

THE PATIENT'S DILEMMA

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This article is taken from Dr. Livingston's talk at the Annual Meeting of the British Homœopathic Association.

The recent revival as a film of Shaw's "Doctor's Dilemma", focuses attention on the time-honoured manners, customs and opinions of medical men in terms of his own generation. In this brilliant and penetrating satire, the *patient's* dilemma is also examined no less critically, though it perhaps attracts less limelight.

I submit that the patient's and the doctor's dilemma are interdependent and complementary; that one can hardly exist without the other, any more than treatment exists without illness. Fortunately or not, the doctor is a necessary parasite on society as long as patients feel the need for consolation, advice, medicine and magic from a fellow human being; and it is to the most human person he knows that he goes for these things in his tribulation.

The agonising conflict of emotion and intellectual problems confronting Shaw's Sir Ridgeon Colenso in his and his renowned colleagues' decision to sacrifice the morally worthless but artistically priceless Dubedat, to save, for future humble service the pathetically expendable but humanly worthy Dr. Blenkinsop, has its counterpart in Dubedat's less dramatic but equally important conflict in *his* selection from a wide choice of mutually exclusive medical and surgical treatments, each so sincerely and endearingly claimed by its own illustrious protagonist to be the only effectively valuable one, condemned by all the others as useless.

Would it not have been desirable then, and would it not be equally desirable now and in the future, that various experts in their different fields should be prepared to see good in each other's contributions, and help each other in helping their patients, co-operating to treat the whole patient as a single unit rather than tear him to pieces in order to practise particular skills on the individual fragments?

Orthodoxy or Homœopathy?

How was Dubedat, and how is any patient to-day, to decide between doctors and their treatments, especially if he is not even aware of some of them? Is he to accept orthodox treatment with its immediate aims of relief from symptoms and, where possible, their causes, at the cost of possible continued progressive illness suppressed by powerful drugs unable to cure them; from orthodox doctors unaware of the help their more fortunate homœopathic colleagues can bring to bear; or is he to undergo from homœopathic physicians (if he knows about them) total treatment of the whole man, including all his discoverable symptoms and defects, with a view to complete recovery; unendangered by constant material drug treatment, but disapproved and suspected by his friends and orthodox doctors, and perhaps doubtful if a minority form of treatment *can* really be any good if almost the entire medical profession in this country ignores its alleged benefits?

Before I became familiar with homœopathy I was unaware of any special problem the patient might have to face in deciding his own therapeutic fate. How much wider is my sympathy with him now that I realise some of the dangers into which he may, perforce, be precipitated by failing to choose homœopathy.

Modern medicine is full of miracles, and these are not confined to homœopathy. A regular paean of praise is being constantly sounded in the press, on television and in the advertisements of various august and less august bodies.

By a curious anomaly very little is generally known about a method of quiet efficiency which has been available all the time that a frantic search had been going on to find the cure for this and that scourge of illness. The honest minded doctor is aware of a constant frustration in his very depths for which every effort on the part of orthodox research admits that it is only able to find temporary palliation.

Requirements of a Doctor

What are the essential requirements of a good doctor? I think there are five; humanity, common sense, enthusiasm, flexibility and intellectual honesty. How can all these factors operate in a field as broad as homœopathy?

Before I became acquainted with the principles of homœopathy, I leaned, like many of my contemporaries, towards therapeutic nihilism. The most conscientious and least harmful doctors of my present circle of professional friends still hold these tenets.

But how is it possible to be enthusiastic and flexible when we are constantly informed about the hazards, or temporary values of medicines which we are exhorted to use; and how can common sense and humanity allow us to continue to use methods which we are warned may do harm to our patients?

If relatively few doctors know anything about homœopathy, and the revelations of healing which it brings, how can it be expected that the poor patients are in any better condition? Strangely enough the patients often do know more about the benefits of this system of therapeutics than the doctors, who have received a training along strictly scientific lines, in which only what can be measured and weighed by modern relatively crude methods are even considered as worthy of attention.

