

CALCAREA CARB. AND SILICEA— A COMPARISON

DR. EUGENE UNDERHILL, JR., M.D.

These two remedies are about equally related to disturbed nutritional states and to retarded growth and development. *Calcarea* affects the glandular system, especially the lymphatic glands such as the tonsils, nasopharyngeal, cervical and mesenteric glands. It also affects the blood and blood-forming processes and is therefore associated with anemic conditions. The growth of the skeletal structure may be retarded or perverted causing over-development of the cranium, flattened occiput and late closing of the fontanelles. There may be irregular development of the bones with curvature or other deformities. The teeth erupt slowly and decay early. The child is late in beginning to walk and may become bow-legged, knock-kneed and pot-bellied. Spinal curvature may result in cases in which there is an underlying tuberculous dyscrasia.

Silicea acts upon bony and cartilaginous structures, on cellular and connective tissues, as well as on the skin, mucous membranes, glands and NERVES. An important differentiation between these remedies is the fact that *Silicea* is *fundamentally more nervous than Calcarea*, the latter having characteristically the leucophlegmatic temperament, whereas *Silicea* is sensitive, nervous, irritable, mentally competent when aroused but with a marked tendency to sluggishness and inertia. When some trying ordeal is to be faced the *Silicea* patient improves with action. His efficiency picks up as he warms to the occasion. *Calcarea*, on the other hand, wearies with the effort, cannot overcome the lethargy which weighs him down.

Anxiety and apprehension run through both *Calcarea* and *Silicea*. They are equally mild, yielding and faint-hearted, but when annoyed they are cross, peevish and vindictive. Then they sink back again into a state of apathy and indifference.

Both remedies have a false full-bloodedness, an anemic plethora, but *Calcarea* has a greater tendency toward obesity than *Silicea*.

Calcarea patients are often blonds with light hair, blue eyes and fair skin. Many, however, have black hair and a very white skin. *Pallor is more pronounced under Calcarea and redness under Silicea*, yet the *Silicea* face is often "sickly, anemic, waxy and tired" (Kent). When redness of the face is observed it is generally due to capillary dilatation.

Calcarea and *Silicea* are cold remedies and worse from cold but *Silicea is far more sensitive to drafts than is Calcarea*. Sensitiveness is characteristic of *Silicea* and this holds in both the physical and mental spheres.

Both remedies profoundly affect the glandular system, especially the lymphatic chains. *Silicea ranks far ahead of Calcarea in all suppurative conditions*,—abscesses, boils, every cut or injury festers, and the sensation as of a splinter, needle or fish bone in the affected area is as characteristic of *Silicea* as it is of *Hepar*.

Under the rubric of perspiration we find both drugs ranking as high as any in the materia medica. *The Calcarea sweat is either odorless or sour while that of Silicea is apt to be offensive*, especially that of the feet. Partial sweats or perspiration only on certain parts of the body is characteristic of each but particularly of *Calcarea*. "Head sweats profusely during sleep" is a strong *Calcarea symptom*. There is also perspiration of the hands and feet, the palms warm and moist, the feet cold and clammy. With *Silicea* the patient must have the head covered during perspiration and well protected against the least possible draft of air. *Hepar* and *Psorinum* approach *Silicea* in this respect.

Ailments following suppression of an offensive foot sweat will require *Silicea* in the majority of cases, but to say that this would always be the remedy following such suppression would be untrue and would amount to an unhomeopathic surrender to routinism.

In the digestive sphere we find that the appetite is often markedly increased under *Calcarea*, less frequently or to a somewhat less degree in *Silicea*. Sudden repletion or easy satiety is noted under *Silicea* but not often with *Calcarea*.

Calcarea has a desire or craving for beer and nearly all

alcoholic beverages, also for eggs, especially soft boiled, ice cream, lemonade, oysters, salty foods, acid and sour foods and starches. There is often a marked craving for sweets, milk, particularly hot milk and for such things as lime, chalk and other strange and peculiar things.

Silicea has a desire for bread, milk, warm foods and drinks and for something different, but cannot think what it would be.

Calcarea has an aversion to coffee which is often quite pronounced, also a dislike for fats, rich foods and very noticeably for tobacco. Sometimes there is an aversion to meat and occasionally for milk.

Silicea has hunger with aversion to food. Often there is a dislike for salty foods (*Calc.* craves salt). Aversion to milk is common and we find the symptom "child refuses the breast". *Silicea* has aversion to meat to a slightly greater degree than *Calcarea*.

Calcarea is aggravated by peas, beans, cabbage and flatulent foods in general. Coffee aggravates. Milk and sweets may disagree, also potatoes, sauer kraut and salty foods in general, the patient often desiring these foods and yet they may aggravate.

Silicea is often aggravated by meat (seldom observed under *Calc.*). There is marked aggravation from cold foods and cold drinks. *Silicea* requires warmth, both externally and internally.

In the pelvic tract we find amenorrhœa under both remedies, although more marked under *Silicea*. Menses clotted under *Calcarea*, seldom with *Silicea*. *Calcarea* has too early, profuse and long lasting menstrual periods. *Silicea* is prone to late and more scanty periods. Menses are often offensive with *Silicea*, seldom so with *Calcarea*. At the menopause *Calcarea* is a very frequently indicated remedy, ranking with *Lachesis*, *Psorinum*, *Pulsatilla*, *Sepia* and *Sulphur*. *Silicea* is not so closely related to the climacteric cycle.

For the bad effects following vaccination *Silicea* ranks with *Arsenicum*, *Malandrinum*, *Sulphur* and *Thuja*. It is second in the order of frequency in these conditions, *Thuja* being first.

