

theory and Drug dynamisation theory. None of these theories admit themselves yet of demonstrable verification of the order of scientific attitude. Though scientific laws are independent of their respective hypotheses or theories human mind feels hesitant to accept them so long adequate explanations therefore are not put forward.

B. K. S.

CHRONIC DISEASES

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Any physician who has used homœopathic remedies knows from experience the marvellous results obtained by the similar remedy in acute disease. Our more experienced prescribers get equally good results with chronic diseases, but some of the newcomers to our science have difficulties when dealing with chronic disease. This is not surprising, since Hahnemann himself had difficulties. It was only after 11 or 12 years intensive study and experience that he evolved a successful method of treating chronic diseases.

Hahnemann states in the Organon, parag. 3—"When the physician knows in each case the obstacles in the way of recovery, and how to remove them, he is prepared to act thoroughly and to the purpose as a true Master of the art of healing."

How many of us really know and fully understand the obstacles in the way of recovery in chronic disease. We must understand its nature and development, before we can attempt to cure it. For this reason I will begin with a brief review of homœopathic philosophy as it applies to chronic disease.

Hahnemann states in Organon, parag. 10—"Vital force imparts the faculty of feeling and controls the functions of life."

He further states: "The symptoms of disease are primarily due to the derangement of vital force."

Modern laboratory-minded physicians find it difficult to understand vital force. I would like to mention a few facts that point to the existence of vital force. We are all well acquainted with the early stages of development of the embryo. When the ovum is fertilized it begins to multiply by mitotic division. This continues until we have a ball of cells, all exactly alike. Then, something happens: the cells begin to differentiate at first into entoderm and ectoderm, later into nerve cells, muscle fibres, and then by a complicated process of cell grouping, the various body cavities are formed. Why do these cells differentiate? Why don't they continue to multiply exactly alike? What is the force, the great power, the marvellous intelligence, that causes and directs this wonderful building of the embryo and foetus? This is a force that cannot be discovered or duplicated in a laboratory. Yet, its existence cannot be denied.

This same force heals a wound. It directs the formation of new cells and granulation until a perfect repair is produced. This same force produces union of fractures and the regeneration of injured nerve fibres. These are examples of an intelligent force, the same force that governs all our lives and which Hahnemann called "vital force."

This force is at work in every bodily injury and ailment, always seeking to produce a healthy, harmonious condition of the body. No matter how much disease there is, or how near death, the vital force is always working toward recovery. This is the first and most important point we must realize if we wish to cure chronic disease.

The way to cure any disease is to work with and not against the vital force. Homœopathic remedies, when administered in accordance with the law of similars, assist the vital force to restore normal health. On the other hand, regular medicine usually works against the vital force. If

the nature of vital force had been thoroughly understood by regular medicine, it would have removed the confusion that exists in the medical world today.

Let us consider for a moment regular medicine. It is based on the germ theory of disease, that is, the belief that all diseases are caused by bacteria, and the aim of treatment is to kill the germ. Modern bacteriologists prove that bacteria can thrive only on a suitable media or food, that media is not healthy tissue. Therefore there must be something prior to the invasion of bacteria. There must be in the body of the individual a suitable media before the bacteria can develop.

Dr. August Bier, of Berlin, stated—"Bacteria are of secondary importance in infection, a healthy individual does not become infected."

The real cause of disease is a toxic state of the blood and tissues, due to a wrong way of living. Unnatural habits of life will soon bring about an accumulation of toxins in the body. Then the vital force will try to remove it by means of unpleasant symptoms which we call disease.

Over 2000 years ago Hippocrates stated, "Give me fever and I can cure every disease." Fever or inflammation is the process by which the vital force attempts to remove unnatural impurities from the body. Therefore, every acute disease is the result of a cleansing and healing effort of the vital force. In other words, acute disease cannot develop in a perfectly normal healthy body, living under ideal conditions. No form of acute inflammatory disease can arise, unless there is present some handicap to health which the vital force is trying to overcome and get rid of.

Regular medicine mistakes effect for cause. It fails to see that the local inflammation arising within the organism is not the disease, but merely marks the spot where the vital force is trying its best to eliminate the disease. When acute conditions are suppressed the morbid matter which the vital force was trying to eliminate is thrown back into

the system. Worse than that, drug poisons are added to disease poisons, and the acute condition is changed into chronic disease.

Hahnemann states in *Organon*, parag. 203—"Suppression of local disease is the most general cause of chronic disease."

Chronic disease is not possible unless some acute disease has been suppressed at some time in the past.

Under regular medical treatment every acute disease that occurs from birth to maturity is suppressed. During that time the vital force may have made half a dozen or more unsuccessful attempts to cleanse the body, with the result that the adult now presents a complicated picture of chronic disease caused by the successive suppression of each acute healing effort of the vital force.