Many patients, on the other hand, have received a legacy of homœopathic lore and tradition from their forebears, who have been treated and cured by this system of medicine which Hahnemann described as "God's good gift to man".

Quite often I come across patients who want and need homœopathy but have been afraid to ask their doctors about it lest they be laughed at or considered annoying. Others have reluctantly continued to receive orthodox treatment that they loathe and dread because there is no homœopathic facility in their neighbourhood, or because they do not know of it.

This problem is, of course, solved when once they have become acquainted with the British Homœopathic Association or the Hospital, which keep a record of homœopathic doctors all over the country; but nevertheless, the supply of homœopaths leaves much to be desired, especially in the provinces, where, I have noticed, there seems to be less ignorance or hostility and more of a wish to learn about it among my orthodox colleagues.

This is a good sign that doctors in contemporary medicine are weary of the present conditions and realise uneasily that things are not quite as good as announced. Many of them would gladly welcome instruction about the method and to know where they

could refer their difficult cases if facilities were more readily available and advertised.

Technical Terms Defined

Perhaps this would be the best time for me to try to tell you in as short and simple a way as possible what homœopathy is, and to define one or two technical terms. Homœopathy is frequently defined as the cure of like by like. No definition can be completely satisfying or completely correct, but this definition, at any rate, will start anyone completely new to the idea of homœopathy on the right track.

In modern parlance, what it really means is that administration of a particular substance in a particular form and dose to a patient suffering from a curable disease very similar to that which the substance can itself produce in healthy subjects or "provers", sensitive to its action, may be expected to cure the disease. In a word, homœopathy may be thought of as cure by imitation.

Hahnemann, the founder of homœopathy discovered that an artificial drug disease would eliminate the naturally occurring closely similar illness. Hahnemann was convinced that every patient tells us by his symptoms or distress signals what is the matter with him and indicates his very own correct treatment, that which will match his condition most closely, if only we have learnt to read and understand those symptoms.

He insisted on administering a single dose of a single medicine at a time for the treatment of chronic cases, though, in acute cases, the medicine had to be given more often. The medicine must always be that whose provings artificially resemble most closely the sufferer's symptoms.

Jenners' Discovery

The outstanding example of this action, which no one has ever been able to explain is the preventive action of cowpox against smallpox, which made Jenner famous in 1796, the year in which Hahnemann first published his homœopathic idea. Jenner got the credit for a wonderful discovery in applied immunology concerning one illness. Hahnemann's much wider application of the same principle universally has been almost neglected. In histories of

medicine homœopathy is nearly always wrongly or half described, or not even mentioned.

The following technical terms will be mentioned as well as "provers," which I have just described. Cravings and aversions, which sufficiently explain themselves.

Microdoses, or potencies which means a highly diluted dose of medicine prepared by serial dilution coupled with succussion or mechanical shaking, wherein is thought to lie the secret of the potentisation or dynamisation of medicines. Hahnemann thought that this procedure liberated the vital force of a medicine, so that the more it was shaken and diluted the more potent for curative purposes it became.

One of my medical friends asked me some months back: "How can I raise resistance to disease in my patients *before* they develop an illness?" He quoted to me an illustration of what he meant.

A patient in adolescence had developed chicken pox, one of the spots on his knee had become infected, the infection had spread right into the kneejoint, and, after a very prolonged and severe illness in which he nearly died, he had to have the knee operated on and anklyosed or fixed by permanent bony union. He will never be able to bend his knee again.

Initial treatment with RHUS TOXICODENDRON (poison ivy) or perhaps VARIOLINUM (the smallpox poison), which simulates chicken pox so closely; or later, HEPAR SULPHURIS CALCAREA and SILICA would almost certainly have averted this sad finale if prescribed in homœopathic dosage, the poisonous effects of which his symptoms simulated.

