

HOMŒOPATHIC PROPHYLAXIS

A. H. GRIMMER, M.D.

Preventive medicines occupies a prominent place today and it is logical that it should, because prevention makes cure unnecessary.

As the Law of Similars excels in the power to cure, it excels more forcibly and certainly in the art of disease prevention.

Especially in the realm of children's diseases have the attempts at prophylaxis been chiefly directed and with some degree of apparent success. I say apparent because there is need for refinements in the technique of administration and in the preparation of the therapeutic agents employed, as there is still much to be desired in results obtained by present methods.

It is true that the agents employed bear a crude similarity to the homœopathic principle but because of this crudity of preparation and administration we meet with much disappointment and considerable consequential evil effects following their use.

Homœopathic prophylaxis never causes anaphylaxis or shock, never results in secondary infection, never leaves in its wake serum or vaccine disease or any other severe reaction; it simply protects surely and gently.

While the homœopathic law provides specific remedies for specific disease conditions, such as *Belladonna* for scarlet fever, *Diphtherinum* and *Merc. cyan.* for diphtheria, *Carb. veg.* and *Cupr. met.* for whooping cough, *Lath. sath.* and *Gels.* for poliomyelitis, *Variolinum* for small pox, etc., it reaches a much higher degree of efficiency when the epidemic remedy is given for protection than is obtained by the disease specific.

To illustrate: an epidemic of scarlet fever may have more cases with a rough or a purplish rash than those having the typical smooth, shining, red rash for which

Belladonna is specific. Where the typical rough, darker rash prevails remedies like *Ailanthus* and *Phytolacca* and *Sulphur* will give more certain protection, but after the single epidemic remedy is found it brings the highest protection of any other.

In diphtheria protection the remedy *Diphtherinum* is the leading prophylactic, but in some severe epidemics of the past *Merc. cyanide* has proven to be very effective as well as curative in this disease.

In whooping cough *Carb. veg.* has been a reliable protection in hundreds of cases of young children and infants. But some epidemics require remedies like *Drosera* and *Cup. met.* and then they afford the most certain protection.

The remedy *Lath. sat.* has given the most certain protection in thousands of cases exposed to polio through many epidemics over the last forty years. It easily heads the list of homœopathic remedies for protection against that dreaded disease. This remedy has the same affinity to the same centers in the spinal cord and brain as the polio virus and acts as the most perfect antidote both for protection and cure. This single instrument in Homœopathy's citadel of power should command world-wide recognition both from the medical profession and the laity at large.

Against small pox *Variolinum* is an effective weapon; but we have others that have proved curative and effective prophylactic agents in many epidemics of the past, such as *Sarracenia purpurea*, *Ant. tart.*, *Vaccinium* and *Malandrinum*. *Ant. tart.* in the third trituration rubbed on an abrasion of the skin produces a typical vaccination scar.

Malandrinum is the most potent antidote to the dangerous septicemia sometimes following vaccination and *Thuja* is the best antidote against the chronic effects following vaccination.

It is strange so little has been said by homœopathic doctors familiar with the wide spread possibilities of homœopathic prophylaxis, especially in the face of the so

many harmful and even deadly accidents that have followed the application of the prevailing methods of protection against acute epidemic diseases.

As true healers and educators in progressive medicine it is our duty to give to the world this knowledge for its protection and well being.

It is also our duty to invite physicians of all schools of healing to test fully the homœopathic art of protection against epidemic diseases. If such tests were honestly made by sincere men of all schools of healing Homœopathy would reach its place in the sun.

DISCUSSION

DR. ROGER SCHMIDT [San Francisco, California]: I thank Dr. Grimmer very much for this very enlightening paper. I think it is a very important subject. I would like to ask him two questions.

What about *Pertussin* in whooping cough as a preventive? And secondly, do you in your practice give routinely some of those remedies just as, allopathically, they have a set program to give at a certain age—I mean the family will come, or the mother will come to you, and say, "Well, at school they ask for this vaccination or this type of immunization."

Then how do you handle this practically?

