

HOMŒOPATHIC THERAPY OF POLIOMYELITIS

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1. The summary which I undertake is attributed to my colleagues of Homœopathy here present as well as to my Allopathic colleagues whom I have the pleasure and honour to be among with this morning. With their presence they prove that are not only physicians in the true sense of the meaning, but therapist who beside any doctrine to which they may be attached do not wish to neglect anything for the benefit of their patients.

I hope the diagram that you are going to see will be of some use for many homœopaths about the possibilities of homœopathy in the treatment of Polio.

2. First I will take as guide the different phases of polio described in clinics and I will try to transpose it on the homœopathical plan.

Further to the period of incubation which incidentally is not clearly defined, as you all know it. Polio is a virus disease which has three phases.

(i) The phase of favouring and determining phenomena.

(ii) The phase called ANONYMOUS where polio does not declare itself.

(iii) Lastly the phase of paralysis where diagnosis can be made but unfortunately too late.

In Allopathical therapy this clinical classification does not bring about any valid treatment, only its third phase—that is paralysis gives way to a physical reduction after pause of paralysis. If we were to project the above mentioned three phases on the homœopathical plan we obtain deductions which are intelligible simply because it contains in itself the answers to therapeutics. In other words the Allopaths have to diagnose in order to establish treatment—whereas the homœopath even if he finds himself in the impossibility of diagnosing will draw his conclusions on the treatment from the way the patient feels

himself. With an early interference he will have the possibility of deviating the evolution of the disease and even often will elude the disease without knowing it.

3. Let us now examine the three phases which I have noted on the screen. The so called favouring stage goes from ACONITUM to ARNICA. The anonymous stage from BELLADONNA to ARSENICUM and PHOSPHORUS and lastly the paralytic starting from GELSEMIUM.

Let us first take the phase of the favouring and determinant phenomena. It is classical to say that the main causes which favour and determine the blooming of polio as well as other diseases are coldness, humidity and fatigue. These causative factors, however do not provide allopaths any indication in the matter of curing. For us on the other hand in this state and whatever is brought about by the indisposing factors homœopathy helps us to act immediately.

Coldness will make us prescribe ACONITUM.

Humidity will make us prescribe DULCAMARA or RHUS TOX.

The cold bath of a pool or river ANTIMONIUM CRUDUM.

Fatigue ARNICA.

By administering these different remedies for the corresponding causes we have a big chance of eliminating a developing disease which as yet has not been diagnosed.

4. After the so called favouring stage we have the ANONYMOUS stage, which extends from BELLADONNA to PHOSPHORUS.

The clinical point of view shows us that polio starts with a form of cold or angina both being able to bring about meningeal reaction..

It is for this reason that I have shown in my chart—

On the left hand side the drugs corresponding to phenomena of influenza on the right the drug corresponding to anginous phenomena and in between the evolution of the flue and angina towards meningeal phenomena.

The Allopaths will prescribe in general a treatment by antibiotics where phenomena concerning with angina flue or meningeal reaction is evident—however this treatment will be of no use in case of Polio.

Whereas the remedies of homœopathy which we prescribe

for the flue and the angina or the meningeal reaction contain in themselves the symptoms of the possible evolution of polio. This is extremely important and I repeat each of the remedies which evolve beyond angina or flue becomes a remedy of paralysis. A Paralysis which is in a state of continuous evolution.

A seed has within itself the tree in a latent and non-developed state likewise each of the remedies concerning the so called anonymous stage contains the paralysis in a latent and not developed state.

The conclusion is two fold: If you introduce these remedies during the anonymous stage, you can avoid paralysis. If you have to intervene when paralysis is settling, these remedies are still valuable to stop it or at least to regress it.

5. In viewing the three sub-divisions concerning with the flue angina and meningeal reactions, you realize that one drug reappears continuously GELSEMIUM; and for the reasons given few minutes ago we naturally find GELSEMIUM in the treatment of paralysis!

