HOMŒOPATHY AND CHRONIC DISEASES SOME THEORITICAL AND PRACTICAL CONSIDERATIONS

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Every homœopathic physician for many years has been keenly aware of the present trend in medicine. He has had to maintain his practice, mostly alone, through his ability to manage his own therapeutics. In the wake of this trend there have arisen disadvantages to Homœopathy. There has been a tremendous upsurge of "wonder drugs" of all sorts and descriptions. There have been vaccines of many kinds. There have been the decreasing numbers of homœopathic physicians and colleges thereby lowering homœopathic prestige. There have been fewer of the younger medical graduates interested in homœopathic medicine. There have been many younger families that do not seek homœopathic treatment although their parents wisely selected it. There is the increased tendency toward specialization, with an emphasis on generalized referrals, especially from obstetricians to pediatricians.

All of these conditions have been detrimental to the popularity of homœopathic medicine, but, in spite of all the advances in present day medicine. problems of illness are not diminished ; instead they are multiplied many times. There are reasons for this increase:

First, the antibiotics have checked bacterial invasion before auto-immunization could be thoroughly established for that particular infection. The result is recovery without immunological resistance which leaves the patient prone to succeeding infections. Also there has been an increase in bacterial mutations caused by the antibiotics, thereby increasing the problem of infections.

Second, innumerable palliative drugs have been developed. These stimulants or depressants will only temporarily relieve. In turn they give rise to a continuous stream of palliation. As a result, chronic diseases are not cured but lead into more fully developed forms of pathology.

In this age it is not a question of having a great variety of

drugs at one's command for most types of patients. There is, however, a question of how harmful the medication may be and the state of progress and restored health following treatment. Therapy by stimulation or depression, of which the great mass of generalized medicine consists, is not removing the causative agent, but adding to it. It is an increased burden to tissues that are already laboring under an offending agent. To the cells it is often injurious. By administering such therapy it is hoped that the patient's physiology will cast off the offending substance and, when the prescribed course of treatment is completed, it is expected that the patient will be recovered or at least be free of the cause of the original disease. If the cause is not self-eliminated during this primary interval of treatment, another course of stimulation, by either the same or a different approach, is instituted. This goes on and on until the patient either finally recovers, succumbs to a combination of drug therapy and disease, or becomes discouraged and discontinues treatment.

As the exact opposite of this form of medical approach one may consider the homœopathic reason for therapy. It is scientifically designed to correct the deleterious reactions culminating in disease. This method of treatment is designed to aid in the elimination of specific offending agents which are precursors of disease. First, there is a direct combination of the homœopathic remedy with the poison in the body which is creating the illness, forming an insoluble or other end-product permitting it to be eliminated normally. Second, it is theorized that the homœopathic remedy causes stimulation of bodily resistance, much as a vaccine produces a bodily response to a specific infection. Many homœopathic physicians hold this point of view. Third, three are good reasons to believe that some other biological behaviour exists, which still remains unexplained.

There are many trends of investigation continually in progress. One of them has emphasized the importance of trace elements of the soil. This mystery of the barren farm lands of great areas of the world has been hidden until very recently, and it has been found, particularly in Australia where much soil experimentation is taking place, that certain trace elements are essential. Here potential farm land has gone to waste for lack

of certain elements required in traces by both plants and animals. Trace amounts of 20 to 30 elements occur in living matter. Some of the elements may be present by accident and not needed, but others, we cannot be sure how many, are indispensable to higher organisms. These trace elements, along with the vitamins, are often called "micronutrients."

The trace elements now recognized as essential to plant life are seven in number; iron, manganese, copper, zinc, molybdenum, boron and chlorine. Higher forms of animal life also need seven. The first five above plus cobalt and iodine. All of these have been used homœopathically. As research proceeds this list will doubtless grow. There is already suggestive evidence, though not conclusive, that plants need cobalt, sodium and vanadium and that animals require selenium, bromine, barium and strontium. The need of the human body for trace elements has been known for more than 100 years. But only recently, approximately ten years, has it been discovered that minerals in trace amounts are essential to land; without them the land is without growth. Barren land turns productive on such infinitesimal amounts, for example, as one-sixteenth of an ounce of molybdenum per acre; and still more remarkable is the fact that one dose of the above element is known to be effective for at least ten years. Such treatment produces an immediate clear cut response in clover plants. The usual elements lacking in cropland are copper, zinc and molybdenum. Copper and cobalt are those most generally needed for the health and productivity of sheep and cattle. Both plants and animals require copper. One of the advantages of Homœopathy has been the recognized need and successful administration of this form of therapy.

Another recent and striking investigation of plant life presently being carried on concerns the plant's chemical metabolism. It is a question of why do plants produce certain poisons or alkaloids, which are useful in medicine but generally of no use to the plant itself? Most alkaloids seem neither to help nor to harm the plant, so natural selection has not operated for or against their formation.

