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HOMŒOPATHY AND IRON

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In one of Kent's lectures a number of years ago I read this statement: "Those who think that they can memorize the homœopathic Materia Medica will fail ignominiously."—a true statement but unfortunate for obvious psychological reasons. Until then I had studied the materia medica every day but this statement impressed me so much that I gave my studies up as useless. Yet soon I came to the conviction that it could not have been Kent's intention to deter his students from studying the materia medicá. He only wanted to advertise the use of his repertory of which he was justly proud. Also, with all its usefulness, even indispensableness, it was easy to see that his repertory could not be a substitute for the deeper knowledge of the remedies. Treatment of chronic cases, especially, soon convinces the prescriber of the great advantage which a thorough study of the most frequently indicated remedies affords. It is often too late to verify our repertorial finding of a remedy by its study in the materia medica just before administering it to a case on hand. Time then does not permit more than fragmentary glances into it.

The better we know our remedies, the more intelligently we take our cases. We have to recognize a patient's remedy not only from the individual symptoms but from the characteristic grouping of the symptoms as well as from the proper distinction of the peculiar from the common and the general from the particular which the repertory cannot al-

ways give. It is like recognizing a man after he has been long absent. He may be changed, may be disguised, but if you once knew him well, you will recognize him. Speed and assurance in the choice of the remedy comes from knowledge. It also makes prescribing interesting and fascinating.

In the International Hahnemannian Association last year I had the privilege of presenting a paper on *Natrum muriaticum*. For this bureau of the Institute this year I have chosen *Ferrum metallicum*. *Ferrum* is not as full a remedy as *Natrum*; it is less frequently indicated, but it is important enough to deserve study and discussion. Since the time allotted me is short, I can mention only a few of the more interesting points.

Careful analysis of the homœopathic provings of iron reveals an all-but-forgotten fact which makes us understand why the dominant school of medicine is so partial to the use of iron in the treatment of almost any kind of anemia. This fact is mistaken by that school for a nutritional effect of iron, but it is only one of its pathogenetic effects. I was not aware of it for a long time, but we should not overlook it if we are properly to evaluate our own therapeutic efforts.

Let us see what the provings disclose, and out of our discussion will gradually emerge this fact in a form easy to grasp for everybody.

The pharmacodynamic action of iron evolves in two phases, one following the other and one the exact opposite of the other. In both phases the anatomic elements most affected are the red blood cells, the striped and the smooth muscle fibres and the hair. Only in the first phase a large amount of iron is found in these elements. They obtain their iron from food in organically bound form under the catalytic influence of the administered dynamic iron and, since this is given to the prover in infinitesimal doses, they cannot obtain the material amounts of it from any other source than food. Should these be given in the same mate-

rial amounts but in organic form, it could not be assimilated, just as other inorganic minerals such as calcium, silica, iodine, etc., cannot be assimilated. We know that calcium water, if administered to calcium deficient rickety children, is not assimilated; it even aggravates the condition. In homœopathic clinical work, it has been discovered that such troubles of assimilation can be corrected by the administration in potentized form of the mineral in question, provided this mineral is indicated also by the other symptoms of the deficient patient. Calcium, silica, iron deficiencies are treated with potencies of these same minerals. So their material assimilation out of the food is secured.

In Homœopathy, then, poor assimilation of iron from food which leads to iron deficient hypochromic anemias, is treated in some cases with potentized iron in infinitesimal doses, while the other school treats them with crude inorganic iron in large material doses, maintaining that iron deficient patients avidly absorb inorganic iron. How can these two so contradictory views be reconciled? They can't be. However, we can explain how and why the other school has fallen into the trap.

As far as 50 years back, Robin, a French pharmacologist, taught that the action of drugs in the treatment of diseases was not chemical but dynamic. Nobody of his school seems to have grasped that. Likewise, the animal metabolism is primarily a dynamic process and chemical secondarily. A sick man assimilates food, and also food iron, less well than a healthy man. How could then a sick man assimilate inorganic iron which cannot be assimilated even by the healthy? Yet here comes the ultra-modern scientist and says that iron is greedily absorbed by the anemic, thus confusing all those who are not acquainted with our provings, confusing even good homœopaths among them our beloved John H. Clarke, for in his *Dictionary of Materia Medica* he writes:

"That iron is what may be called a 'nutritive' remedy

in certain defective blood conditions, having an organopathic relation to the blood, I have no doubt. In the anemia of cancer and syphilis it is often of great service as an accessory, and need not interfere with more specific remedies, but it is not suited to all cases of anemia and chlorosis¹ or even a majority of them and should never be given without discrimination and careful watching. Apart from its organopathic sphere, *Ferrum* has a strictly homœopathic use in anemia in which the highest potencies are curative. For excess of iron will cause anemia and at times will aggravate it when present."

