

CAN HOMOEOPATHY ERADICATE THE LESIONS OF TERTIARY SYPHILIS?

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I am attempting to answer these questions with a report of the following cases.

The first case represents a highly intelligent chemical engineer, 37 years of age. According to his history, he has had modern syphilitic treatment for over $3\frac{1}{2}$ years, and in that time has received 131 injections. This patient was first seen by me in January 1938. His chief complaint was pains in the shoulder and elbows. The history of his present illness began in 1936 with an extra genital chancre on the face. The diagnosis, he says, had been confirmed by several Wasserman tests. The initial lesion was healed in about $2\frac{1}{2}$ months, when he developed swollen glands on the left side of the neck and inside of the elbow. He took internal treatment steady for over one year and was pronounced cured.

Several months after this, he applied at a local hospital for treatment for intense pain in the bones at his elbows and legs, which were worse at night. Another Wasserman was taken, reading 2 plus. He then was treated with weekly injections of a medicine of which he did not know, as the physician in charge did not tell him what he was injecting, but most of them were very painful and were taken intravenously or intramuscularly. These injections were continued in series of 12 at a time for nearly two years, when he was told again he was apparently cured.

Several months after this year's series of injections he noticed a slight swelling on his head, right at the junction of the lambdoilal and sagittal suture about $1\frac{1}{2}$ " in diameter. This caused a great deal of pain during the night. He also began to develop pain in both elbows, apparently at the condyle of the humerus, where he began to notice a small swelling, which became very painful in time and caused him restlessness at night.

On his first visit to me he related the foregoing history and his chief complaint given was the pain in the swelling on his skull and both elbows. According to his symptoms I prescribed *Mercurius vivus* and *Argentum metallicum*. These remedies covered a period of about seven months with very little or no improvement. The patient now became unfit for work, very melancholy and mentally depressed. I then prescribed *Aurum met.* in various potencies with only a relief of the mental symptoms.

I lost sight of this patient for about four months, when he again returned to me and told me he had been working in another city and consulted another physician on account of the loss of sleep. This physician prescribed a sedative capsule, which gave him some sleep at night, but on awakening the same old pains returned, and he now thought that the lump on his head and particularly on the elbows had increased in size. At this time I took his case with his complete symptomatology and gave him *Sac. lac.*

At his next visit to me on March 1, 1941, he had

developed a severe attack of acute influenza and was confined to bed with the usual fever, achings and painfully debilitating and broken up feeling. I prescribed *Gelsemium* with a very prompt relief of the acute symptoms. On account of some very important legal business he left his bed and went out in very bad weather. I was sent for again, and when I saw him, he said he was weak, had no appetite, and a watery coryza, which was acrid, and a severe hacking cough. I prescribed *Ars. iod.* with no relief in 24 hours. On my next visit I wrote his symptoms out accurately, which were very distinct and clear cut now. A watery acrid discharge from the nose, a most severe and continuous dry hacking cough, excited a smarting and tickling in the larynx. The cough was short, exhausting, paroxysmal, loud, worse toward evening and in bed. He complained the air passage felt tight. With these acute catarrhal symptoms, he complained of those awful pains in the bones of the face, besides the pains below the elbows and knees. These pains were now stitching in character and had a tendency to extend downward.

At this time I stumbled on *Stillingia sylvatica*, a remedy that has served me well when *Ars. iod.* did not promptly relieve the acrid coryza. *Stillingia* was prescribed in the 30x.

Two days later I stopped at the patient's house and was told he had felt better and left town. I thought possibly he had quit me, but about three weeks later he came to my office and wanted another

bottle of the same medicine, as it had promptly cured the influenza, and his acute catarrhal symptoms, and above all, he said it relieved the pain in his bones so much that he had stopped taking his pain capsules at night. Upon examination I found no change in the swellings, but they were much less painful and less sore. I continued the *Stillingia*. This man reported approximately every two or three weeks, always saying he was some better. As the improvement went on, I lessened the frequency of the dose to once a day and raised the potency to the 200.

Late in November 1941 he was absolutely free of all pain and tenderness, and by March 1942, there was practically no swelling observed on the bones. An x-ray of the bones, at this time, still revealed some slight pathology, and for the last four months this man has declared himself well, based on the fact that he sleeps all night, has absolutely no pain, takes no medicine, and the swelling and soreness in his bones has entirely gone.

I have occasionally seen this man, and the last record I have of him was in July 1944, and he has remained well since taking the *Stillingia*, which I feel removed all of his symptoms. All the bone lesions in this case were absolutely smooth.

I might mention a Wasserman was taken on his last visit and revealed a negative Wasserman, but a slightly positive Eaglefloculent test.

Having received no medication from any other source, but that which I prescribed, I feel that the homoeopathic remedy can compete with modern

sypilitic therapy in the treatment of tertiary syphilis and remove tertiary lesions.

Case No. 2. This case is reported to prove that tertiary syphilis is first, amenable to homœopathic treatment, and secondly, to give a differential diagnosis of the two remedies, which were curative in these cases, namely: *Stillingia* and *Kali iod.*

I was prompted to report this case after reading Dr. William Wallace Young's article in the *Journal of the American Institute of Homeopathy.*

The homœopathic remedy may not possess the dramatic cosmetic effects as the arsenicals do, but the true curative action of the homœopathic remedies cannot be denied.

This patient is a young married woman, who left her husband, and has a history of three still-born children. She has been under treatment by both the homœopathic and dominant schools of medicine. She is a very suave woman, who unfortunately is financially well fixed, but becomes very degraded when under the influence of liquor. It was impossible to get a complete history of her case, as she would not talk.

My first examination of this patient revealed a fairly well nourished woman, 38 years of age, who admitted that she had not lived with her husband for some years, but had three premature still-born children. She complained of pains in the bones, and on her lower limbs was a peculiar pustulo-crustaceous type of lesion, and two of them resembled ulcers. There was a swollen gland in the right inguinal region.

She also had a fluctuating swelling on the right parotid gland. She also complained of vertigo and a sensation of formication around the lesions on her lower limbs. She had two large gummas, at least $1\frac{1}{2}$ " in diameter, between the knee and the ankle.

After making some apparently careless prescriptions, I gave her *Kali iod.* in the 1000 potency. This was given one dose daily for six days. She reported back in a week, and there was undoubted improvement evidenced by the fact that the lesions were cleaner and possibly smaller. She was given *Sac. lac.* for the following week, when the case apparently worked the same. She was then given six (6) powders of *Kali iod. cm.* potency, one powder to be taken every morning. On her visit two weeks later, there was unquestionable improvement. The lesions had been reduced more than half and the ulcers had completely healed. The pustulo-crustaceous lesions had scaled off and left a new bright red skin beneath.

I have never seen a more rapid improvement in any skin lesion than I observed in the removal of these gummatous lesions on this woman's legs. The medicine was never repeated, and she now has perfectly clean looking limbs.

It has been my experience, in over fifty years, that the low and medium potencies of *Kali iod.* have been useless in the cure of tertiary syphilis. The real dramatic cures have come either from the crude drug or the high potency.

—*Homœopathic Recorder*, Dec. 1946.