

of homœopathy in a controlled experiment in which the control is provided not by a similar patient with a similar disease but by the same patient treated first by sundry orthodox treatments and then by the homœopathic method for the same complaint.

Such incidents can be reduplicated in the experience of every homœopathic physician. They present a case that is certainly convincing to those who are helped and healed.

Through the years a wealth of evidence has been produced which should be convincing to those whose avowed objective is the relief of suffering and the cure of disease. Members of the medical profession with open minds *should* explore all available means to this end.

## SIMILIA IN TRIPPLICATE ACTION

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*Problem 1:*—In April 1955, a woman aged 76 years, presented herself to me with a fiery-red, denuded skin; violent itching, aggravated night; stinging, burning pains; weeping and scaling over entire surface of both lower extremities.

She had taken "loads of Cortisone" after which the hair began falling out; large spots of baldness on vertex; hair dry and dead in appearance. She has used all kinds of injections and local applications; through the years has taken iron and other remedies to keep up strength. Lately she had been to a prominent clinic in the East to no avail.

There was a history of occipito-cervical headaches; colitis; arthritis of joints of fingers, which are somewhat contracted; deepseated prostration, more like tubercular fatigue. She was an active, restless type, wants to keep moving; restlessness of hands and feet; ameliorated lying on right side and putting feet out of bed.

*Sulphur* 200. was given, after which she reported being in a complete mess, the eruption having spread to head and rest of body, although less hair was falling out. The appearance of itching on the scalp was considered a favorable symptom. Adhering strictly to homœopathic principle, the battle for health was on—internally, externally and, what seemed at the time, eternally. It was a crisis, the flaring up of some deeper latency which had to be met. It was here the problem led into the Hahnemannic theory of psora and the satellite miasms, including drugs. This, like the nosodes, was a section of the older homœopathic field around which clustered some of the most violent forms of contention. J. H. Allen had the opportunity to present miasmatics with objective reality in his Hering College Clinic on the skin and related conditions. H. C. Allen suggested one may be wiser to give an initial vegetable similar, but in some instances the direct use of similar *Sulphur* breaks the case at once. The quick action in this instance was truly modernistic.

On May 19, 1955, *Graphites* 200. was given and repeated during suitable intervals, acting as a beneficial complement. It is my practice in the aging to restrict potency to the lower range, allowing for exceptions.

By July 9, 1955, the fire was subsiding; less redness and eruption; periods of external heat less; islands of swelling seem to be surrounded with what appeared to be formations of more normal skin; prostration less; some new hair showing.

A new grouping of symptoms appeared upon the stage: aching pains in legs, aggravated right side; appetite good; digestion improving; thirsty for cold drinks; almost all of her life has been taking laxatives before retiring, discontinued without noticeable inconvenience; less desire for sweets; burning less; internal trembling; severe pain in right ankle, ameliorated motion; sensation as if steaming all over. *Rhus tox.* 30., 200., 1M, 45M and 50M were given at suitable intervals until May 10, 1956.

Now the fiery redness and scaling of the skin had completely cleared; the skin was normal in appearance and texture in conformity with age. She was remarkably improved in

mental outlook, general physical appearance, weight and in other ways which appeal to the average woman. There was appreciable increase in the amount of hair. There remains an unwashed appearance in several spots on the legs, which suffered the most punishment; feet burn on soles, aggravated at night in bed; puts them out from under cover, a possible remnant and temporary reaction to medication, or a mild resurgence to the basic psora, offering a future rallying point for further miasmatic treatment.

*Problem 2*—On August 22, 1952, a woman, aged 42 years, came with recurrent asthma covering many years. Her father and mother had for years been under good homœopathic care. The father had a positive history of tuberculosis in his heredity. There was the usual wheezing late in afternoon, lower left lung; loose cough, tightens on eating; green, yellow expectoration; walks slowly, bending forward; oppression; urticaria for a month or more, size of a dime; ameliorated in hot weather; aggravated in wet, foggy, cold weather; chest partly usable; very sore; left nose completely obstructed; has been able only to take a sip of water at a time; menses one week earlier; tongue has small streaks of white; forgetful; discouraged; slow walking, averse to talking in morning, on waking and getting up (Sycosis); feels best at night; loathing of life; impatience; nasal polypi; vertigo, aggravated on lying. *Natrum sulph.* 30. was followed at intervals by 200. until June 25, 1954, when the report gave evidence of marked tubercular fatigue; sleepless from anxiety; concentration on work poor; forgetful of words; marked loathing of life; impatience; aversion to members of family. *Medorrhinum* 10M carried on until September 5, 1955, when asthma became troublesome after a long recession with constriction in the chest and aggravation from damp weather. I returned to the use of *Natrum sulph.* 200. with progressive improvement.

This is a splendid illustration of miasmatic inheritance, the power of the dynamic medication to maintain a balanced existence against the odds of heredity.

*Problem 3*—On March 19, 1953, a man, aged 40 years, consulted me. He had been treated for some twelve years for gall

bladder. There was a history of the same in his mother. Surgery had removed a cyst from the upper jaw, biopsy declared negative. There was a large cavity where bone had been removed, covered with light grayish coating, the extreme upper part of which had a greenish color with adherent pus. There were pinpoint hemorrhagic spots; half of the tongue was denuded. Persistent pain continued along the lower border of liver, possibly due to some internal pathology and pressure on capsule. He was subject to repeated colds. Pupils were widely dilated. He perspired much in both winter and summer. Vertigo, aggravated by lying. There was a strong fear of cancer. An inability to fit denture interfered with domestic tranquility and occupation. This appeared to be a mixed miasmatic state: psora, suspected lues, and drug suppression. A triplicate disability cleared in approximately six months with *Mercurius vivus* in 200. and 1M potencies.

It is my opinion that a considerable number of tumorous conditions are a mixed type, having inactive and hidden lues, inherited or acquired or both, modified by psora and drug poisoning. These hover around the borderline of cell destruction. This will account for the low rate of malignancy under longrange homœopathic care; also the high rate of post-operative recoveries when linked with basic constitutional treatment.

The approach to each one of the problems has been systemic. Problems one and three had experienced their respective quota of laboratory analysis, useful in its proper setting, with orthodox treatment keyed to a corresponding diagnosis. Similia stepped into the picture adding a complement to vital reaction in simple and dynamic form. The practical health demand was met in normal individual, domestic, occupational, and social adjustment.

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