Why? simply because GELSEMIUM contains among other alkaloids GELSEMINE. This is a violent poison which acts by paralysing the motor centers, anterior horns and the respiratory centres. It acts by passive congestion both arteries and veins which explains why our GELSEMIUM type patient is congestive, with headache exhaustion quivering foundering, heaviness of members. He has violent shivers which originate in the vertebral column. The paralysis attacks many groups of muscles in particular the soft portion of the plate and the eyelids. The fingers and feet are paralysed—there is loss of muscular control. Intestinally there is atony—diarrhoea—looseness of the sphincter of the anus which remains open—allowing the escape of the excreta; similarly urine passes out freely and involuntarily. So, we can see that already at the anginous and flue state, Gelsemium holds in itself the paralytic stage.

6. Next comes BRYONIA which you see indicated under the column of the flue and meningeal reaction. BRYONIA oozes the serious membranes. This shows the importance in the phenomena of meningeal reaction of meningitis. This patient presents chronic headaches with pain in the vertebral column

(rachialgia). He experiences abnormal intolerances to light (photophobia) and suffers from vertigo; the situation gets aggravated with motion, but improves with absolute rest. However BRYONIA dries the mucous membranes this brings about constipation with hard faeces, which with much difficulty pass through the anus.

APIS MELLIFICA is contained both under the sub-divisions of angina and meningeal reaction. In fact, the venom of the honey bee provokes oedema of the skin, serous and mucous membranes. Besides of chronic headaches this patient presents maladroitness of the hands, he drops objects from his hands, he staggers, he has weakness in his inferior members with incoordinated movements. Characteristic symptoms which in fact it shares with GELSEMIUM. In spite of his fever, this patient is not thirsty. From the intestinal point of view he has watery, yellowish or sanguinolent fetid evacuations, though like GELSEMIUM the evacuations are involuntary as if anus was wide open.

7. We have already seen RHUS TOX as a remedy of humidity, we find it again in the flue and meningeal reaction.

As in BRYONIA we notice with RHUS TOX cephalgia with rachialgia of the dorsal lumbar region. Nevertheless these two type of patients cannot be confused as if BRYONIA is ameliorated with rest, RHUS TOX on the contrary is ameliorated with movement. BRYONIA sees to minimize action, whereas RHUS TOX can hardly stay still and is always after some other place. BRYONIA is stiff, RHUS TOX has a sensation of bruise with swarming and gnawing of the muscles and this is accompanied with a state of typhos. RHUS TOX experiences shuddering, however those of GELSEMIUM are localised along the vertebral column, the ones of RHUS TOX originate in the muscular groups. Furthermore whereas BRYONIA is constipated, RHUS TOX has a bilious (brownish) and exhausting diarrhoea with involuntary stools. The urine passes out sluggishly. In GELSEMIUM we saw that this happens involuntary due to the paralysis of the sphincter whereas in RHUS TOX it is the vesical muscle which is paralysed, and the patient is obliged to push in order to eliminate slowly few drop of urine.

8. LACHESIS—We find it in angina and the meningeal reaction. In addition to its action the mucous membranes, it acts on the nervous centers by paralysing them, it attacks by means of choice the Rachidial Bulb, it equally affects the muscles of the pharynx.

From the intestinal point of view—it bring about a fetid sanguinolent diarrhoea.

9. CICUTA VIROSA—is a very important remedy for the meningeal reaction with a stiffness of the neck its action is similar to that of CURARE which we will see soon—it attains the motor nerves and particularly the diaphragm, it provokes equally a paralysis of the respiratory muscles.

I will not talk to you to night about other remedies concerning the flue and angina—as our interest is not directed particularly to these but to flu and angina which contain paralysis in a latent and non-developed state.

It is for the reason we have already observed that the remedies concerning the treatment of flue, angina and the meningeal reaction will serve us for the paralytic phase, when polio is diagnosed, as in the progressed state of their action they provoke paralysis.

This remark confirms what is already admitted, that the manifestation of paralysis does not necessary limit the general phenomena. The clinical description undergoes two successive phases—in reality it is always the same phase which gets developed and amplified and the general signs can get aggravated with the manifestations of paralytic phenomena. When this happens we then prescribe remedies such as ARSENICUM and PHOSPHORUS.