Alkaloids are a class of compounds made by the chemistry

of the plant and distinguished by the fact that many of them have powerful effects on the physiology of animals. From earliest times they have been known and used as remedies, poisons and things that dreams are made of. It has been said that aconite is catalogued as too toxic for use as a medicine except in ineffective doses, while on the other hand caffeine and nicotine, the most familiar of all alkaloids, are imbibed and inhaled daily by a substantial group of the human species. At this point it is timely to note that the powerful poison, aconite, has been used since Hahnemann's discovery of Homœopathy and is one of the greatest of all homœopathic remedies. Also that caffeine and nicotine, the frequently imbibed alkaloids, are mentioned in the homœopathic pharmacopœia only as more or less obscure remedies.

All alkaloids come from plants but not all plants produce alkaloids. Nearly all of the poppy family produce alkaloids and the opium poppy yields about 20 different kinds, while the egg plant is almost without any. Some alkaloids, such as morphine, occur in plants of only a single family, while others, like nicotine, are found not only in tobacco but in many quite unrelated plants, such as the primitive horsetails.

Alkaloids are often described as highly complex structures; the unraveling of strychnine and morphine have shown how complex the chemical architecture is. In contrast, conine, the alkaloid of hemlock, has quite a simple structure. Also there is little distinction of alkaloid compounds from other nitrogen containing compounds found in plants and they are mostly synthesized from amino acids. But there is not enough known about them from a chemical point of view to file them under any particular heading. It is thought that they arise as by-products when certain substances in the plant cell cross signals, making an alkaloid instead of its normal product. The alkaloid, trigonelline, one of the simplest of alkaloids, as found in many plant seeds and some species of sea urchins, is nothing more than nicotinic acid with a methyl group (CH_3) added to it. Since nicotinic acid (a vitamin B factor) is one of the commonest components of plant cells and the methyl groups are also common, being donated from the common choline mole-

cule, it can readily be seen how this alkaloid could spontaneously evolve.

Self-centered as we are, we are prone to expect that the alkaloids must play some relatively significant role in the plants that make them. It comes as a surprise, therefore, to discover that many of them have no identifiable function whatsoever in the plant itself, and are incidental or accidental products of the metabolism of the plant tissue. But the question arises, what are they doing in the plants, anyway? They seem to be manufactured as by-products and of no functional metabolic service to the plant, or produced for no other reason than the persistent pattern of its genes. If they are a waste product from the break down of substances involved, there is apparently no means of elimination, and they therefore simply accumulate in the plant tissues. For example, quinine piles up in the bark of cinchona trees and nicotine in the leaves of tobacco plants. Also, the potato accumulates alkaloids in its foliage but not in its tubers. Through some ingenious grafting experiments, there has been furnished additional evidence that many alkaloids, once synthesized, become inert and play no further role in the plant's metabolism, either in its roots or its foliage. The tobacco plant, for example, manufactures nicotine in its roots, whence the alkaloid migrates to the leaves. However, if the top of a tobacco plant is grafted to the root of a tomato plant, which produces no nicotine, the tobacco plant flourishes despite the absence of the alkaloid. Conversely, a tomato top grafted to a tobacco root becomes impregnated with nicotine with no apparent ill effects.

On the other hand, not all alkaloids in plants are inactive. There are some that enter into other metabolic structures of the plant. For example, the alkaloids hordenine is converted into lignin, the plastic substance that binds the cellulose fibers in the structure of the plant, but not all plants employ hordenine as an intermediate in making lignin. Nevertheless, it is gratifying to know of at least one case in which an alkaloid performs an identifiable function.

There are botanists who have speculated that the bitter taste of some alkaloids may discourage an animal from eating a plant that contains them and that other plants with poisonous

alkaloids may kill off pathogenic organisms that attack them. One species of wild tomato does produce an alkaloid that protects it against Fusarium wilt, a common fungus disease of the cultivated tomato. However, the "protection" idea must be handled with caution, for what is poisonous to one species of disease producing organisms may be tasty or nourishing to another.

The metabolism of a plant is like an active chemical laboratory. By labeled precursors, it has been shown how alkaloids that are of no purpose to the species have been formed from extraneous or loose chemicals. We also know that the metabolism of the animal kingdom is similar to plant life, from a chemical point of view, except that it is more complicated. Due to this complexity in animal life, it is possible that a greater volume of chemical errors might evolve, producing a wide variety of substances abnormal to physiology, which in many cases could act as intrinsic poisons, thereby creating disease when the chemistry thus goes astray. This brings us to a brief consideration of viruses.