DR. ELIZABETH WRIGHT HUBBARD [New York City]: Mr. Chairman, I have found that regular medicine knows that if you feed kids a lot of salt when there is a polio epidemic around, they are much less likely to get it. That is a very interesting suggested thought, and when children in my practice are going to beaches where polio is rife in the summer, I tell their parents to feed them salt pills.

I don't know whether homœopathic *Natrum muriaticum* would have any effect.

I am interested to know that the doctor uses *Carbo veg.*, also that he prefers *Belladonna* to *Scarlatinum*. I believe that it does children good to have the exanthematous diseases. I am sure that those children who have never had mumps, chicken pox, etc., in childhood are far more likely to have serious diseases in later life and are less healthy, because they have had no opportunity to throw off their inherited psora. Therefore, in answer to Dr. Schmidt, I would say I never give a child in my practice a preven-

tive on general principles against any of those diseases, except such as are required by the local board of health.

Children are not accepted in nursery school in New York without immunization of some sort against diphtheria. I therefore give them *Diphtherinum* 1M, three doses twelve hours apart, and a certificate saying they have been protected against diphtheria. I don't say how.

One other thing that is required by all summer camps in New York state is the giving to children of tetanus protection, in which case I give *Hypericum* in the 1M, three doses, and a certificate that they have had their protection. I don't believe that those things hurt the children. I do believe, although I can't prove it, unfortunately, that they do immunize them against the liability to contract those diseases.

DR. SCHMIDT: May I ask Dr. Hubbard about the question she raises there which is controversial, I believe, about the merit of having those diseases during childhood or not? One edict would be that if you raise your natural immunity by having the disease when you are a child under a suitable condition, then you avoid them later on in life.

That question of eliminating psora is another point which is very interesting indeed but both are theoretical, of course. By giving the homœopathic preventive, you raise the immunity to diphtheria. For example, it has been proved by the Shick test to raise that immunity.

DR. HUBBARD: I have heard it said that you even do for the child the same thing in the release of psora that would be done by having the disease. For instance, if you gave a child *Morbillinum* and it doesn't get the measles in the measles epidemic, I have heard it said that *Morbillinum* does for the child what having the measles would do for the child.

That I find it difficult to believe, but I would like to hear the opinion of some of my elders and betters on that subject.

DR. A. DWIGHT SMITH [Glendale, California]: I would like to ask Dr. Grimmer if he has ever made any test as to how long *Diphtherinum* would act as a prophylactic?

DR. SCHMIDT: I can answer that question. A homœopath in Paris has conducted an experiment along that line for many years. I don't know his very recent results, but he has published a full book on that, and he has brought out the very interesting fact that the higher he goes in potency, the longer immunity is proved by the Shick test. I could not give you the exact data now because I don't have it in my memory, but I remember, at least, that he said

that the 9,000th potency would give an immunity of about eight years. Therefore, 1,000th would give approximately only 2½ years protection and a lower one, a 30th, would give protection only for a few months.

DR. A. H. GRIMMER: Dr. Schmidt asked about *Pertussin*. That was one remedy I did intend to put in but omitted it. I wrote that paper at the last minute and hurriedly. That is a very valuable and good protection. It is also a remedy where they come to you and haven't been well since a bad case of whooping cough. *Pertussin* will then come in and help you very effectively. Thank you very much, Doctor, for that suggestion.

As to how I employ the remedies, I generally give a dose of the 10M in most cases. The 10M is a protective potency and the reaction is good at least for that epidemic. If there comes another epidemic and they want further protection, I repeat the process, only for the epidemic. That holds good in all the protections that I have given—polios and all.

During the epidemic, a 10,000th will surely take them through. I tell the patients if they get a cold or treat themselves during that time, their protection is very much impaired.

Dr. Hubbard asked about why I employed *Belladonna* rather than *Scarletinum*, I don't know. I found *Belladonna* so useful in a typical *Belladonna* type of that disease—it has been perfect for me, and I suppose that was the reason it was Hahnemann's remedy.

