even in such cases as may be considered very largely borderline or frankly surgical problems.

• When one has had many, many years of experience in treating a wide variety of such cases, he cannot help feeling a greater degree of confidence in the outcome, knowing that the remedy action often times is curative. Hence, when we were invited to prepare a paper for this Surgical Bureau, our immediate reply was: "Sorry, but we have given up doing surgery for quite a number of years." The Chairman then asked for a paper dealing with non-surgical treatment of surgical conditions, or what are usually looked upon as surgical conditions or problems. Therefore, if there is anything new in this paper, both you and your speaker will be surprised.

As a student and practitioner of the homœopathic art, I invariably prescribe for my patients irrespective of the final diagnosis, having found that the patient is at least in much better condition to withstand the ravages anaesthesia and surgery, as well as post-operative treatment, if, eventually, surgery does become necessary.

One case comes to mind. A gentleman, now in his middle eighties, was brought in about eight years ago, suffering from polyuria as well as nocturia from ten to twelve times per night. The history included repeated obstruction requiring catheterization. To make matters more interesting, he came to us

directly after leaving the hands of a very competent urologist whose diagnosis was prostatic hypertrophy and who advised surgical removal. This the patient and his family did not like to contemplate. The patient was also suffering from bilateral cataracts, perceiving only light. The ophthalmologist who made the cataractous diagnosis had refused to treat him surgically because of his generally poor state of health and a pyorrheal condition, more specifically.

As a child and a youth he was a "bed wetter" to the age of 19. Born in Germany, he came to this country later on, and suffered an attack of malaria, two attacks of typhoid fever and "never so well since." At the age of 19 he was treated allopathically for acute gonorrhœa. He had a history of rectal trouble, including piles recurring over many years. A tumor, size of a hen's egg, in the right axilla, had been treated allopathically with "bluish ointment" some forty years ago. He had a severe sinus attack about ten years ago, and now complained of "steam" in his left ear which was aggravated when lying down. He was a chilly person, "rain and wind get me down." Noises bothered him and produced an unpleasant reaction in the pit of his stomach. He was a heavy smoker but did not drink. His father died from typhoid and his mother from cancer of the face.

Physical examination showed blood pressure 164/94, pulse 78. His teeth were very poor, some broken, others with only black borders. His body was somewhat emaciated. We found he had an enormously large prostate, extremely sensitive to palpation. Our first prescription was *Plumbum mur.* 30. followed by *Sabal serr.* 1M, 10M, 50M and CM. The administration of these two remedies and their varied potencies covered a period of more than two years which was broken up by a dental problem necessitating the administration of *Chamomilla* mostly in the 200th potency to be followed by the selection of *Thuja* 200., a constitutional remedy administered in the several potencies up to and including the CM. Except for a very rare need of an intercurrent remedy this valuable agent continues to render good service.

We had occasion to examine our patient some two years

ago following an attack of acute diarrhœa treated with *Phos. acid*, and the patient began complaining that the prostatic problem interfered with normal passage of stool. Upon digital examination rectally, we found to our surprise, a very normal, soft prostate—and so informed the patient. This condition, by the way, still remains.

Patient remains content over the cataractous problem and refuses to have any teeth extracted, hence we feel for the time being at least that homœopathic treatment in this instance has obviated the necessity for prostate surgery.

It is interesting to contemplate to what extent homœopathic treatment since childhood has played in preparing the ground for this reported action of our chosen remedies, especially in view of his history of gonorrhœa, which I have always been led to understand by competent urologists, seriously hamper\$ any treatment other than surgical in cases such as this.

Since we promised no cure, but offered the opinion that time and similar remedy might produce satisfactory results, we feel they have been attained.

DISCUSSION

DR. C. SEAVER SMITH [New Haven, Connecticut]: Mr. Chairman, I wish to stress the first paragraph of Dr. Enstam's paper, that when a patient falls into the hands of a homœopathic surgeon, he is better prepared for surgery if necessary and his convalescence is better after surgery and, furthermore, if he is in the hands of a homœopathic surgeon, he very frequently avoids surgery.