A further glance into our iron provings will substantiate the absurdity of this allopathic viewpoint completely. In the primary phase, the hemopoietic² organs are stimulated. The number of the red blood cells, color index, blood volume, body temperature and blood pressure rise; the muscle fibres in the walls of the blood vessels receive a greater tonicity; the vessels, including the capillaries, become distended; a general congestion or plethora³ is produced and active hemorrhages may follow. Appetite increases; sleep becomes deeper, sounder and more refreshing. There is a general increase in physical vigor, in subjective warmth, in the activity of the skeletal muscles and nervous reflexes; the patient gains weight, blood becomes deeper red, pulse slower if it was too frequent before, the mental processes become quicker, reading and studying become easier, temper more equable and disposition more cheerful.

This primary phase is always temporary and has a different duration in different provers. Often it will last two weeks, but it may be longer or last only one week. When it is over, the second phase begins. The symptoms of this phase make an about face of 180 degrees and assume

1. *Chlorosis*: A form of anemia, most common in young women.
2. *Hemopoietic*: Blood-making.
3. *Plethora*: A state of excess blood in the blood vessels, marked by redness of face, full pulse, sensation of fulness and tension in the head, drowsiness, tendency to nosebleed.

a steady downward course. The hemoglobin and the number of red cells fall, the striped and the smooth muscles lose their tonus, the blood vessels become flabby, pulse frequent and yielding, heartbeat weak, blood pressure decreases, blood becomes watery but plasma volume may increase which causes a false plethora with a tendency to oedemas,⁴ especially ankle oedema. The flesh is easily pitted, the nutrition suffers, a vicious circle is established, the more the tone is decreased, the deeper the general nutrition falls and vice versa. Hypochromic anemia⁵ or chlorosis is completed, hemorrhages of the anemic type follow. Soon there is also chilliness or sensitiveness to heat or both, menses are copious and protracted or completely absent, great sensitiveness to all external influences, instability of the vasomotors and of the whole nervous system and general irritability are constant companions. The appetite may be excessive and hunger continuous on account of the dilatation of the stomach or there may be complete anorexia from inaction of the gastric glands. Constipation from the weakened bowel musculature or diarrhoea with lenteric stools from poor absorption by the intestinal mucosa set in. Gastroenteroptosis with all its sequelae is the consequence.

Varicose veins of the legs are frequent. The lying position excepted, there is much stagnation of blood and lymph in the lower extremities and if this happens to be in the growing age, then the lower limbs grow longer and heavier and out of proportion, while the torso remains short and narrow with lung and heart small. According to the part of the lung which is more hypotrophic⁶ we have round shouldered, narrow chested or sway backed individuals. We see this type of growth regularly in youngsters born from anemic mothers. Also their endocrine glands suffer in deve-

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4. *Oedema (Edema)*: Infiltration of serum in a part.
 5. *Anemia*: Deficiency of blood, or deficiency in number of red corpuscles or in their quality, or deficiency of hemoglobin (red coloring matter).
 6. *Hypotrophic*: Defectively nourished.

lopment so that the secondary sexual characteristics such as breasts and pubic hair fail to develop.

Not all of these individuals are pale. Sometimes the anemia is hidden behind a florid complexion and behind a circumscribed redness of the cheeks from distension of the capillaries and from rushing of the blood to head and face. In older people we often see nets of superficial veins here and there on the face denoting the anemic past of the bearer.

If the person to whom you have given iron in high potency is not a healthy prover but a patient with unmistakable symptoms of *Ferrum*, either primary or secondary, your remedy will wipe these symptoms out and cure. I remember one case which had primary symptoms only. It was a plethoric, ruddy, heavy woman with slightly elevated temperatures and a fibroid in the uterus. One dose of *Ferrum* cured all of it. However, if the remedy was not the *similimum*, it will set up in your patient the iron proving with both of its phases. At first there will be a hypertrophy⁷ of all bodily functions, a plethora, which will make your patient very happy. He will boast and praise your treatment and ask for more of that magic remedy. Yet as soon as he reaches the secondary phase, his attitude will be totally different. Everything will go wrong then and he will tell you that you made him sick again because you wanted to prolong his illness. You will have to find his true *similimum* quickly or antidote iron with *China*, *Pulsatilla*, *Ipecac* or some other suitable remedy.

In our provings, the secondary symptoms, because lasting longer and being more troublesome, are fully recorded, but only few of the primary symptoms scattered here and there among the secondary, are mentioned. No doubt the provers considered the primary symptom of increased vitality and well being as normal and reported only the bad secondary ones. Like violets hidden under bushes, these

7. *Hypertrophy*: Increase of all component tissues of an organ, giving increased power.

primary symptoms are so inconspicuous that the student does not become aware of their significance until some puzzling experience of his practice shakes him up and opens his eyes.