I don't know but that *Scarletinum* would be a good remedy. I think it would, but I have obtained perfect results with the smooth variety. In epidemics of the type that has the coarse rash, you will have to go to the epidemic remedy. *Belladonna* will not protect. *Scarletinum* might, in those cases. I don't know; I haven't used it.

One year in Chicago, we had a very, very malignant type of epidemic. *Phytolacca* was the remedy and *Phytolacca* was the perfect protection.

Dr. Codd, a child specialist teaching at Hahnemann, had the habit of alternating *Belladonna* and another remedy. He lost a lot of his cases. I had several hundred cases. I did not lose any even before I got onto the epidemic run. But afterwards, I had no trouble. We got a very quick result with *Phytolacca*.

DR. HUBBARD: I would like to ask one question. I am confronted by people going to Africa or Palestine who have to have prophylaxis against typhus and cholera and yellow fever. What is the homœopathic prophylaxis against any of those.

DR. GRIMMER: *Baptisia* against typhus and typhoid, *Arsenicum* against yellow fever, *Cuprum metallicum* or *Veratrum album* or *Camphor* against cholera.

DR. SMITH: We have cases going to the South Pacific and before they are able to go, they require ten or fifteen vaccinations. If they give them internally, one will antidote the other, won't it? How are you going to do it?

DR. GRIMMER: I think there is a lot of confusion that sets in with all those numerous vaccinations at one time. I do think there is some interference. I don't think there is a perfect protection from that. I generally antidote that with a dose of *Pyrogenium*. I did that in World War I. I found *Pyrogenium* to be very effective.

DR. WILBUR K. BOND [Greensfork, Indiana]: What is this going to lead to? There are so many mothers bringing their cards in from the school. The child before he enters the school has to have his tetanus shots, small pox vaccinations, diphtheria shots, and then on top of that, they have to have their booster doses.

DR. GRIMMER: I give them what I think is needed—the protection for the epidemic prevailing—and give them a certificate that they are protected against all things. If they are on a good strong antipsoptic and doing well on the constitutional remedy, that is all the protection I give them and give them a written certificate that they are protected.

DR. HUBBARD: Dr. Bond, in my practice, I ask the mothers to bring in their children if they are going to camp—to bring them in in the spring. I give them the homœopathic tetanus and then their homœopathic something else in another two weeks, so that they are not together. If they are going to school in the fall, I do it during the summer.

DR. H. A. NEISWANDER: Dr. Hubbard, might I ask you one question? When you fill out the reports to the powers that be in the embarkation camp, do they accept your immunization in that method?

DR. HUBBARD: They don't know what they are accepting. I always buy the current orthodox thing—for instance of the cholera vaccine, Indian strains, if somebody is going to India, or East Asiatic strains, if they are going somewhere else, or the typhus or the typhoid. On all of those there are biological numbers. The passport slips require you to put down the maker and the number of the biological. They do not say "used". They just say "make and number of biological". I put down the make and the number and the date, put the thing away for record somewhere, and give my *Baptisia* and give them a certificate and have the darned thing

notarized, which impresses people in Suez or some other place, and so far I have had no kick and nobody knows I don't do it the conventional way; but I am careful, believe me.

Dr. Grimmer shamed me. He made me feel I ought to stand up in the middle of Broadway and say "Hi, hi, you are not doing right in the board of health." I believe that but I don't believe for a single doctor it is really worthwhile to battle with them alone. I think we ought to battle with them as a group; alone, I aim to keep out of trouble.

A wise old lady once said to me, "Never pick a bone unless you know you are going to get what you want off it." That has saved me a lot of trouble.

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MODALITIES

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During the twenty-three years that I have been a member of the American Institute of Homeopathy, I have been privileged on occasions to listen to many papers dealing with various phases of homeopathic materia medica and therapeutics. These learned dissertations have invariably dealt with drug pictures, provings and modalities. They have stressed the importance of the single remedy prescribed in the smallest dose which would bring about the desired results.

In order that the drug may be considered well-chosen, it is further recommended that only that remedy be prescribed in a given case which in its provings presents a symptom picture most closely resembling the diseased state to be treated. Since many drugs present similar symptom pictures, selection of the indicated remedy is somewhat