

## HOMŒOPATHY INSTEAD OF SURGERY IN A RURAL PRACTICE

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The title "Homœopathy instead of Surgery" should not by any means be taken to mean that we doctors can do without the services of the surgeon. Among the indispensable forms of surgery are reparative accident surgery, transplantation, clearly indicated Caesarean incision and some other unavoidable surgical operations.

The question arises, however, whether surgery, in the delimitation of its indicatory position, has not occasionally far exceeded the bounds of what is necessary or even justified.

The atmosphere of our crisis-laden University departments of Medicine has been marked by a tragic mistaking of cause for effect and vice versa, which has not been without serious consequences. For the objectively ascertainable functional as well as somatic changes i.e. the symptoms in a patient, are doubtless an effect or rather a consequence—phenomena of disorder in an indivisible living organism. University Medicine, however, defines the most striking functional or somatic indications of pathology i.e. the symptoms, as being the cause of illness, a fact which is also clearly expressed in diagnostical nomenclature. Many mistakes in treatment, medicinal as well as surgical, may have been due to an effort to fight or to remove these so-called "causes".

Thus, even in the "Age of the Surgeon" (a title invented by a German novelist) Hahnemann's emphatic counsel remains as true as ever—namely, that patients ought to be cured so as not to allow a primitive and sometimes even disfiguring removal of the products of disease to remain the be-all and end-all of medical treatment.

Criticism of this nature would be inadmissible unless there were a definite possibility of demonstrating that even such products of disease may be made to disappear which modern surgery regards as eradicable only by "fire and sword", and by a curative

method of treatment which is described in the words "*cito, tuto, et jucundo*".

Let us examine a few case-histories from a rural practice which, to my mind, furnish proof that even in these days, homœopathy can still be effective in conditions which a surgeon might regard as a field for his own exclusive intervention. It should be mentioned that the following will be merely a selection from a far larger number of everyday cases which I have dealt with. Moreover, an almost unlimited number of such cases has been described in homœopathic literature during the last 150 years.

#### CASE 1

A shepherd, 57 years of age, tall, thin, stooping, unkempt, with yellowish-grey complexion, complained of a stubborn cough which he said had been bothering him for ages and had lately become unbearable on account of the damp and chilly weather. There was a considerable amount of greenish-phlegm. Result of examination: Bronchiolitis. My attention was caught by the bony back of his hand. A large area on either side, halfway up the forearm, was covered by several layers of warts, badly cracked, encrusted with blood and dirt, festering in places. On enquiring about the warts, I was told that they had been proliferating for fifteen years. In the early years they had frequently been cauterized. But they had kept on spreading all over. He had long since given up hope of ever getting rid of this disorder. I was not to take any notice of it. He had come to the surgery only because of his cough.

This happened in the spring of 1950 when I was carrying out my first shy attempts at homœopathic treatment. Consulting the text book I found that Thuja might be suitable, for the warts rather than for the cough. I made out a prescription for Thuja D4, 5 drops to be taken twice a day.

When the patient returned 3 weeks later, having come to end of his cough drops, he looked considerably improved. His cough had abated almost immediately after the start of the treatment. There was still some of the cough left, though. Could he have some more cough drops to continue the good

work? I could not help looking again at the back of his hand. The wart ridges had vanished without leaving a trace. I asked him about it. He replied: They went all of a sudden last week. But that didn't really matter, he added; the main thing was could he have another supply of cough drops? I let him have them, and he must have felt considerably enriched by having them, in the same way that I felt enriched by an experience which spurred me on towards gaining new insight to guide me in my work.

#### CASE 2

A mother brought her eight-year-old daughter who was suffering from a speech impediment and was unfit for school because of a ranula. This was the size of a hazel-nut and of recent origin and had developed fairly rapidly. The woman wanted me to refer the girl to a surgeon. A brief exploration resulted in Thuja being indicated as the simillimum. After prescribing Thuja D 12, five drops twice daily, I asked the girl's mother to be patient for a few days. This request seemed to cause intense irritation to her. A thing like that ought to be removed, she repeated. I insisted and refused to refer the girl to a surgeon. Within five days the ranula had disappeared. The girl's mother, although not in the least appreciative, was visibly astonished. This happened two years ago and it was not my first healing experience of this type. Thus, I did not really feel astonishment myself but saw in it only a confirmation of what I had expected from the art of healing.

#### CASE 3

Craftsman, 54 years of age, who had surgical treatment on both processus mastoidei in childhood, had since then been suffering from a caustic liquid discharge from ear and been supplied with an electric hearing aid. For three years he has had a tumorous growth on the skin of the abdomen. This was of the size of a plum, spreading rapidly and decaying on the surface. A case of advanced cancerophobia—patient's professional efficiency had greatly decreased and he had also lost a

considerable amount of weight. Patient requested removal of this troublesome tumour. A brief repertorisation according to Kent did not lead to a firm decision on whether *Calcarea carbonica* or *Silicea* would be indicated. Patient received first one and then the other—as C 200—but without result. Thereupon he was given *Calcium silico-fluoratum* as D 12, 1 tablet twice a day. The trouble cleared up within a week, leaving only a small, wart-like scar which is still visible today. His general condition became quite normal; there has been hardly any discharge since then, and his hearing ability has improved to such an extent that the hearing aid is only rarely required now-a-days. In this case astonishment was equally great on either side.

