

SOME INTERESTING HOMOEOPATHIC CASES

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Mr. President, Ladies and Gentlemen. It is an honour and pleasure to address you tonight. I have nothing outstanding to report, but I hope that my observations on some of my experiences with remedies and cases will be of interest.

Some twenty years ago we had two cases of nephritis admitted to Mount Vernon. The first was a little Ayrshire boy aged 6 sent in by Dr. Sylvia Gunn. He was a pale little lad with a fair amount of oedema and copious albumen in the urine. There were a few cells and granular casts. He was not particularly restless but had quite a thirst. What struck us all was his extreme tidiness compared with the other children in the ward. We noticed him turning up the ends of the sleeves of his pullover so that they would be exactly the same. His bed clothes during the day were never ruffled.

He was given Ars. alb. 30 for a few days, with no improvement. Being sure that this was the remedy we gave him Ars. alb. 10M, 6 doses, and within a day or two he showed marked improvement and soon the oedema disappeared and the urine became free of albumen.

Not long after that a little four year old girl was sent in by the late Dr. Lithgow Wilson. Her parents had been told that nothing more could be done for her and that is why they called in Dr. Wilson.

When she came in she was completely oedematous (the old fashioned word anasarca). Her face was so swollen that she could hardly see. Her mouth could hardly open and she could swallow only fluids. Her urine was scanty and full of albumen with some granular casts. She was thirsty and restless and all that she wanted was black pudding which she could not swallow.

We decided the remedy to be Ars. alb. and remembering Tommy, the previous case, we gave her Ars. alb. 10M. She immediately began to improve and within two weeks the oedema was practically away. Eventually she made a complete recovery, the urine being completely normal.

While she was recovering, her hair fell out, leaving her practically bald. Because of this we gave her Thallium and soon her hair began to grow again. I reviewed her at intervals after that and she eventually had the most beautiful head of wavy black hair. I have seen her occasionally over the years and she is a fine healthy girl with a good secretarial job and she still sends me a Christmas card every year.

The next remedy I wish to speak about is Spigelia. Clarke says it is a remedy for neuralgia "par excellence." Pains are apt to be intense. It is more left-sided than right. Pains are burning, jerking, tearing and radiate to other parts. Worse by noise, jar or movement: also change of weather, especially

stormy weather. Head, eye, face, teeth and heart are the principal seats of Spigelia action.

When I started to study Homoeopathy I did a spell as Resident in G.H.H. At that time I suffered periodically from trigeminal neuralgia. The attacks had been coming on more often and with increasing severity. One day while I was in G.H.H. an attack came on and by the evening was so severe that I probably would not be able to sleep. Therefore I started to read up remedies in Clarke's *Dictionary* and Hering's *Guiding Symptoms*, even the *Repertory* although I had no experience yet of using it.

The pain affected the whole left side of my face and head, was worse from cold, worse from the lightest touch. It was difficult to comb my hair on the left side because of the tenderness, worse from jar or movement. At 2 a.m. I stumbled upon Spigelia which I then took in the IM potency. By the next day the pain had gone and did not return for 6 months. I then took another dose of Spigelia IM and I have never had the pain again.

I have found it a very useful remedy in similar and other cases of neuralgia throughout the years.

I wonder if any of you have used Hecla lava much? I have used it very rarely. I remember a patient when I was a Resident in G.H.H. She had swelling in the right parotid region with a chronic discharging sinus and had been sent to the hospital from Kilmarnock. Dr. Henderson Patrick prescribed Hecla of which I had no knowledge. However, this is how one learns Homoeopathy. I immediately studied it in Clarke's *Materia Medica* and found that it was made from the fine ash from the volcano Hecla in Iceland.

When travelling in Iceland Garth Wilkinson noted that sheep in the vicinity of the volcano had exostoses in the jaws. It also caused drying-up of the milk of sheep and cows. Most bones were affected, especially the jaws. I should think that it must have been a good remedy for chronic osteomyelitis in the old days, but I never had a suitable case at that time to use it.

However, I did have a patient about 1½ years ago who had a chronic ulcer of the right ear, on the outer edge of the pinna. He had been treated by antibiotics both internally and topically for a long time with no success, and decided to try Homoeopathy. He had very few symptoms to go on as he felt quite well in his general health. Constitutionally he seemed to me to be Calc. carb. which I gave him with no effect. One month later I remembered Hecla, looked it up and gave it to him in the 30th potency. Next month, when he came back to see me, the ulcer had dried up although it was still tender. However, this tenderness gradually went away and the ulcer completely healed.