The same patient's little boy, previously hearty, had, since tonsillectomy a few months earlier, become and remained scraggy, pale, listless, a pathetic little object. A mere glance was sufficient to realise that he was crying out for SILICA; an interesting instance of son inheriting a tendency to require the same sort of medicine as father.

Incidentally, one of the most interesting things about homœopathy is the frequent significance of a craving or aversion for a particular element such as SILICA OR CALCIUM leading the diligent prescriber straight to the right remedy.

Although we have, to a large extent, outgrown the reliability of our reflexes and particularly have lost our sure instinct for what is good and what is bad for us in this generation of artificiality in our whole way of life and specially in our feeding habits, nevertheless, time and again, marked cravings are a sure guide to the selection of the correct medicine.

The strange craving of a NATRUM MURIATICUM patient for salt, the CAPSIUM patient for pepper, and so on, show what infallible guides reliable symptoms can be, and how deeply rooted their significance.

An aversion is as important as a craving. The essential point is that there is an imbalance, plus or minus, possibly indicating tissue retention or deficiency respectively of the required medicine. What is of the greatest moment is not so much the desire or aversion, as the fact of imbalance, the lack of homœostasis, or stability and fine balance of the many ingredients of the blood and tissues, the *milieu interieur*, in the words of Claude Bernard, that great French naturalist who was the first true biochemist.

When a patient's craving or aversion for a particular "food" is satisfied by homœopathic dosage of its counterpart, not only may this craving or aversion be diminished or eradicated, but often all his most important other symptoms also disappear and he becomes fit. I have a shrewd suspicion that his blood, tissue and urinary biochemistry alters accordingly, and that this will become much more evident when we are able to establish more delicate tests.

Lay Practitioners

As you know, in this country, homœopathy is treated as a post-graduate study, but even so, very few post-graduates ever hear of it until they are up to the eyes in work; when it is difficult or impossible for them to spare the time and energy to embark on an entirely new subject in an entirely new attitude.

It is, therefore, no surprise to me that there are so many lay homœopaths practising, nor that many desperate patients go to them. What else are the poor things to do?

Nevertheless, this is not a satisfactory state of affairs. The lay practitioner, however great his homœopathic skill, and many

are very skilful, has not the training and judgment required of a doctor. After all, we are doctors first, homœopaths secondarily.

One cannot stress too much the fact that homœopathy, difficult as it is to learn and practice efficiently, is merely an additional weapon in the doctor's armoury.

Diagnosis, knowledge and judgment as to when and what investigations are required are just as essential as treatment. Hahnemann taught us to treat the whole man. To-day we are able to find out far more about the whole man than he could. With sensible use of our X-ray equipment, electrocardiograms and electro-encephalograms, our urine and blood tests and our surgical techniques, constantly being improved and extended, our pathological and bacteriological services, we can add much to the fullest possible symptomatological picture and thereby ensure greater likelihood of successful treatment.

From our knowledge of the results of new provings of current new drugs, we can further add to our efficiency in antidoting effects similarly produced in illness, and sometimes the effects of poisonings with the same drugs. These facilities are not available to lay practitioners. Symptoms have to be assessed very carefully and deeply for good results.

Personality Revealed in Illness

In illness people are often very different from in health. This may be because their true character is revealed, their personality or mask being lifted. In addition, what a patient does is often more reliable than what he says: his actions, conscious or unconscious, specially the latter, are liable to be a truer measure of him than his words.

Again, especially in children, and, of course, in animals, thought or emotion has to be interpreted from action. One has to consider what emotions are likely to be passing through a person's mind to produce certain deeds. Thus the good homœopath is indeed a psychologist, and, though he may appear to act on unpredictable superficial symptoms, these are seen to be based on deep emotional causes.

This is why characteristic behaviour during sleep and description of dreams is so useful to us, why observed reaction to weather

conditions, to examination, and to all the subtle and varied environment of the sick room can be so valuable to the astute observer, who must miss no possible clue, however trivial or strange or seemingly unrelated.