From what has been said, it is easy to understand why the allopathic iron treatment cannot yield genuine cures except in very few cases where the remedy is homœopathic. In most cases, on account of the violent temporary stimulation and hypertrophy of the hemopoietic organs, the changes in the patient are so surprising that the allopaths are blinded to all subsequent disappointments. The evaluation and the interpretation of their results are made on the basis of the primary phase only, while the secondary phase is non-existent to them. That is why their therapeutic triumphs cannot but be false. Their conclusions are erroneous. The cases that are permanently benefited are few and were called involuntary Homœopathy by Hahnemann who cites many cases of it in his *Organon*. By a too prolonged repetition of their too large doses, even these cases are eventually spoiled and harmed which we can often confirm in our practice. The iron that appeared in the blood in the primary phase disappears from it in the secondary phase regardless of the amount of the inorganic iron the patient may consume. In consequence the nutritional theory of the Ferrous therapy is just a soap bubble.

The symptoms of iron cited above are logical effects of its pathophysiological action. If this causative interrelationship is kept in mind, they can easily be committed to memory, Kent's discouraging remark notwithstanding. These symptoms are far from sufficient, however, to prescribe upon, although the allopaths and the Schüsslerites do it. Therefore Nash calls iron an abused remedy and says: "Let no man prescribe iron or any other remedy for anemia without indications according to our therapeutic law of cure. I have seen better cures of bad cases of anemia by *Natrum mur.* in potentized form than I ever did from iron

in any form, although iron has its cases as have also *Pulsatilla*, *Cyclamen*, *Calc. phos.*, *Carbo veg.*, *China*, etc."

More important for prescribing is another group of iron symptoms which is harder to explain, but we can still commit them to memory if for their explanation we use a little imagination. We can remember if we can explain. For example, the patient is weak from continued and from brisk exertion, he is also weak from sitting or lying still, yet he is better by moving slowly about. No doubt the slow and gentle exertion tonifies his blood vessels and raises his blood pressure. He looks pale when he lies because his blood pressure is then the lowest. Even asthma and hemoptysis⁸ are better by walking. Some symptoms are worse after midnight and the worst at 3 A.M., because the vibrations of light, which is tonifying, are then most completely absent from the atmosphere so that the tonus of the tissues then sinks most. Face is glowing red but its skin cool to the touch, because of the lowered metabolism. Bones are soft and bend because poor assimilation of iron is accompanied by poor assimilation of calcium. Eyes protrude because of the puffed tissues behind the eyeballs.

There is a third group of symptoms which are queer, unexpected and unexplainable and therefore hard to remember. They must be frequently reviewed because they are the most important in our work e.g.: In allergy to eggs iron is the most frequently indicated remedy. A baby girl of 12 months developed fever, nausea, vomiting and a yellow paleness whenever she would eat eggs. *Ferrum* cured her in a month. It is also a good remedy for meat, milk and fat allergies. Vertigo when descending and tendency to fall forward. Vomits immediately after eating and can eat again. Little noises, such as crackling of paper, drive to despair. Nyctalopia.⁹ *Ferrum* is the only remedy

8. *Hemoptysis*: Spitting of blood from larynx, trachea, bronchi or lungs.

9. *Nyctalopia*: Night-blindness.

given in the repertory for this symptom, but in a case of mine *Cocculus* was the remedy. Taste of food unbearable and like spoiled eggs. Bread tastes dry and bitter or craving for bread. Nostrils dilate in expiration. Vomiting without nausea. Red face during the chill.

There are those who think that a patient must be anemic in order to need iron. This is not necessary at all. Iron is also a good remedy for gastro-intestinal troubles, for colds and varicose veins when no anemia accompanies them. In vomiting of pregnancy it is often the only remedy that helps.

—*The Layman Speaks*, November, 1953.

THE HOMŒOPATHIC TREATMENT OF GASTRIC AND DUODENAL ULCERATION

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March 28 (a week later), an interesting reaction followed this dose; she said she had been bad all the week. The night she took the dose she felt very hot, then very cold, then very hot again, everything became soaked with perspiration, and she added forcefulness to the picture by saying that "steam came out of the fingers", at the time asserting that she had never experienced anything like it before. She had vomited, but without blood, twice, and not for the last five days. Bowels now acted daily, *the motions being formed and normal in color and never black*. For three days after the dose there had been more stomach pains, but these had now quite gone. At first after the dose the urine was very thick and dark, but it is now quite clear and light in color. *Following the dose she also felt giddy with an inclination to fall forward, till two days ago, but not now, and there is now no discomfort at all after food*. When I repeated the dose on April 4 (a fortnight after the