To turn to another remedy, a more common one than the previous two and one which we all use frequently, namely Lachesis. Here again I am referring to myself and my left side; this time the left side of my throat. One day in 1949, my throat began to be sore in the forenoon. It gradually became worse as the day went on and by evening I decided I must do some-

thing about it. The pain was in the left side of my throat, extending into my left ear. It was sore to swallow, but easier to swallow cold water. There was sticky mucus in my throat.

I took Lachesis 10M and went to bed. I became much worse and my temperature went up. I did not sleep till early morning. However, when it was time to get up I felt better and although feeling very shaky, I went to the hospital where Dr. Douglas Ross and Dr. Willie Boyd had a look; diagnosed diphtheria, took a swab and sent me home to bed. They agreed that Lachesis really was the remedy.

When the swab turned out to be positive the M.O.H. rang up Dr. Ross to tell him and asked him how many units of antitoxin he had given me. He was horrified to learn that I had had none, and predicted dire consequences such as palatal paralysis and myocarditis. I was back at work in 10 days time and shortly after that the M.O.H. phoned Dr. Ross to say that a guinea pig had been inoculated and that the organism had been of the Gravis type. I think he was relieved to hear I was still alive.

Another remedy which I have rarely used but of which I am sure some of you may have more experience than I, is Nitric acid.

The localities in which the action of Nitric acid is very strongly marked are the muco-cutaneous orifices and adjoining parts. Burnett made a brilliant cure of a case of actinomycosis with Nit. ac. 3x in a patient who had been the round of the London consultants. The localities in which the disease was present, the region of the mouth and anus, gave Burnett his indication.

About a year ago a patient came to my Clinic complaining of severe pain in the anus. It had persisted for many months and no treatment had helped her. It was agony after stool and she was really distressed. I examined her and found a small fissure, very tender to touch. I was sure Nitric acid was the remedy and so it turned out. She is very grateful and although I see her occasionally the anal pain has never returned. It is not often one gets such a strong single indication for a remedy but when it is there it is very satisfying and appears like magic to the suffering patient.

In these days of antibiotics the fear of pneumonia has gone from the public. We are told that it is a simple matter to cure pneumonia and in most cases I am sure this is true. But there are certain people who are allergic to penicillin and I suppose to other antibiotics. In these cases what are orthodox physicians to do? I know that we would use our homocopathic remedies and if a remedy is well indicated and right for the patient no antibiotic will be required.

In the early days of antibiotics, just after the last war, we received a little boy into Mount Vernon with a right-sided pneumonia. He had had sulphonamides and penicillin with no effect. His parents became alarmed and changed their doctor to one who was homocopathic. He sent him into Mount Vernon. When he was admitted he was cyanosed and breathless but remarkably cheerful. First he was given Carbo. veg. Then on studying his

symptoms we decided to give him Phos. He was a bright child, liking sympathy, thirsty, and the consolidation was at the right lower lobe. In the *Repertory* there are three remedies for consolidation at the right lower lobe, Kali carb., Merc. sol. and Phosphorus. Phos. was certainly his remedy and he made a complete recovery. Another little three-year-old boy had a right lower lobe consolidation. He had a dirty tongue marked by his teeth, a sore mouth and his nose excoriated with foul discharge. His sweat was offensive. So obviously his remedy was Merc. sol. which cleared up the pneumonia very quickly.

Another little boy of 5 years who was admitted to Mount Vernon with pneumonia was a patient of my own. He was a pale, thin little boy who had been subject to colds in infancy. His consolidation was the left lower lobe. The pain was worse on movement and at first he was given Bry. Then I noticed that when he coughed he held the left side of his chest while he coughed. In the *Repertory* the remedy given for lower left lobe consolidation is Nat. sulph. and the pain is so sore that he has to hold his chest while coughing. Nat. sulph. was given and he improved rapidly. Later on I gave him Syc. co.

I kept in touch with the family for years and the boy became a painter and eventually started his own business.

I have found Nat. salicyl. is most useful in cases of Ménière syndrome.

Well, Ladies and Gentlemen, this concludes what I have to say and I must thank you for listening to my somewhat rambling paper.

These are some of the things which pleased me in the course of my education in homoeopathic medicine and of course that education is still continuing, for one is never too old to learn.

EXTRACTS FROM THE DISCUSSION

Dr. T. M. Gibson: I would like to ask Dr. MacNeill: as you have so much experience in treating the children in Mount Vernon do you find that you frequently use the homoeopathic remedy Tuberculinum bovinum?

Dr. MacNeill. Oh yes.

Dr. Gibson. In your experience what would be the principal indications for the successful use of that remedy in children?