On the other hand, when we employ the homœopathic method and prescribe a remedy which, according to the law of similars, will produce the same symptoms as the disease, this will obviously assist the vital force to more quickly and more forcefully eliminate the unnatural encumbrances. Chronic disease, if uncomplicated by inherent disease taints, can be quickly restored to health by the indicated homœopathic remedy, which can overcome the suppressed conditions and restore health.

But when we come to the more serious deep seated chronic diseases, such as carcinoma, tuberculosis, etc., they are not so simple to deal with, because they are complicated by hereditary disease taints. That is, they have not only the effects of suppression through one lifetime, but they have the cumulative effect of suppression over many generations.

At this point we must consider Hahnemann's theory of Psora. Briefly stated, it claims that age long persistent suppression of itching skin eruptions and of gonorrhœal and syphilitic diseases has encumbered humanity with three well defined miasms. These were named by Hahnemann:

psora, *sycosis*, and *syphilis*. He further claimed that the greater part of chronic diseases had their origin in these hereditary miasms.

No question in medical science has given rise to so much controversy, misunderstanding and sometimes ridicule, as Hahnemann's theory of Psora.

Personally, I think Hahnemann was in error in regarding the itch vesicle as the sole cause of internal psora. We now know that the itch or scabies is produced by a little insect, the acarus. But all homœopaths must agree that the miasms which Hahnemann enumerated do exist, not necessarily as a consequence of the itch alone, but more probably due to the cumulated effects of general suppression over many generations.

We must go a long way back to find the original cause for deep seated chronic disease. We must go back, if possible, to the very suppression. We must trace disease through many generations until we find the perfectly healthy human being, because human beings were originally created healthy. Disease is not natural, it has only developed because of man's folly.

In the early days, the first simple departures from health were very quickly and vigorously cured by the vital force, usually in the form of some skin eruption. The elimination through the skin protected the internal organs. But, because these skin eruptions were not pleasant to look at, and because their beneficial nature was not realized the physicians of that day began to do everything possible to drive the skin eruption away. But instead of eliminating the poisonous matter as nature intended, the disease was driven inward from the surface.

The vital force, being unable to eliminate effectively through the skin, began to eliminate by means of various catarrhal discharges from the internal organs, and thus new forms of disease began to appear. The old time physicians were puzzled by these new forms of disease and

they used more and more suppressive methods to try and stop every new disease that developed. The beneficial nature of these unpleasant discharges were not realized. And with each succeeding generation came new diseases, all produced directly by this system of suppression.

This suppression has continued and increased in severity from one generation to another, and has gradually transformed the original external skin disease into the internal diseases which now manifest as carcinoma, tuberculosis, and other destructive diseases.

Hahnemann states in *Organon*, parag. 81—"Without doubt this ancient, smouldering contagion has gradually passed through several hundreds of generations and many millions of human organisms, thus reaching an incredible degree of development."

I believe that this process of suppression through many generations is the real explanation of Hahnemann's theory of psora, and not the narrow view of the itch as the sole cause.

Having covered the development of chronic disease we will now consider its treatment. The first step in the treatment is the taking of the case, because if the case is not properly recorded in the first place, no amount of Repertory study will find the *similimum*. In order to make a homœopathic prescription the most important facts relating to the patient are discovered not by the latest diagnostic and laboratory methods, but by a careful interrogation. Whether a homœopath will succeed in curing his chronic cases, or whether he will fail, depends very largely upon the way he takes the case.

Hahnemann advises us to base the selection of the remedy upon the totality of the symptoms. The totality is the complete picture of the *diseased patient*, not the disease.

In acute disease there is little difficulty in determining the totality, for the symptoms are usually sharp and well defined. But, in chronic diseases it is more complicated, for we have to take into consideration not only the now

present symptoms, which only show the local manifestations of the disease, but must also include many former symptoms that are not now active. Symptoms that existed in childhood and those present before any pathology existed are important if we are to uncover the suppressed conditions. We must also obtain as much information as possible about the parents and near relatives. We must particularly look for traces of one of the miasms.

Time does not permit me in this short paper to go into details of the method of case taking, but Hahnemann gives implicit instructions in paragraphs 84-104 of the Organon. In addition to following these instructions, the physicians must have an intimate knowledge of the comparative value of symptoms if he is to select those that have the greatest importance.

Among the things often neglected by many homœopaths is the important question of diet. They assume the diet is normal when, in fact, many patients live on a diet extremely poor in vitamins and mineral elements. Hahnemann often expressed the demand that no medicine be given until all ordinary common-sense matters such as diet and faulty habits of life had been eliminated.