10. ARSENICUM ALBUM—is a patient whose vital forces are profoundly touched with a consequence of weakness and exhaustion ARSENICUM attacks the gray matter and the peripheric nerves. Paralysis by ARSENICUM has a particular affection for the inferior members attacking specially the extensors: jambien antérieurs the extensor of the toe) peroniers lateraux. On the level of the thigh it attacks particularly the vastus lateralis and medialis. As for the superior members—it strikes special-

ly the muscles of the hand and the fore arm—rarely exceeding the elbow.

From the intestinal point of view ARSENICUM brings abundant, burning, exhausting blackish diarrhoea. It is a patient who is thirsty but can swallow small quantities of water which in fact he vomits immediately after.

At last a small but rather important symptom the patient asks every instant to change positions, to take off the sheets complaining about a fold of the sheet which hurts him but has scarcely any force to do it himself.

Let us not forget that the pains of ARSENICUM are always of burning origin which can be made to lessen with the application of heat.

11. PHOSPHORUS presents walking difficulties, the legs yield to movements which are incoordinated—rachialgia settles with burning sensations and sluggishness. It is a myelitis which progressively gains the peripheric nerves.

From the intestinal point of view PHOSPHORUS has abundant debilitating diarrhoeas with involuntary bowels.

Lastly the patient is very thirsty—whereas ARSENICUM drinks often and small quantities PHOSPHORUS swallows one large glass of cold water in a gulp.

These are then the principal remedies which we prescribe both at the anonymous stage as well as at the paralytic where the general symptom have not been amended.

12. You have noticed that for each of this remedies I have talked about the bowels. It is because I want to insist about the very important role which the intestine has in polio-myelitis.

It is a well known fact that the intestine is a considerable reservoir of the polio virus not only in the patient affected but also in the germ carrier. It is important above all not to neglect in a polio case the intestinal condition and particularly to think about MAGNESIUM.

MAGNESIUM SULPHATE (EPSOM SALTS) will help you to release the paralysis settled on the upper part of the body, and the (Magnesie calcinee ligre) will mainly interest the lower part of the body.

So we must not forget the great importance of magnesium Ion to cure polio.

13. Let us now approach the study of the paralysis stage for which the form of therapeutics is very outstretched—that is the remedies only concerning with motor paralysis.

Among these some are very important and reproduce faithfully the picture of polio.

It is the case for example of GELSEMIUM which attacks the anterior horns the motor and respiratory centers and which act on the muscular groups. It is the case of CONIUM MACULATUM which influence the anterior horns.

Likewise CICUTA VIROSA another hemlock which acts on the motor and respiratory nerves and in particular the diaphragm.

LATHYRUS which act on the anterior and lateral horns.

COCCULUS which acts on the marrow and motor nerves.

Let us not forget that LACHESIS has an action on the bulb so has HYDROCYANIC ACID.

Finally ARSENICUM and PHOSPHORUS acts on the peripheric nerves.

14. Let us now see rapidly the different remedies put in the fan of the diagram.

May I remind you again of GELSEMIUM—as it is really the so called king of polio—at the anonymous phase or the paralytic phase, there bring in fact no clear but line of demarcation between the anonymous and paralytic stage as it is the evolution which continue and develop itself.

If you study the diagram you will notice that I have placed the drug fan like according to their analogy of their opposition. It would however take too long to go into the details to night.

LATHYRUS—acts on the anterior horns and lateral horns of the spinal marrow ; it particularly affects the lower members of the body, the patient walks leaning forward ; the knees bump against each other during walking he presents muscular atrophy.

15. CURARE—paralysis of the muscles by action on the terminal patches of the motor nerves ; it attains particularly the extensors. It presents torpor, pins and needles in the limbs which give away. It has an affinity for an affection of

the right superior eyelid and this can attain the respiratory muscles.