Dr. MacNeill: I always use it when a child is brought to one with a history of very frequent colds with lots of catarrh and perhaps tonsils enlarged—I find that Tub. bov. is very often indicated perhaps in addition to other remedies such as Calc. carb. or Calc. phos., especially in a child who is rather thin, pale, with quite a nice complexion and long lashes, almost a Phos. type, and with these continual colds. And I find, working over the other remedies such as Calc. carb. or Calc. phos., especially in a child who is also suffering from frequent colds but is of a plump type and quite often has a papular urticaria. Well, now, I don't use Tub. bov. in that case but usually Bacillinum, which is the other tubercular nosode. I find it is more

often indicated in that way. One case I remember, many years ago, of a girl who came to the Dispensary. She had ulcers on her legs. There used to be, long ago, a cutaneous form of tuberculosis where you got what they called serpiginous ulcers. I haven't seen one like that for a long time. This girl had been scratched by a cat and then eventually the ulcers came on her legs. I gave her Tuberculinum and that cleared it up.

Dr. T. M. Gibson: In my rather limited experience it surprises me how often or how frequently I find cases respond to Tuberculinum bovinum. One reads in the text books, of course, that where you elicit a history of tuberculosis in the ancestry you should think in terms of Tuberculinum bovinum. But there are so many cases where you look for that history and you don't find it at all, but yet by prescribing Tuberculinum you find that it is effective.

Dr. MacNeill: Forty years ago, of course, nearly everybody had a relative who had tuberculosis, but not now, because of recent developments such as B.C.G. and so forth.

Dr. Martin: I would confirm those findings and I find it a terribly useful remedy. I get a lot of children brought to me from Stoke-on-Trent where the consumption of antibiotics must be something quite incredible. It's nothing at all extraordinary to hear "Well, I brought little Willy—or Susan to you because for the last three or four years she's had six or seven courses of antibiotics every year and she doesn't seem to be any better..." And most of these children are of the type which Dr. MacNeill has mentioned and I find they do extraordinarily well. I almost think of Tub. bov. if a child comes from Stoke-on-Trent! It's almost the first remedy that comes into my mind.

Dr. MacNeill: Nowadays that is the kind of history you get of children who have a succession of colds like that. At one time nothing was given, but now antibiotics are given. And parents are apt to say, "Every time he gets a cold he gets another antibiotic, and another and another. So we've brought him to you to see what you can do." And invariably we can help. That's almost an indication for Tub. bov.—getting antibiotics frequently.

Dr. Burger: I would like to confirm that. Because we have collected over sixty cases of children in the Outpatients (one of our colleagues is collecting them all together) and we have found that invariably we start with Tub. and some of us feel we have to go on to something else as well, but they all seem to improve and this is interesting. I am afraid we don't make the distinction between Tub. bov. and Bacillinum. They seem to get Tub. bov. invariably. One thing which has been interesting me lately is in watching the changing patterns of disease that are coming into the clinics. And we are beginning to see diseases which one has not seen, such as the rheumatic allergies, such as Still's disease and impetigo—which one would have thought was a disease of the past, but when we swab them they are either staphylococcal or a haemolytic strep. We've had some mycoplasmal pneumonia—we've had two cases of that. We are of course getting our fair share of the infected eczemas which our colleagues next door (at Great

Ormond Street Children's Hospital) are struggling with desperately. It is very interesting that our own Consultant in Westminster Area has stopped using all the cortisone-based ointments. He hasn't used them for two years because he has been a bit alarmed at what he has experienced—retardation of growth—and this sort of thing. I just throw that up because I am sure everybody else must be seeing these interesting cases and Homoeopathy does seem to help.

I would just like to mention a child who had a mycoplasmal pneumonia. The mother brought him because she was absolutely desperate. They insisted that she must "wrap this child in cotton wool" and he was never to have a cold or anything because it would be extremely dangerous for the next twelve months. And she had heard vaguely of Homoeopathy and wondered if there was anything we could do to sustain him. He was, mercifully, a classical Sulphur. He was a beautiful little child with pink lips and pink ears and we gave him a bit of Sulphur and it really was quite remarkable. He was going back to hospital—because they were reviewing him every month and they couldn't get over the change in the child. I think it was that and a bit of Elixir of Blackthorn, and he started eating more or less overnight.

Dr. Thomson Walker: There are two other remedies you might think of in this connection and they are Serum of Marmorek and Muco Bacter. I find them most valuable in these catarrhal children, sometimes combined with the Calcareas. But of themselves rather better than Tub. bov. in my experience.