Turn of Tide in Medicine

Have we reached the turn of the tide in medicine? I think perhaps we have. It is becoming realised more and more clearly that fragmentation and specialisation in any one department of medicine can never bring a true understanding of the problems and their solution.

What matters to most patients is that they should be cured, they don't mind how, but it is found that, by and large, they are cured by homœopathy but not by orthodox medicine. True under orthodox treatment, one symptom or set of symptoms may disappear but another arises to take its place.

The criticism of homœopathy that it treats symptoms only should surely be more fairly levelled at orthodox medicine where this is really the case, one set of symptoms overshadowing all others in the doctor's mind. But do not think I wish to castigate orthodox medicine, which has so many triumphs to its credit.

Far from it; in fact, without it and its painstaking search for fresh medicines with new actions and fewer side reactions, homœopathy would tend to stand still for lack of fresh ideas to explore. As it is, there is a constant flow of descriptions of side effects of new synthetic products which keep us very busy studying to utilise them in naturally occurring illness.

Reliability on the part of the provers and of clinical observation of the curative effects of medicine are of absolutely prime importance in getting good results. Hahnemann's and his colleagues' provings were remarkably accurate, though he like everyone else made mistakes and has had more than his share of criticisms. But I feel that insufficient credit is given to the many anonymous provers who have made homœopathy such a mighty force for effective healing.

Exploiting Strange Symptoms

Generally speaking, the more strange the symptom, the more

likely it is to lead up a useful path and not a cul de sac. Thus the good *orthodox doctor* must needs be a psychologist, but only the good *homœopath* is able to exploit the strange and peculiar symptoms which occur in most illnesses, for the purpose of an *active* prescription based on the toxicological resemblance to a corresponding medicine's action.

Perhaps a few illustrations may make it clear what I mean. A little boy suffered terribly at school from being ragged by his colleagues who knew that he wet his bed at night.

After SEPIA, the cuttle fish, had been tried without effect, I discovered that he suffered from nose bleeds bringing down stringy black clots, and easily broke into tempers for which he was very regretful shortly after he had cooled off.

The black stringy nasal blood is so characteristic of that which can be produced by CROCUS in healthy sensitive "provers" that it could hardly fail to help the nose bleeds. But it cured the tempers and the bed-wetting as well.

He could not have been cured but for the accurate observation of the type of nasal discharge producible by CROCUS; or the extra importance attaching to such a very strange and rare symptom. CROCUS is the only remedy appearing in thick type in Kent's repertory under both dark black epistaxis and stringy discharge.

Short Memories

There are, of course, certain patients and their relations, perhaps not long familiar with homœopathy, whose memories are short and who give little or no credit to either physician or medicine. This can happen whatever the type of treatment administered.

Here are one or two examples:

Sometimes a patient, desperately worried about his condition is quickly cured, so quickly that he and his family forget all about their earlier anxiety and attribute the successful result to anything but the medicine which put them right. Post hoc or propter hoc? The laws of chance would suggest the latter.

A man aged 25 complained of several "black-outs" during the last few weeks, generally occurring in the morning. He had been

studying very hard. The blackouts developed out of dizzy spells with headaches lasting nearly all day.

In view of his health being better by the sea, his lying on his stomach at night and a great liking for oranges I gave him MEDORRHINUM which is characterised by producing this combination of symptoms when administered to sensitive healthy individuals. The headaches improved for a while and then came on worse than ever.

I now discovered that he had had two very serious falls at the ages of five and 10 years. In these accidents he had fallen on his head, the second time from a 20-foot ladder. The first time he had picked himself up, the second he was very dazed but this quickly passed off and he thought no more of it.

A Case of Opium

This lack of reaction to what would normally be expected to produce severe shock, pain and complaints made me think of OPIUM, which has such a deadening effect when given in material doses. On questioning he also told me that he had some very strange dreams, for which OPIUM is renowned. I gave him one dose of OPIUM 30c and arranged for him to be examined by a neurologist.