In the same manner in which alkaloids are formed, it could be theorized that nucleic acids could become a structural part of the chemical produced, becoming activated and polymerized, and showing life-like characteristics. The resulting structure would be a virus. This procedure would not be too dissimilar to the insoluble fibrin that results from the polymerization of the activated soluble fibrinogen when bleeding occurs. The combination of the nucleic acids would supply the life-like characteristics. Once they are formed, their nature would be such that they could be transmitted as a contagion in the usual manner through sputum droplets, or otherwise, and live to infect another individual. In this way, both plants and animals would develop viruses, since they are common to all species. A fixed pattern for the formation of some viruses within the organism, such as measles, could develop in one or more individuals under proper conditions and start an epidemic. During the wartime blood plasma program, it was found that a few blood donors carried the hepatitis virus and, when their blood was pooled with others, 100 per cent contamination resulted.

There are great numbers of viruses, at least 150 specific ones, that will infect man, and 80 of these have been discovered in the last five years. The laboratories are continually reporting "new viruses." There are estimated to be approximately 700,000,000 virus infections annually of human beings in the United States, which represents 3 or 4 infections per individual per year. It is still an open question as to where such large and various numbers of viruses come from and why they are in hiding for indefinite periods. The foregoing is not an attempt to prove the origin of the virus, but it expresses a possibility.

The reason for this somewhat extensive explanation of a few of the characteristics of the alkaloids and other substances is to show that not all plant chemistry conforms to the needs of the plant and that chemicals of various kinds will synthesize when proper components are at liberty to unite. These purposeless substances from the chemical laboratory of the plant or animal will originate and accumulate in the organism. They may remain soluble, carried by the blood (in the animal) and eliminated poorly or not at all. When they are toxic and accumulate, they will reach a certain damaging level, become injurious and ferret out tissue for which they have a specific affinity. The result is pathology of one kind or another, varying from simple inflammation to tumour or necrosis. Bacteria or viruses will assume a role when present and become involved in the resulting illness. In animals, the fluid portion of the blood, like the sap in the plant, has a wide soluble range. It acts like a liquid sponge, absorbing everything soluble throughout its range of circulation, thereby carrying any toxins (bacterial or viral), allergens, or poisonous biological chemicals of any description to any part where any manifestation of disease is taking place.

All of the above, along with a consideration of the trace minerals, offers a sound explanation as one cause of disease that has not heretofore been widely considered. We have been accustomed to think in terms of bacteriology and virology as the major causes of illness, but there has always been the question of susceptibility that has never been satisfactorily answered

or why chronic diseases of various severities develop in one individual and not in another.

In medicine, there should be drugs that will destroy these substances in an early stage before they build up to injurious levels, whether they result from chemical intoxicants, allergens of various kinds, viruses or bacteria ; remedies that are a counter-part to the poison itself. There are such remedies and the homœopathic materia medica elicits the drug pathogenesis of great numbers of them. Due to the many variations in the nature of illness, it becomes necessary to study large numbers of these remedies to completely cover, from a remedial point of view, all poisonous chemical variants that are possible to occur in individuals, including errors or by-products of their chemical behavior. Still, there is a limit to how many of these chemical variants may be evolved, for it is rare to hear of any disease that has not already been discovered.

Taking this into consideration, the homœopathic materia medica with its extensive number of drugs is used as a working encyclopedia for prescribing. Each individual case is a separate entity. Anyone of these drugs described in the materia medica will attack the specific cause of a disease manifestation whose symptoms it is capable of simulating experimentally. For ideal results each remedy must be well selected and prescribed as indicated according to the law of similars. New drugs should be added to the materia medica as they are found and prove valuable.

In conclusion, two cases are here presented as examples clearly indicating the insidious development of the chronic diseases prior to the appearance of any major subjective or objective symptoms. They will also show how complications will sometimes lead to a more accurate drug selection. Finally, these cases serve to demonstrate how a laboratory test can be helpful in discovering a reaction of the primary disease-producing substance with a homœopathic remedy and the result which can be obtained.

CASE 1—Mr. G., whose present age is 59, height 5 feet 2 inches and weight 165 pounds. was first seen October 24. 1936.

From then until February 12, 1948, when he had a first severe attack of iridocyclitis, he was treated for many minor ailments. He had frequent attacks of upper respiratory infection; had headaches, frequent attacks of dizziness, blurring of his vision with difficulty in focusing; periods of mental confusion, which he described as not being mentally clear. He was tired most of the time and complained of generally not feeling well.

Albumin was first found in his urine in November 1943. It varied from a trace to two plus before it was cleared.

In 1946 he showed signs of early diabetes with urinary sugar varying from a trace to one-half per cent and highest blood sugar of 169 mgm %. Diet controlled his diabetes.