Dr. T. M. Gibson: What is Muco Bacter?

Dr. Thomson Walker: It was first propagated by Dr. Fergie Woods Senior and it is a catarrhal preparation potentized.

Dr. T. M. Gibson: A nosode?

Dr. Thomson Walker: Yes, a nosode. And the other is also a nosode, Serum of Marmorek, which I think is probably a French one. I think Marmorek is just a designation. Both for catarrhal conditions, in children particularly, are better than Tub. bov.

Another use of Bacillinum—you were mentioning Bacillinum earlier, is in chronic urinary infection in a fairly high potency and used fairly frequently, rather more frequently than we usually use high potencies.

Question: How often?

Dr. Thomson Walker: Twelve doses of Bacillinum 200, twice a week.

Dr. English: I think there must be a lot of "fashion" about the use of Tub. bov. and Bacillinum. In the work study (on prescribing) that I collected I remember we had Tuberculinum used twenty odd times scattered amongst all the doctors. Most people used it. One doctor contributed ten uses of Bacillinum out of about twelve altogether. So he could well be using Bacillinum all the time. I don't know that it is a thing to be guilty about. I imagine his results were as good as anybody else's.

Dr. Kennedy: It's rather interesting, isn't it, that here we have got at

least two people who consider that Tuberculinum is the drug of choice for those children who come up with repeated or recurrent infections. Dr. Thomson Walker says that he has found something which is even better. I was interested in this because I would have thought that Dr. Robin Gibson in Glasgow would not have given Tuberculinum; he would have given House Dust. I have seen several cases who have had allegedly recurrent colds. They haven't got recurrent colds at all. They have allergic rhinitis, with upper respiratory problems as well which may well be secondary to the antibiotic which they have been having. I was wondering whether you had, in fact, found any of these who were sensitive to house dust? Dr. Robin Gibson reports on the same sort of children and he gets marvellous results with his House Dust.

Dr. MacNeill: The ones that he gets referred to him have definite obstructive respiratory disease, with asthmatic symptoms.

Dr. Kennedy: Some of them are, but some of them are also hayfever.

Dr. MacNeill: Any of the ones that look to me like Tuh. bov. I don't need to send to Robin to test them for House Dust because they get better. If they didn't get better, and suffered from upper respiratory disease, I would be inclined to send them to him then to see what they are allergic to. But the ones I'm talking about are straight forward cases who probably get chest conditions right enough, but they've cleared up with the Tub.

Dr. Twentymen: Hecla lava—I've used it quite often and found it valuable. Apart from things around the teeth and jaws, I have used it with Heberden's nodes. If you get Heberden's nodes in the acute, painful, eruptive stage, Hecla lava 6 or 12 twice a day often seems to help. I don't say it will stop them getting nodules on their fingers, but it does ease them. In the acute phase they can come up—I don't know if other people have noticed it, very rapidly. They erupt. They remind me of that island off Iceland which erupted. And with dental things Hecla lava can be very helpful. Garth Wilkinson was this very interesting man who was physician in London who travelled between here and America and was both a homoeopathic doctor and a very ardent Swedenborgian. American Homocopathy at that time was very largely dominated by Swedenborgians in the Eastern States of America, and Garth Wilkinson seems to have moved very freely between the two and I've often mentioned it, he wrote a lovely book—there is a copy of it in the Faculty Library—called *The Human Body and its Connection with Man*. This is a rather nice synthesis of homoeopathic and Swedenborgian psycho-somatic insights and I have reason to believe that Kent learnt an enormous amount from this. A great deal of Kent's wisdom issues out of this.

You also mentioned Nitric acid. Elizabeth Wright Hubbard gave the tip—and I've been indebted to her for it—when you get these tiresome diarrhoeas after antibiotics, which one does sometimes, Nitric acid 200 seems to work really like the proverbial charm. At least it has in all the cases I have given it to.

Dr. English: I'd like to make a comment if I may, which covers not only Dr. MacNeill's lecture but most of the comments made since. With the Course, you get the idea of taking very detailed case histories, and getting lots and lots of symptoms, and the mentals that are awfully important. Looking down this list: we had a little child who was tidy; on that and a few other symptoms which were all pathological, he got Arsenicum. Then we had another child who has entirely physical; and Thallium for baldness; and Spigelia, and Hecla, all the indications were entirely pathological ones.