#### CASE 4

A two-year-old girl from a remote district had received bilateral paracentesis because of otitis media two weeks before seeing me. The child still had a temperature 38° and 39°, suffered from caustic ear discharge, completely off her food, continually drinking cold water and constantly suffering severe pain. The child had been referred for clinical treatment for extremely urgent mastoidectomy on the following day. Her parents were desperate because the otologist had predicted that the child would be permanently hard of hearing. The child had relatives living in my village and these brought her to me. The case required an immediate dose of *Sulfur C 500*. During the following day the child's temperature subsided and she recovered a taste for food while her thirst decreased and there was relief from pain. Two days later she began a new course of treatment by being given one tablet *Calcium phosphoricum D 12*, twice daily.

15 days later I saw the child again. I found only slight traces of the previous trouble. The discharge had ceased. After repertorisation the child received another three doses consisting of *Hepar sulfuris* on three consecutive days—C 30, C 200, C 1000.

The child has never been ill since. Her eardrums which had been punctured by the ear specialist, have healed over. She has now a normal sense of hearing.

The above case dates back four years. I wonder what would happen if all cases of otitis media before the age of seven were treated by consistent homœopathic methods. Would there still be institutions for the deaf-and-dumb? I should think there would be only few of them left because congenital deaf-and-dumbness is extremely rare.

## CASE 5

For two years I had been labouring with a case of Steingall bladder with constant attacks of colic in a farmer's wife who was 30 years of age at the time. I had employed alternatively homœopathic and allopathic methods of prescription. The specialist resident surgeon who was cooperating in observation, insisted pre-emptorily on an operation. This happened eight years ago and just at that time Kent's *Repertory* came into my possession. I had not yet learnt how to make use of it and I required several nights' study in order to do the necessary analysis. Previously the idea of accepting *Sepia* as a simillimum would never have entered my mind. I gave the patient D 12, one tablet twice daily, for three weeks. At the end there was no surgical operation. She has since appeared to be quite well and it seems that she will remain so. Whether she still has the stones, which had been ascertained by X-ray, neither of us know.

She has since been carrying on with her work which is of a strenuous and worrying nature. I only see her whenever one of her children has a cold and each time I feel deeply gratified by her apparent sense of appreciation. But I feel that this gratitude is not rightfully due to me but to Hahnemann and Kent to whom I consider myself as being equally indebted.

## CASE 6

A professional man who is now 67, of a neuropathic nature—when in deep thought he habitually tore his fingernails to the point of bleeding—four years ago suffered from a prolapse of the rectum which, after each bowel movement, protruded as far as 10 cm., causing pain and hæmorrhage. The patient had

been in the habit of carrying out the reposition himself. A surgeon, a friend of his, was advising urgent operation. However, considering that his skin was the colour of parchment, that his general condition was poor and that there was a subsidiary paresis of the sphincter of the bladder and several other factors which I looked up in the *Repertory*—all this caused me to dissuade him from having an operation. I administered instead Causticum as C 30 progressing to C 200 and up to C 1000 at intervals of several weeks. The prolapse as well as the paresis of the sphincter of the bladder disappeared and there is now no sign of neurotic behaviour. The patient looks well and gives the impression of having been rejuvenated by at least ten years. Whereas he had previously been applying for premature retirement, he is now waging a determined campaign for permission to stay in office beyond the statutory age limit.

#### CASE 7

A 48-year-old labourer with an anamnesis extending back over the last ten years was at last to have an operation (according to Billroth) for incurable, multiple, dish-shaped ulcera ventriculi, having previously undergone clinical treatment of several months' duration for ulcer ventriculi.

From Gustav von Bergmann's clinical expositions, we gather that dish-shaped ulcera ventriculi very frequently have or acquire carcinomous character. The patient had already received notice of an appointment for surgical treatment from the University Clinic and his only purpose in calling on me was to collect his transfer form.

I had not in any way been responsible for the previous treatment of this long-standing complaint, having only occasionally, as a deputy, taken over the surgery in a neighbouring, non-homœopathic practice. The patient's complexion, behaviour, modalities and several other separate indications revealed a Causticum-similarity in the sum total of the medicinal symptoms, and in such a convincing form as is only seldom seen—so that I found myself virtually compelled to perform the experiment.

I resorted to a white lie in order to delay the patient's

removal to hospital; I administered one Causticum C 30 and made an appointment with him to see me in two day's time.

He appeared to be completely altered; he had not felt any pain for the last two days although he had taken no other remedies; on the other hand his appetite for food had become excellent. He refused to submit to the operation "if things go on as they are doing now."