He never had any arterial hypertension. His blood pressure was usually 110-120/70 with outside limits of 100/65 to 140/80 and his pulse varied between 70 to 80 and regular.

His tonsils were removed at age 4.

All this time he was never entirely well. At times he complained of aching and stiffness of his neck and stiffness of other joints of his body, particularly of his fingers. He would recover from one cold to develop another varying from a few weeks to a few months. His most constant complaints were the general tiredness and blurring of his vision with mild mental confusion.

These symptoms persisted with a gradual down grade in his general condition until developing his first attack of iridocyclitis on February 12, 1948. For this condition he was treated by a specialist, with recovery in due time, though not fully satisfactory. On March 6, 1948, he had a recurrence of the same condition and with symptoms of lachrymation, and burning of his eye as though sprinkled with pepper. He was again treated by a specialist and his eye again recovered. At this time along with the treatment given by the specialist he was given *Capsicum*. He responded better than usual and from this second attack he remained well until October 2, 1948, when he developed a right sciatica. After recovering from the sciatica he remained well until he had a recurrence of the iridocyclitis June 5, 1950, complicating a cold. He recovered after one week, but blurring of his vision continued. On October 28, 1950, he developed another attack of right iridocyclitis and he was again

referred to a specialist, but recovery was slow and on December 26, 1950, the same eye again became inflamed, with intense dark redness of the eyeball and again the patient described a peppery smarting sensation. Because of increased frequency of recurrence it was felt that a serious involvement of vision might follow an attack.

On December 27, 1950, a flocculation test was made which reacted to *Capsicum*. He was given *Capsicum* 3x, this time without the assistance of the specialist. After two days the eye was much improved and continued to complete recovery. On January 19, 1951, both eyes were entirely clear. His response was prompt and his eye recovered earlier and more satisfactorily than it had responded with the previous treatment except in March 1948, when *Capsicum* had been given but not continued long enough. He also recovered from the blurring and tiredness and other associated symptoms, including mental fatigue, and he has gone two to three years at a time without a cold. Besides, he has not had a recurrence of the iridocyclitis to date. It is interesting to note, as the patient later revealed, that for twenty years or more, previous to his attacks, he had had a red tinge in the vision of his right eye and since his last recovery this tinge has disappeared and the vision has been entirely clear.

CASE 2—Mr. J., whose present age is 59, height 5 feet 10 inches and weight 185 pounds, has been a patient since July 5, 1947, at which time his blood pressure was 140-150/70 and pulse was 92 and regular. On his first visit he complained of pains in his back, neck, knees, shoulders and arms, burning in character and intermittent during the day, aggravated by motion. The pains were always relieved by rest and his sleep was seldom disturbed. He had crippling rheumatoid arthritis, most marked in the spine. X-ray examination revealed arthritis with ankylosing changes in the lower dorsal and lumbar spine and sacro-iliac joints. He was conscious of some pain at all times but would have acute episodes of severe pain at irregular intervals. He also had other associated conditions, such as frequent attacks of tendinitis and myalgia of the neck and general aggravation of the spinal nerves with pain extending into the sciatic nerves of the legs.

He would have from an occasional to a frequent colds. On July 25, 1952, he had an attack of styes on both eye lids. These recovered satisfactorily. On January 26, 1953, he had an attack of conjunctivitis of both eyes. They recovered well, but somewhat slowly.

On April 30, 1955 X-ray revealed multiple gall stones but he did not complain of any definite symptoms or tenderness, so an immediate operation was not indicated.

On June 15, 1955, he complained of general muscle soreness over a large area of his back.

On March 16, 1957, he complained of distress in his upper abdomen and examination revealed mild to moderate tenderness. Due to the mild gall bladder symptoms he was admitted to the hospital for a cholecystectomy. He made an uneventful recovery from the operation and after a few weeks he felt that his arthritic pains were somewhat less, but the improvement was of short duration and periods of exacerbation of the arthritis continued.

On September 17, 1957, he had an attack of upper abdominal pain or colic which was very severe with distress of breathing. On September 20, 1957, he had a second very similar attack. Due to this severe pain which affected his breathing, and since he had previously had a cholecystectomy, he was advised to see a heart specialist. This examination was made on October 1, 1957, with negative heart findings. It was then concluded that a remaining gall stone might have freed itself from the common duct to have given the characteristic gall stone colic. There were no more attacks.

Arthritic pains in varying degree continued through 1957 and 1958.

On September 6, 1958, he developed an inflammation of the left eyeball, iridocyclitis, with throbbing, soreness and intense redness of the eye. He was given *Belladonna* and atropine drops and penicillin ophthalmic ointment without satisfactory response, He was then referred to a specialist. He was given the usual course of treatment, including hydrocortisone ointment, but the eye continued inflamed with very little or no improvement. On

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