In addition to the record of symptoms, it is also necessary to give each patient a complete physical examination to discover pathological lesions. After a complete interrogation and examination, we are ready to analyze the case.

From my experience I found that it was useless to attempt to prescribe without first working the cases in the repertory, because usually the totality of the symptoms of the patient and his disease point not to a single remedy but to a group of remedies, and the correct similar must be selected or worked out from this group. In deep seated chronic disease it is only in rare cases that one strong characteristic symptom will point to the similar without the use of the repertory. In acute cases it is often possible to select the remedy from the keynotes alone, but rarely so with complicated chronic cases.

I have found it a good plan to first find out if the patient is relieved by heat or cold, and then rule out the group of remedies that do not apply. This saves a good deal of time. A summary is made of the most important symptoms that will cover the totality of the characteristic symptoms of the patient. The case is then worked in the repertory, and finally we must use the materia medica to compare the remedies with the case record, until there is no doubt about which is the most similar remedy.

Now with regard to the actual prescription of the remedy. In deep seated chronic conditions I usually prescribe high potencies, that is, 200 and over, except in cancer and tuberculosis. In cancer, low potencies below 30 are more suitable; also in advanced tuberculosis I only use low potencies. In chronic cases there is usually an aggravation after administering the remedy. Often it may be many days or even weeks before this homœopathic aggravation occurs, or, as I prefer to call it, a healing crisis. In deep seated chronic disease it is absolutely essential to get one or more healing crises or aggravations before the patient can be cured. This healing crisis represents the effort of the vital force to unlock the suppression and eliminate the disease condition.

I usually observe first a few days of marked improvement after giving the remedy, then the healing crisis develops. After this has subsided, it always leaves the patient much better than before, and I always find that the last symptoms to appear were the first to disappear, and the tendency of cure was from within outward, and from above downwards. If the symptoms do not disappear in this order, then the remedy is suppressive and its action must be antidoted at once.

So long as this orderly reaction continues it must not be interfered with.

Hahnemann states in his book on Chronic diseases — "The surest and safest way of hastening the cure is, to let the medicine act as long as the improvement

continues, even were it far beyond the period which is set down for that remedy. He who observes this rule with the greatest care will be the most successful physician."

In making the second prescription, the old symptoms that were suppressed years ago and have now returned through the action of the first remedy rank high and should be used as guides in the selection of the second remedy. Another important point about the second remedy, it must be complementarily related to the first remedy. Therefore reference to the tables of related remedies will be a great help in selecting the second remedy.

Now with reference to the miasms that are usually present in chronic cases.

Kent says—that the miasmatic condition may present themselves in three ways:

(A) as a single miasm.

(B) two or three miasms together, but only one acting at a time.

(C) two or three miasms forming a complex.

Both *Hahnemann* and *Kent* teach that we must attack the one that is uppermost first, and ignore the symptoms of those that are latent, except where two or three form a complex, which is a rare thing. Where two miasms co-exist they often alternate, though only one is active at a time. In such cases the remedy must be selected solely in accordance with the symptoms of the one active at the time. *Böenninghausen* published an excellent repertory of the antipsoric, antisycotic, and antisiphilitic remedies, which will often be needed, but I believe this book is now out of print.

But we must not assume that every case of chronic disease needs an antipsoric remedy. Many times they don't. If the chronic disease is deep seated and due to many generations of suppression, then they will need an antipsoric. But if the cause is only due to suppression during one life-

time, the chances are we do not need an antipsoric. In any case, the remedy must be worked out from the totality of the characteristic symptoms in each case, and must not be based on any preconceived idea of the remedy or group of remedies.

Many homœopaths successfully treat chronic disease while it is internal, but as soon as it appears on the skin they mistake its beneficial nature and regard it as something that must be cured by ointments. That means, of course, suppression. If a physician suppresses skin eruptions he is not practising homœopathy, and he will not cure chronic disease.

Dr. Constantine Hering, that great pioneer of American homœopathy, once said—"If our school ever gives up the strict inductive method of Hahnemann we are lost and deserve only to be mentioned as a caricature in the history of medicine."

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HOMŒOPATHIC THERAPY IN OBSTETRICS

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The following discussion will illustrate the value of homœopathic remedies in obstetrics. An elderly primipara, 37 years of age, was safely carried through a prolonged labour with repeated doses of *Gelsemium* and *Sepia*. Actual labour time was thirty-six hours and low forceps had to be applied. I am positive that if this case had been in the hands of an allopathic physician, she would have had a cæsarian.

My method of prescribing, in this case, as well as in my other cases is as follows: first, I like to see what the patient is capable of doing without any remedies. This patient was about two fingers dilated, cervix thick and rigid