DISCUSSION

DR. ROYAL E. S. HAYES : In considering *Silicea* and *Calcarea carb.* I think we must also consider *Calcarea silicata*, which is a great remedy, and may follow in between either of the others or after either of the others, but more especially after *Silica* has done what it can.

DR. HARVEY FARRINGTON : That is one advantage we homœopaths have because a combination of two remedies partakes of the symptoms of each, but it is like a marriage, because there are other symptoms develop which occur in neither, and so they do well in combination as interim remedies.

DR. J. W. WAFFENSMITH : I think it is Clark who speaks of *Silica* as being a good intercurrent following *Lycopodium* ; you give it and then follow with *Lycopodium* and it renews the action of *Lycopodium*.

DR. ANTHONY SHUPIS : I should like to ask the doctor a question. You said *Silica* was the chronic of *Pulsatilla*. I understand that when *Pulsatilla* ceases to act, you might consider *Silica*. Is that when it is the chronic ? Does that mean it has the same symptoms and it just acts a little deeper ? What is the tie-up ? If you take *Pulsatilla* as a flower, it probably has a little *Silica* in it.

DR. V. TABER CARR : What relation do *Silicea* and *Calcarea carb.* have to septic states ?

In my experience *Silicea* plays a greater role in septic states than *Calcarea*. For instance, I have a case now under treatment that had an appendiceal abscess when about ten years of age, and the thing polluted the system with septicemia, so much so she developed skin symptoms, acne vulgaris abscess on the back, kyphosis, and a mental state diagnosed as psychopathic personality, very sensitive to everything coming along, craved vinegar—she would drink it—and if she was excited and exasperated at anyone, she said, "I will kill you."

Now that fell easily into *Hepar sulphuris*, and that carried her along until she got joint symptoms, three months following it. Those are identical conditions. Three years after she had the ruptured abscess, her knees were swollen and red and

inflamed, localized septicemia. I tried *Hepar sulphuris* but it wouldn't touch it. I looked it up in the *Materia Medica* and *Silicea* is complementary. I gave that and the whole thing cleared up, and the mental state, too.

DR. WILBUR K. BOND : I should like to hear a comparison of *Sanicula* and *Silica* and *Calcarea*.

DR. WILLIAM B. GRIGGS : I think we could work around all day when we come to these things. *Sanicula* has identical constipation with *Silica*. The stools are hard, dry, and passed with a great deal of effort, but the stool of *Sanicula* will smell almost like a brewery compared with the almost odorless stool of *Silica*.

A *Silica* child has offensive sweaty feet, but the whole make-up of the child is more that of a normal child in contrast to the fat, phlegmatic picture of *Calcarea carb.*, and, again, the *Silica* child is practically perfectly normal as far as the general physical condition, except the head is a little large and the belly. I see very little difference between the *Sanicula* child and the *Silica* child in the general symptoms. It is only when you get into these mixed-up symptoms of *Borax* and *Natrum muriaticum* that you want to think of *Sanicula*, diagnosing the difference between *Silica* and *Sanicula*.

Sanicula is a far more efficient remedy than *Silica* with that stool which will almost come out and strain, and strain, and almost slip back. The stools of *Sanicula* are bashful stools and don't want to come out.

DR. EUGENE UNDERHILL, JR. (*closing discussion*) : There is no question but that there is much more tendency to suppuration under *Silicea* than there is under *Calcarea carb.*

Silicea has an emotional state the same as *Pulsatilla*. *Pulsatilla* is a warmer remedy and when it has done its work, you will see that modality change to a colder tendency, and that is where *Silicea* comes in. Sometimes it happens the first patient needs *Pulsatilla*, if the symptoms agree, and then may go back to *Kali sulph.* which is so similar to *Pulsatilla*. You would almost say one would do the work of the other. Somebody brings out the fact that *Pulsatilla* contains *Silicea*, and in that way it works like *Pulsatilla* and will supplement it, if the symp-

toms agree. We have several rotating remedies. One is *Sulphur*, and one is *Lycopodium*, in the order named, but that should not be followed by rule of thumb. The symptoms must change.

Kent says : *Sulphur*, *Calcarea*, *Lycopodium*, but that *Lycopodium* does not follow *Sulphur*. Well, I don't believe that is the case. It may be true, but I think the symptoms should also be our guide. Sometimes if you have a strained condition you need *Rhus tox.*, and then you will see *Calcarea* symptoms.

Differentiation between acute and chronic remedies I think is carried too far. *Belladonna* we count as acute, but in certain nervous and mental states it can be a chronic remedy. *Sulphur* and *Arsenic*, and *Sulphur* and *Nux vomica*—it is claimed that *Nux vomica* is an acute remedy many times and *Sulphur* the chronic of *Nux*, also that *Sulphur* is often indicated after *Arsenicum*. *Sulphur* is a much warmer remedy.

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PLANNING FUTURE PROGRAMME OF BOYD MEDICAL RESEARCH TRUST

Death of Founder : Work Continued by Sons
Report for 1955-56—By Dr. H. W. Boyd.

Since the death, on September 8, 1955, of Dr. W. E. Boyd, who was the Founder and Director of the Institute of the Boyd Medical Research Trust, Glasgow, the work of the laboratories has of necessity been largely devoted to planning for the future. However, several lines of research have been continued successfully, if at a somewhat slower pace. A report of the death of Dr. Boyd and an appreciation of his work appeared in the *Journal* in October, 1955.

While his genius and drive will be sadly lacking, the Trustees feel sure that the research will continue along progressive and useful lines, both from a homœopathic and from