Three days later he returned to report that he felt perfectly well and had had no more attacks or headaches and felt that he would have no more. The neurologist's report came back negative.

His mother, visiting me some weeks later was asked how he was and whether he had been troubled with any more attacks. "Oh, no," says she; "It was all due to his overwork, and the moment he slowed up he was all right." She obviously was not giving any credit to the medicine, though they had been quite worried, enough at the time to consult a doctor.

A diabetic patient aged about 60, who had been very difficult to stabilise on Insulin, suddenly developed weakness and tenderness in both legs and was sent to hospital to exclude poliomyelitis. The hospital diagnosed diabetic neuritis, told her that it was rather an uncommon complication of this illness, and that there was very little likelihood of her getting any improvement, but that they would try physiotherapy.

Three days after this treatment was started I gave her a dose of LAC VAC, DEFLORATUM, skimmed milk, 30c potency. This medicine can produce a very similar picture to that which the lady was showing and has been highly recommended by Dr. Ghosh in his book, "Clinical Experience with Nosodes".

Credit to Physiotherapy

I saw no more of her, but her daughter came to see me two months later. I asked her how her mother was and why she had not visited me again. She replied that the physiotherapy had improved her mother immensely within a fortnight. I saw the patient myself a month later when she reported that she was improving marvellously on her physiotherapy, and the hospital staff were amazed, as the other patient they were treating with the same condition had shown no improvement.

Her daughter was, at this time, complaining bitterly of her sensitivity to sunlight, which brought her out in swellings and spots on the slightest exposure. I gave her CANTHARIS, which causes burns and is so useful for their treatment, with some slight improvement, but she was not really satisfied with my efforts and, accordingly, was sent off for a dermatologist's opinion.

This dermatologist was very interested and told her that he would like to refer her to a friend of his who was an expert on this subject. No particular treatment was suggested, but she was advised to avoid sunlight—generally so easy in this country. However, what she really felt apprehensive about was going abroad.

In the meantime I had been taught by Dr. Foubister how useful SOL, or potentised rays of the sun, could be in such conditions; so next time she came to me with a sunburnt skin, swellings and much discomfort I gave her SOL 30c three doses at 12 hour intervals.

After the third dose, she woke feeling absolutely terrible, was miserable all day, and her fellow workers, including her boss, a research chemist, commented how ill she looked. She went to bed at 8 that night and slept for 12 hours. Next day a little better, next day better still, her red, sore, swollen skin improving.

Within five days of this violent aggravation she was perfectly well. I regret that I cannot tell you whether she is permanently

desensitised to the effects of sunlight, but I think it may well be so. I also have an idea that she is now not so certain that it was physiotherapy alone which helped her mother's diabetic neuritis.

Skin conditions are notoriously difficult to cure, I know not why. Perhaps it is a protective appeal for sympathy by people who are too proud to ask for it direct; or perhaps, being uncomfortable rather than dangerous, and as far as it can be from vital structures, it serves to bear the brunt of attack which might prove injurious or fatal to more sensitive and essential tissues.

I recall one such boy with psoriasis of 7 years' standing, brought to see me by his mother. His general attitude was one of putting up with what cannot be cured with a casual, couldn't care less attitude, rather resentful of enquiry as if to say: "why all these questions when you know you can't do anything to help me. Can't you leave me alone?"

Questions elicited the fact that he hated cold weather and winds, was always rather insolent in his manner, tending to like to score off people, with a liking for fats and salt food, and riding in cars. I gave him NITRICUM ACIDUM which is capable of producing these characteristic effects, in doses of 30c, 200c, 1m and told him to return in a month.

Two or three months later his mother came to me about her own health and enquired how he was. "His skin is quite all right now," she said. "It seemed to get better a few weeks after he saw you."

Her tone of voice seemed to suggest that she regarded the recovery as in no particular way linked with my treatment, as though he had got better after my best efforts had failed.