Some of them were modality ones, like the left-sidedness of the Lachesis and even the distinction between the choices of the remedies for right lower lobe pneumonia—(we were given the three which are in the text books as being for the pathological locality) and then on top of that, we were given one mental for one of them, and some general physicals for the other. The comments that everybody has made since have all been very specific as though the remedy were an extremely specific thing for the condition under discussion. This strikes me as interesting—that we are prepared to be so specific and offer almost specific remedies on one indication alone. I don't know whether I like this very much, because if I take away one of these tips that I'm given and I try it out the chances are I'm going to be disappointed, and this is my experience of using the sorts of information that one gets here and it can be very difficult to tie it up with any other prescribing symptoms for some of the remedies given. I wonder what other people think about that?

Dr. MacNeill: I don't think it was entirely pathological (in the case of) the right lower lobe pneumonia, for instance, the holding on to his head and chest while coughing—that is not pathological.

Dr. English: That's a modality, yes.

Dr. MacNeill: Another case I remember was long ago a case of measles, quite a severe case, and I was not long in practice at the time. It seemed to me to be a typical measles type and I gave him Pulsatilla, but it didn't do any good. And I went back to see him the next day when his mother said he was very, very thirsty. He coughed, too, and he held his head as hard as he could when he was coughing, though he was too young to tell me that his head was sore. So I gave him Bryonia and it cleared the whole thing up. With children you get a simpler type of symptom complex, especially in acute illness. If you get a right lower lobe pneumonia it helps you to get there more quickly perhaps. It might not be the whole answer to it, but if you look up the remedies . . .

Dr. Martin: I think you have touched on a very important point. I have puzzled about this a great deal. It seems to me one very often uses the type of prescribing you describe for the acute illness but for the chronic illness which I mostly deal with, you need a more detailed approach. That often seems to be the distinction between the two as far as I can see it.

Dr. Kennedy: Would you not say, Mr. President, that if you are too

particular over this, you can't see the wood for the trees and you miss the overall picture?

Dr. Martin: I think this can well happen.

Dr. Kennedy: In fact, what Dr. MacNeill has done is to take out the salient features. If there are no mentals there are none. And you don't *have* to have mentals. And you only take the features which are outstanding. I know Sir John Weir would only take two or three outstanding mentals, that was the most he'd ever have. If there weren't two he would be content with one, so long as it was outstanding. And the same for the generals and the same for the locals.

Dr. Martin: I would like to know what people feel are the more important symptoms: those that are elicited spontaneously or those which you ferret out? I personally prefer the first ones, in general. But I wouldn't like to say I have done any study on it, at all. Would anyone else like to comment on that?

Dr. Kennedy: I have reason to believe that sometimes the prescribing symptom comes as the patient has gone out of the door and speaks to Sister outside! I think this is very often the case.

Dr. Twentyman: I gather this is true in psycho-analysis, too. It's what the patient says in the last second that counts.

Dr. English: I think there is a very real danger, that if you aim at doing a quick history, that although you only see a few trees, you see the ones on the edge of the wood and they may not be very typical, of the most important ones.

Dr. MacNeill: Sometimes you have almost reached a conclusion as far as the remedy is concerned; and just before you are about to write it down, the patient says, "Oh, and another thing, doctor..." and it's something else which is quite different and you have to think all over again. It's even worse if you've already prescribed the remedy and written it down, and they say, "Ah, by the way, another thing I forgot to mention..."

Dr. Kennedy: Is not the art of taking a homoeopathic case history that you keep an open mind right through and never make up your mind until the last?

Dr. MacNeill: Yes, right to the very end.

Dr. Martin: I think that is absolutely right.

Dr. T. M. Gibson: Or until they come the next time.

Dr. Kennedy: I myself, as you know, prefer placebo. I think it's the best remedy of the lot and then you perhaps get a true picture the second time they come.

Dr. MacNeill: I remember one lady who came to me complaining of very severe headaches. And I was writing it all down with all the symptoms of the headaches, she had quite a bit of dizziness and ringing in the ears and all that sort of thing, too. And I said, "Well what do you take for your headaches?"

"I take aspirin." "And how many aspirins do you take?"

"I take about 24 aspirins a day".

I said "Well you'll have to stop that." She was suffering from aspirin poisoning. I gave her placebo and told her to come back the next week and that she was to take these pills—(Placebo)—rather than the aspirin to cure her headaches. And she came back the next week and she had no headache at all and was quite alright.

Dr. Kennedy: Did you manage to get her off the placebo?

Dr. MacNeill: Yes I did! I got her off that eventually too.

Dr. Martin: I must say I think we've had a topping discussion—one of the best I have heard. I would like to thank Dr. Hector MacNeill very much for coming all the way from Scotland and say that we have enjoyed your lecture and the discussion which you have stimulated.

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