I have three cases in point, one a gentleman in his middle eighties who was in the hands of a urologist, and had passed a jewelcase full of precious stones and [laughter] had a very bad prostate.

He was syphilitic and he had a residual of 34 ounces. The urologist said nothing could be done except that he has a constant catheter life, that the residual otherwise would not be reduced. However, under the influence of *Hepar*, in a reasonable time his residual came down to four ounces without cathe-

ter life, and he lived in comfort into his early nineties and fell asleep one afternoon in his chair.

There was a case of a man of seventy-seven with necessity for a prostatectomy. He postoperatively had a very severe pneumonia which was taken care of by the homœopathic remedy, since which time—he is now eighty-two—he has remained in good health.

A third case is that of a man of eighty-six who had come to the point that his life wasn't worth living, he felt, without a release of his prostatic symptoms, and the homœopathic remedy did not do what we hoped it might. He did not have a radical but a trans-urethral resection with very good results, in spite of the fact that he had one year preceding that had a very severe coronary through which he was carried with the homœopathic remedy, and one year later another severe coronary.

He is now at business every day, in his early nineties, and feels that life is quite worthwhile.

DR. A. H. GRIMMER [Chicago, Illinois] : I take a little pride in hearing anything that Dr. Enstam brings out. He was a student of mine in the long ago and to see him here turning out real homœopathic material is a great pleasure. It makes it worthwhile to try to pass on our wonderful law to the young and old alike.

I think many of us here have had that experience. Dr. Enstam is one of my favorites. There is one remedy I would like to mention in regard to some of these cases that was often helpful and that is *Hydrangea*. Don't forget that, especially in the aged with large prostates and very difficult urination. It was generally given by tincture but it works just as well in the 200th potency or 10M, I am sure.

DR. F. K. BELLOKOSSY [Denver, Colorado] : I very often find that patients who come with the diagnosis of a large prostate have no enlargement of the prostate. They just have a paralysis of the bladder muscle and a homœopathic remedy cures that generally right away.

Then I find that patients who have had resection of the prostate must have another one and a third one and they are

not benefited at all. They just can urinate but their general health remains as bad as before and really worse.

Homœopathy is to be preferred in every concern, even if the diagnosis would be bad. There would be absolutely no harm done, but if a normal prostate is operated on, that is just too tragic.

DR. WILBUR K. BOND [Greensfork, Indiana]; We sometimes surprise ourselves with the results we get from homœopathic remedies on large prostates. I recall a case, a little thin, dried-up farmer about eighty-eight years old, doing all of his regular farm work. The poor man was beginning to go downhill very rapidly because he had to be catheterized every night.

I started with some remedies on him; among them were *Silica*, *Conium*, a number of others which I can't remember right offhand, but at the age of ninety-four he built a hundred rods of fence. He never had to be catheterized again. At ninety-five he retired in a little country town and still does not use a catheter.

I have a few cases in mind that had to be operated by as conservative means as possible after the homœopathic remedy had been used, but each time these cases made a very fine recovery. Of course, I attribute it to the pre-operative preparation.

Then again I wish to mention a remedy that I have had very good success with in the old prostates that were hard and knotty. According to urologists in school, these with this appearance were either carcinomatous or bordering on carcinoma. A few of those repertorized to *Phosphorus*. Some of them had bloody urine. Every time they catheterized themselves, they drew a great deal of blood. In fact, sometimes it was hard to draw urine because of the blood clots which would clog the catheter.

So working on the assumption that they might be cancerous, I combine *Cadmium* with the *Phosphorus*, give them *Cadmium phosphate* instead of the straight *Phosphorus*.

The hemorrhages stopped and, as far as I know, the men are symptomfree. They are passing the urine without the use

of the catheter. In one instance, the gland had gone down considerably after examination after a period of a year's time.

I just leave that one thought with you—the use of *Cadmium phosphate* instead of *Phosphorus* in suspected carcinomas of the prostate.

DR. HARVEY FARRINGTON [Chicago, Illinois]: I don't like to talk too often. It seems as though we are discussing the subject of homœopathic geriatrics, which is quite considerate and apropos of the paper.