Homœopathy in Industry

Modern homœopathy may be seen doing some of its best work in industry. In the Asian influenza epidemic of 1957, an oral Asian nosode did sterling work in preventing or lessening Asian flu in London factories where half the workers took protective tablets. The ratio of working days lost between the two sections of the working population was very favourably inclined towards those taking protective tablets.

In the same factories ARNICA has proved invaluable for shock

after accidents, and particularly useful in the type of injury sustained when a drill slips and runs into the nail or nail bed. S.S.C. (SULPHUR, SILICA and CARBON) 30c of each, made into one tablet is referred to as the magic pill by workers who do much soldering of fine wire, tiny fragments of which cause infected abrasions of the finger ends. Where these troubles used to require fomentations and dressings for weeks, one tablet of S.S.C. generally puts the matter right. Moreover, those who have had it a few times seem to have developed a general immunity to this sort of infection.

In the field of special industrial hazards, such as those encountered with the epoxy resins used so widespread for sticking different materials together, particularly in the aircraft and electronic industries, it has been found very useful to prepare potencies from the irritating substances in question, which may have been producing dermatites, eye troubles and so on and administer these potencies as antidotes. In this way many workers can be kept at work which they would otherwise have to avoid, or returned to it earlier than otherwise. Here too, the interval between attacks of sensitivity tend to become longer until workers seem to be completely immunised to further trouble.

In addition to this treatment by mouth, the potency can, with advantage be added to the barrier creams used, both therapeutically and prophylactically. The fear among fellow workers that they too will be injured is thus often effectually removed when they see their companions recovering.

Few Willing Provers

One has not always the advantage of a knowledge of the provings of a medicine, because there are few willing to act as provers, and fewer still who have the requisite time available. In the inevitable absence of provings, observations made of the actions of medicines under clinical conditions can, however, furnish an excellent guide to the correct indications for medicines.

Recent clinical research in the field of anaesthetics and analgaesics has led Dr. Foubister, the Dean of the Faculty of Homœopathy and children's specialist in the hospital, to some brilliant therapeutic results by administering microdoses of chloroform,

nitrous oxide, or laughing gas, ether and other anaesthetics to patients who have suffered from intractable illnesses dating from the time when they received the corresponding anaesthetic for an operation, often many years previously, especially if they took the anaesthetic badly or were very sick or ill for a time after it.

One would hardly credit this when one thinks how volatile ether, for instance, is. One would have expected all its effects to be washed out of the system very rapidly. Nevertheless, the results of such treatment as that mentioned seem to contradict this idea, and to suggest that the effects of anaesthetics may, often, be very deep seated and long protracted.

Often one dose of the corresponding potency has had the most amazing effects in removing illness which has lasted for years. One such case was that of a barrister turned schoolmaster, who had been a chlorodyne addict for eight years, and had had psychiatric treatment galore from numerous specialists, all of whom said they could do no more for him than supply him with tranquillisers.

One dose of chlorodyne potentised changed him within a few hours. A week later he declared himself fit to return to work after months of absence. Six months later he was in fine form, the home which had been threatened with collapse, a happy one once more.

Experience and Explanation

No one knows how this sort of effect can be satisfactorily explained, but, as pointed out so lucidly in the editorial of the *May Homœopathy Journal*, experience and explanation are quite different things. The human mind seems to be so constructed that it is constantly driven by an intense inner urge to find out why things happen and how they happen; it seems to give us some strange temporary satisfaction to feel that we are finding out how we and the world tick; but surely this satisfaction should not be essential to the right sort of happiness and true contentment such as is found in really simple people?

Is it not a characteristic of increasingly civilised and intellectually over balanced humanity that this distressing symptom is found most often? And is it not really a manifestation of pride and arrogance, a forgetfulness of what we really suspect ourselves to

be; a tiny, insignificant speck on the surface of the universe; that it probably no more matters to the general scheme of things whether we exist or not, any more than swatting a fly matters to most of us. When it does we may deserve more consideration!