16. *CONIUM MACULATUM*—Its effects are due to the “cicutine” or “conine”, we have first seen another hemlock *CICUTA VIROSA* for the meningeal reaction. It is *CONIUM MACULATUM* which was utilized for the execution of Socrates. Paralysis starts with the inferior members with slight shivering in the beginning which is followed with sluggishness (torpor) and bending, yielding of the knees—sensation of shortening of the tendons, the effects some what disappearing when the legs are kept on a hanging position. Paralysis of the pharyngeal muscles with deglutition. Paralysis of the superior eyelid. Among other the gall bladder is attacked—paralysis impedes the normal evacuation of the gall bladder and bring about an intermittent urination; the patient feels faint even when lying down—when turning his head or his eyes.

17. *THALLIUM*—paralysis of the inferior members with muscular atrophy which starts with torpor of the fingers and toes eventually raising to the legs, thighs, perineum and the abdomen.

18. *COCCULUS*—act by means of “picrotoxin” which attains the spinal marrow and the motor nerves—weakness of the neck and back muscles. Paralysis of the superior eyelids soft palate and the dorsal lumbar muscles. The feet and hand are stiffened—what characterises this patient is the vertigo accompanied with nausea.

19. *OXALIC ACID*—first pain weakness of the dorsal lumbar section—which latter attains the members. Chilling of the extremities, pain starting from the shoulder and ending in the finger with a sensation of heaviness.

20. *PHYSOSTIGMA*—Impossibility of having a complete muscular contraction rachialgy while coordinating movements, Muscular atrophy with stiffness of the hands—the left arm and feet. Aching on the creux poplite droit. Its action is somehow similar to that of *CURARE*.

21. *ALUMINA*—Dizziness when closing the eyes. The patient cannot walk with the eyes folded. Has paralysis of the superior eyelid—weakness of the inferior members with para-

lysis of the rectum and gall bladder. Pain as if a burning iron penetrates into the vertebrae is experienced.

22. PLUMBUM—Paralysis of the extensors and flexor muscles—specially in the fore arm. Paralysis of the pharynx and oesophagus of the intestine and particularly the rectum, paralysis of the gall bladder. The patient presents a progressive muscular atrophy.

23. HYPERICUM—Has not a characteristic of any sort of paralysis—but is a typical drug-for traumatism of marrow and nerves. It is the ARNICUM of the nervous system. Although it is not a direct remedy for paralysis you will find it useful on some occasions.

24. HYDROCYANIC ACID—Poison of the bulb—it paralyzes the respiratory centers. At first convulsive, it becomes rapidly paralytic—it is particularly designated for the respiratory forms of paralysis.

25. OLEANDER—contains CYANHYDRIC ACID it brings about paralysis of the inferior members with intellectual asthenia.

26. At last CAUSTICUM which I have placed directly below that is vertically to GELSEMIUM as similarly it paralyzes the muscular groups. Paralysis of the superior eyelid, of the tongue, of lips-pharynx-hands, of inferior member, of the gall bladder brings about either retention or incontinence, the patient having lost the sensation of feeling of the urine passing through. There is also paralysis of the intestine.

27. Here then is the end of the study of this diagram. Many other drugs can bring us their services in the treatment of Polio, however, I do not want to abuse of your attention.

I have not also outstretched the scope of each of the remedies—you will find it described in the subjects of Medical Homœopathy and specially treated from the chemical and physiological point of view in the remarkable work of DR. HODIAMONT of Brussels, which particularly advise you to read.

As for myself I will have reached my target if I only was able to point out to you the unnegligible contribution of Homœopathy in the treatment of Polio.

We certainly do not pretend eliminating all sorts of paralysis of Polio specially those which have settled definitely.

However, as I have shown it to you Homœopathy helps us to avoid, elude and minimize the evolution of this sickness.

Every form and localisation of paralysis can find its therapeutic answer from our different remedies—only if the practitioner knows how to recognize and distinguish and handle them.

This brings us to conclude that there is no standard treatment of Polio, every patient passes through the polio stage according to modalities which are particular to him, and it is there exactly that lie our great advantage offered to us by Homœopathy. It is to be able in most of the cases to prescribe a particularly adapted treatment, thanks to the similitude and dynamization laws described by our Master HAHNEMANN about 150 years ago. Laws which have been to-day scientifically proved by mean of biochemistry physiology and pathological physiology.