In addition to the above-mentioned C 30 the patient later on received two C 200 and finally one Causticum C 1000, administered by the practitioner for whom I had previously deputized. Each time we maintained close contact by telephone.

The cure resulted in the patient gaining 11 kgs. in weight, the healing of the ulcer having been confirmed both subjectively and by X-ray check. For the last six year the patient has been fit for work without an interruption of any kind.

Would a Billroth-type operation have shown equivalent results in this case? I do not know. But as a co-observer in many similar cases, I beg leave to doubt it.

I should like to complete this case-report by describing other cases which have been cured by homœopathic methods, such as: Panaris, bursitis, hydropic arthropathy, prolapse of genitals, hernia initialis, occlusion of intestine, phlegmona sub-fascialis, exostosis, chondroma, hypertrophia of tonsils, Slyphosis of the mucosa of the nose, lipoma, fistula osteomyelitis frontitis, carries vertebrarum and prostata-hypertrophica.

But I must not exceed the time which has been allotted to me and therefore I should like to conclude this brief lecture by quoting a double case of a rather curious nature:

#### CASE 8

The remarks which I am about to make with regard to this case ought to be preceded by a serious caution. I should warn any one against attempting to deal with highly acute appendicitis by homœopathic methods, unless a homœopathic diagnosis is obtainable without the least delay and with sufficient accuracy.

The patient in this case was a village doctor, aged 45, who was in charge of a neighbouring practice and not entirely opposed to homœopathy. He was worried about the time-wasting operative clinical procedure and begged me to make an attempt to save him from the clinic with the aid of homœopathy. I received his request late in the evening. I called to see him at 11-30 p.m. and confirmed his own diagnosis.

After supper there had been a sudden onset of symptoms—hot flushes, shivering, a sensation of sickness and vomiting, with the patient pacing the floor excitedly in a stooping posture with severe pain in the lower right abdomen. Each step caused pain which became more severe when the patient lay down.

Temperature, rectal: 38.7°, axillary: 37.1° Tachycardia. Patient is sensitive to light, with enlarged pupillae, reddened sclerae flushed hot face, parched mouth, dryness of tongue and throat. There is a red, painted look about the whole thing; also feeling of irritation in throat and larynx. Slight meteorism. Distinct reflexory defensive tension and acute tenderness towards bottom right. Violent release pain in right hypogastrium; desperate excitation. Failure of attempt at persuading him to undergo surgical treatment. Patient said 'he would rather perish than do that'. I had to think of the large number of patients whom he might himself have sent for an appendectomy during his twenty years as a practitioner.

In order to secure a medical diagnosis, I spent the next half-hour or so consulting Kent's *Repertory* and found *Belladonna* to be so obviously indicated as not to leave any doubt whatever concerning the correctness of the choice of remedy. Two globuli of the 6th L M\* were dissolved in glassful of water. I administered orally one small dose of this every fifteen minutes. The patient took the first mouthful at 11-30 p.m. He calmed down after this and became a little tired and less talkative. An hour later, there was considerable relief from flatulence and the parched feeling in the throat disappeared. Temperature 2 hours after beginning the treatment was 36.8° (axillary) and 37.6° (rectal). There was hardly and spontaneous pain left and no longer any release pain. He was given four

more oral doses of Belladonna at intervals of fifteen minutes. At 3 a.m. patient asked to be allowed to go to sleep. Leaving instructions for him to stay in bed during the following day I left for home. I intended to return at 7-30 a.m. to take his place in the surgery. At 7 a.m., however, patient's wife rang up explaining that there was no longer anything wrong with him, he was just eating his breakfast with great enjoyment, and she added that he was insisting on taking the surgery himself.

This case occurred nearly a year ago. My colleague has never been ill since. I believe he has been cured, not only of appendicitis, but he seems to have been cured as well of any theoretical reservations he may still have had regarding the tremendous importance and value of Hahnemann's teaching.

#### CASE 9

May I quote, in justification of this belief, my ninth case which is also to be the last for the purposes of this lecture. Three months after the above-mentioned events had taken place, this very same colleague asked me to have a look at his mother-in-law, then aged 62.

She had had a sudden loss of weight of 10 kgs. shortly after the removal of a facial eczema by means of cortisone ointment. There was also complete loss of appetite, spasmodic constipation, very marked apathy; darkish-yellow, caustic-smelling urine, moderate swelling of spleen and liver, severe attacks of pain in epigastrium, transfer of flatulence in colony transversum, moderate leucocytosis and maximal sedimentation of blood corpuscles. The surgical clinic had diagnosed carcinoma pancreatis, unfortunately inoperable. A medicinal diagnosis according to Kent's *Repertory* plainly indicated Sepia. Patient received a dose of 6th L M once a week to the exclusion of all other medicine and with only slight changes in her diet. Two weeks later there was almost complete relief from discomfort. Eight weeks later the patient had regained her initial weight and there was a normal blood formula. The swelling of the spleen and liver had gone. In a psychological sense she had  
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