To return to my theme, if it is established that anaesthetics can produce these delayed effects, it would seem a useful idea for the corresponding potency to be administered immediately after the anaesthetic in order to antidote any toxic effects as soon as the useful effects are no longer required.

I am now doing this, routinely, to all patients who have had operations, and to all dental gas patients. I also think it might be a good idea to follow the same plan after dental injections of cocaine preparations; and of xylocaine now very generally used by dentists as a local anaesthetic.

Mme. Wurmser's Finding

Mme Lise Wurmser's fascinating finding that when potencies of certain substances, material doses of which have first been administered to guinea pigs, are given later by mouth, the excretion of these substances is initiated or increased at certain points in time thereafter; in other words, the potencies or microdoses have stimulated mobilisation and excretion of specific substances previously stored in the body. Following from this experiment, would one not expect the same sort of thing to happen in the human patient?

A patient manifesting symptoms suggesting the need for ZINCUM METALLICUM, i.e. a skin rash, with fidgety feet, extreme fatigue, worse at 4 p.m., was tested for the presence of zinc in the urine (not found in normal subjects). None was found before treatment, but after ZINCUM MET 30c was administered the patient improved in health clinically, and, at the same time, i.e. 10 and 21 days after the dose was taken, was found to be excreting minute amounts of zinc in the urine. It looks as though this must have been stored and excreted as a result of stimulation by the homœopathic dose of the prescribed medicine.

In the same way, but this time dealing with a substance normally present in the urine, a patient who was tired, sleepless, with swellings of ankles, dimness of vision, and so on, apparently

needed NATRUM MURIATICUM, which can cause these symptoms in a healthy sensitive person. Her urinary excretion of this substance was 20 units before treatment, but gradually and steadily increased to 67 units *pari passu* with a steady and marked improvement in general clinical condition. At the same time her urinary excretion became greater and more dilute. She also appeared to be excreting a previously stored substance.

These experiments suggest that homœopathic potencies may act by mobilising and excreting retained products, which have been producing signs and symptoms of their own poisonings. This might mean that homœopathy antidotes a true poisoning from accumulated stored materials, and that when we prescribe the similimum we are really administering the idem, changed only by potentising—as in tautopathy.

Psychological Factors

If in the instances of chloroform antidoting, we could demonstrate chloroform in the urine or other excretions *after* but not before the potency indicated was given, we could infer that the chloroform given years previously was still present in the tissues producing a constant proving? The patient might then be described as a sort of perpetual involuntary prover.

I should like to give a few more examples of the value of environmental and psychological factors in homœopathic prescribing. A woman, aged 62 years, had suffered from asthma for 14 years, since her menopause. She took colds on the slightest provocation if exposed to a draught. In the days when she had periods she had had hardly any flow at night.

She always felt better in wet weather. Here was a beautiful example of a CAUSTICUM patient, with its predilection for wet weather and scanty nocturnal menstruation, and one dose of 30c not only cured her asthma but stopped the tendency to pick up colds.

Many sceptics attribute our successful results to psychological causes. It is true that our prescribing is largely done on psychological facts, but this is not quite what they mean.

An old man always finds that the rheumatism from which he suffers improves while he is riding his bicycle and stiffens up again

afterwards. One dose of RHUS TOXICODENRON 6c gets rid of his pains in a few minutes and they do not recur for several weeks. He always asks for the little pills and says: "I don't care what you say, they're wonderful."

The other point which effectively disposes of the psychological theory is that of aggravations. Quite often all has been going swimmingly, and then, all of a sudden one is faced with a disgruntled patient who says all the pains have come back. Stop the medicine and the patient gets better, not because it has been killing her but because she has had a little too much of the right medicine, too much of her very own medicine, which has produced a proving. I have noticed that this is particularly likely to happen in the treatment of influence with BAPTISIA.

Disease Products

A nosode is a disease product, such as TUBERCULINUM, CARCINOSIN, derived from tuberculous or cancerous tissues, and so on, and is sometimes needed to ensure the effective action of indicated remedies which have previously failed to work. It looks, in such cases, as though the action of medicines is blocked by some energy obstruction. After the administration of such a nosode, which has its own clinical indications, the remedies which previously failed will go on and cure the patient.