I thought you might be interested in hearing a confirmation of Dr. Bond's remark that sometimes we surprise ourselves. This is the case of an old gentleman of eighty-eight years of age, well preserved and having very little the matter with him except a recurring dysuria and the peculiar symptoms with it. He would get spells of intense pain, sometimes in the region of the bladder but mostly in the neck of the bladder and with frequent urination and very scanty discharge, and every time he got these he got palpitation with anxiety. In other words, the concomitant of the vesicle irritation was a palpitation.

He was mild and gentle and thirstless and in spite of his age he did not want to be covered much. He liked to be out in the open air and of course I gave him *Pulsatilla* which relieved him each time he took it, at intervals of, say four weeks, five weeks, relieved him almost instantly.

Then came a time when he had a spell which was terrific, and he bled like a stuck pig but he was game and kept right at it and finally he began to pass bits of urinary calculi. This kept on for several days.

I had to go away on an important errand and left him in charge of another physician who did not watch the diagnosis. He let the bladder become entirely stopped and so inflated that when I got back it was as large as a child's head and hard as ebony. In fact, I wondered that it didn't burst.

We took him to the hospital and there was an emergency operation over the pubis. I had asked for an x-ray but he seemed to be improving each time he got the remedy, and the family was poor. They didn't want to pay for it. Then they had the x-ray and found what they thought was a tumor

in the bladder and operated and got out absolutely a half a tumbler of stones. They varied from the size of a hickory nut down to a small pea but there were many scraps and pieces, all of them concave. I have cured two or three cases of just the calculi with remedies, and I have noticed that as soon as the remedy begins to act, they come apart like an onion and peel off and if they aren't too large they will pass.

I have had only one case where two stones the size of marbles disappeared and nobody knows what happened to them. The two surgeons that diagnosed it were absolutely nonplussed and they could not tell what happened. One said, "They must have become encysted."

That was a rather weak alibi. As to the history, on account of his age, this old gentleman could not be operated on all at one time and he had three successive operations. The prostate was removed through the abdominal opening and he finally made a perfect recovery and has not needed any medicine at all for three years. Now he is ninety-one and in good shape, a poor patient for me because I don't get anything more out of him.

DR. ENSTAM [*Closing*]: I must again tell you that the highest compliment you pay the essayist is to teach him something before you let him go.

You know how little I knew; it didn't take me long to tell you.

First, I want to thank my good friend Dr. Seaver Smith who knows a little bit about the way we work, and I happen to know a little bit about the way he works surgically and combines his homœopathic skill with his surgical treatment. The observation he made about the homœopathic surgeon was the one I had in mind. I want to thank you.

Now we come to Dr. Grimmer. Dr. Grimmer made a rather serious and important contribution to my personal and medical life, and to have one's preceptor get up and speak as well of you in public as he did just now is a rather rare experience for some of us, and it is for me. I came to him as a patient, as a matter of fact. In fact, I went along and took a ride with another patient, didn't I?

DR. GRIMMER : That is right.

DR. ENSTAM : This man was suffering from a problem and he said, "Do you want to go along and see a real doctor?"

I said, "That is what I am looking for."

I sat in on the consultation. After I got through, I turned to Dr. Grimmer and said, "I have got a big problem."

He said, "Share it with me. Why not go to work now?"

We started in and it took him a year or two, and I have this gentleman to thank for health. Prior to that, diagnosis had been made that indicated that probably real health was not to be expected but rather semi-invalidism, something of that sort would be something I should be very grateful for and settle for. Dr. Grimmer and I proved that to be wrong. I want to thank you again from the bottom of my heart.

DR. GRIMMER : It is a privilege.

DR. ENSTAM : Dr. Bellokossy always offers a new point of view. His sincerity is apparent. Any of us who know him know that he means what he says. Dr. Bond, I wish to thank you for your comment. Apparently, we share the old men between us. I know exactly how you feel, so if you have any trouble, either send them to me or call me up.

Dr. Farrington, we treat the old people. Some of the mid-western doctors like to send them out to us to retire. We insist with the aid of California sunshine and some orange juice and the indicated homœopathic remedy from the constitutional standpoint, we can help them. We try. Thank you very much.

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