As an example, the outstanding indications for TUBERCULINUM include love of music, obstinacy and love of travel. On occasions, *these* nosodes also do not work. They are prepared from samples from a number of patients, and perhaps may not be sufficiently similar to produce results.

In such cases an autogenous nosode made from the tissues and microbes of the suffering patient himself sometimes works wonders and paves the way for complete cure, hitherto deemed impossible.

For instance, a woman of 58, who had suffered a severe fall on her spine at the age of three, and had never been really well since, had been the victim of a discharging sinus, originating from her spine, tracking into her left groin, on and off, ever since.

Bacteriological investigation of the discharge revealed a sterile

culture. Nevertheless a potency was made from this, and administered.

The day after, the discharge became much more fluent and smelled strongly, and all her pains left her. She had not felt so well for years. Suddenly, after five days of well being, she began to feel much worse again, and the discharge gradually slowed up: I came to the conclusion that her narrow sinus had become blocked by a piece of her own discharge or, perhaps, by a sequestrum or piece of dead bone.

She refused absolutely to allow a surgeon to probe the sinus, to clear any obstruction, and I did not dare give her any more treatment, lest I precipitate a further discharge, only to be dammed back. Fortunately the sinus cleared itself and she began to feel much better again. I think and hope that she is going to be cured after all these years.

Treatment of Dog

My old dog, aged 11½ years, frequently the perpetrator of fights had an old scar opened in a friendly tussle with a contemporary, leaving a large, superficial discharging wound about two inches long and one across, roughly elliptical in shape, on the inner side of his left elbow. This would not heal under the influence of CALENDULA, ARNICA, SILICA, SULPHUR, HEPAR SULPHURIS and others, usually such good healing remedies.

At last a culture was made on human blood agar, from which were grown STAPHYLOCOCCUS ALBUS and STAPHYLOCOCCUS AUREUS, two very common micro-organisms, frequently associated with skin conditions, boils and so on, and thought by most people to be the cause of same.

An autogenous, nosode was made of each organism and administered separately, first the STAPHYLOCOCCUS ALBUS, which began to heal the wound at once, then the AUREUS, which speeded up the process still more, and ultimately both.

After a month of this treatment the wound is now about two thirds healed. It had remained stationary for three or four months previously.

I have given examples of the use of rather unusual medicines, but the principle on which they are given is always the same.

Homœopathy may be said to be ubiquitous, flexible, constantly changing according to the problems of the day, yet always the same in principle and covering the entire range of human illness.

Five Points

I should like to feel sure that I have made certain ideas of mine clear to you. Firstly, I feel that every potential patient should be aware of the possible range of medical treatment available to him, with a working knowledge of the philosophy which guides it.

Secondly, I should stress that homœopathy is a logical, simple, complete method of treatment, treating the patient as a total unit; invaluable as an additional therapeutic weapon to all those powerful modern medicines which have done so much to change the patterns of illnesses in recent times.

Thirdly, that this homœopathy, or cure by imitation, is infinitely flexible, and entirely adaptable to modern conditions in every field of medical and veterinary treatment, however specialised, as it takes the whole man or animal as its problem and never a part only of him.

Fourthly, that this is the time when education of both patient and doctor in the knowledge of homœopathy's value, and training of doctors in its practical use, should be promoted by every legitimate means available in order to alleviate suffering, promote health, often in supposedly incurable diseases; to limit the enormous harm inevitably brought about, owing to the adverse side reactions of many modern antibiotic and antiallergic drugs, to mention two examples only; and to break the vicious circle in which new antibiotics have constantly to be sought to defeat micro-organisms, to which they have learnt to become immune.

Finally, resort to the homœopathic form of treatment would result in a tremendous reduction of our drug bills.

—*Homœopathy, Nov.-Dec., '59*