

## OFFICE TESTIMONY\*

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There are three factors in *Office Testimony*. In order these are: the patient, the doctor, and the remedial agent. A number of cases are cited to illustrate these factors. They are the ordinary run of the mill office problems. In the main they are short pictures exactly as taken, such as any busy man might expect to consider and prescribe for in not over fifteen or twenty minutes and frequently less. We all know, some consultations may require much longer. Indeed, it may be hours or days before a final decision is adopted in mixed chronic cases. For illustrations I am using some common situations.

First, the patient. Let us suppose he is seen for the first time, as all these cited are. He will present a chief complaint. The duration may have been short or of considerable length. The patient's story is taken down as presented. He is encouraged by silent, but alert attention to expatiate. The average patient covers his chief complaint, that which really brought him to the office, fairly quickly, especially if his condition is acute.

An example: W. H., age 53, March 18, 1941. Pain for one week, centre of right hip to front of heel. Starts sharply from hip to knee then across the knee down forward part of lower leg, ankle feeling as if in a vice. Pain in the leg is relieved by heat. Has had trouble at base of back. Two years ago had sciatica in opposite leg. One per cent sugar in urine. R Rhus tox. 200 and Sac. lac. powders daily for one week.

March 25, 1941. The pain increased daily in ankle to outer side of knee for three days and he was forced to use crutches. On the fourth day he had definite relief and is now without pain. R Sac. lac. one powder every other day. Report in two weeks. No return of complaint and patient has resumed work one week later.

The patient factor here gave a concise picture of his difficulty: location, extension, and amelioration by heat. The remedy apparently aggravated sharply and then re-established order.

Mrs. D. M., age 59, February 21, 1941. For six months has had swelling then pain, inner side of patella right knee. This has gradually increased. Pain is sharp, cramp-like. There is a grinding on motion. Worse in windy weather. Heat seems to relieve.

Here is location, character of pain, aggravation, and amelioration. The duration of six months and apparent heightening of the condition brings in the value of the second factor in *Office Testimony* namely the doctor. Additional data is needed. Questioning never leading, brings out a warm blooded

\* Read before Connecticut Homoeopathic Medical Society, May 20, 1941.

patient, worse from heat of summer or hot rooms. She desires fresh air. Averse to sweets, milk and eggs. Desires fats, potatoes, tea. Fruit, especially oranges or apples, gives canker in the mouth. Standing aggravates in general. Fear of high places. Vertigo tendency to fall to the left. R Sulphur 200x Sac. lac. powders bi-weekly.

March 25, 1941. Can walk well, turn in bed without pain. Noticed improvement after taking second powder. Broke out with a rash on chest. Admits similar trouble on elbows before. Three children had eczema as babies, thirty years ago. R Sac. lac. powders, one weekly.

April 26, 1941. Feeling fine. No complaints. The patient is impressed by the quick relief. She was moreover impressed at the first visit by being shown a repertory, and how her various symptoms could be located. The doctor is able to talk Homoeopathy to almost any new patient if he will rationalize the philosophy and illustrate by repertory rubrics. The patient is interested and then intrigued. Then he is ready to be shown the materia medica which really astounds and brings out real admiration. He leaves the office with a new viewpoint, and you have gained a good deal of respect for the cause. Invariably use a repertory before the new patient. It does not take a patient long to realize the doctor is not guessing.

J. P., age 29, December 8, 1940. Sinus trouble three or four weeks, following a cold. Obstruction, nose and over eyes. Loss of taste and smell. Discharge, thick yellow. Pain in frontal region, worse bending over. Dreams of work of the day. Averse to fat, thirstless. R Pulsatilla 200x. and Sac. lac. powders daily for three days then every other day. Not a difficult prescription on such conclusive evidence.

February 15, 1941. Returns after two months. Sinus was relieved quickly. No loss of smell or taste since. Less blocking. Comes in to confess he had gonorrhoea six years ago. Orchitis, left testicle. In bed a month. Treated for a year. Returned two years later and again treated. Allowed to marry two years ago. Condition returned six months later. Treated for a year and still at it. The action of factor number three on the sinus condition brings him in to ask what can Homoeopathy do for the six-year condition? No additional symptoms being at hand, he was given Pulsatilla 1M. An increase in the potency and Sac. lac. powders three times a week.

March 9, 1941. Discharge thick, white. Wet dreams. Burning on urination after emissions. We think of Carbo an., Carbo veg., Causticum, Cobaltum, Digitalis, Mercury, Sepia, Sulphur, and Thuja, but decide to wait. R Sac. lac.

April 6, 1941. Good many nocturnal emissions. Burning urination only noticed after emissions the following day, R Sepia 200x. and Sac. lac. powders bi-weekly.

May 11, 1941. Feels 100% better. Only one nocturnal emission since last R. Less discharge. Improvement in general noticed right after last visit. Feels like going to work at four a.m. on a fruit truck. Only complaint is

weakness of ankles. Sepia has this symptom.  $\mathcal{R}$  Sac. lac. weekly.

This case is not finished, but factor number three in *Office Testimony* has been emphasized. The patient comments on the low cost of treatment. "Previously the doctor took all I made with no such results". He has already sent me two other cases.

The last man was an Italian. Here is a Pole. M. S., age 47, January 7, 1941. So-called sinus trouble, duration fifteen years. Many doctors, clinics, and hospitalization. Three weeks ago condition aggravated. Always left-sided, with obstruction and dryness of nose. Worse from changes of the weather. Pressure in head. Some relief from cold applications. Better in open air. Averse to fat. Likes salt. The patient is difficult to draw out further.  $\mathcal{R}$  Pulsatilla 200x. and Sac. lac. powders every other day.

February 2, 1941. Is improved. Pain was better in a few days. Patient quite pleased. Dull pain, left chest. This is an old symptom.  $\mathcal{R}$  Sac. lac. powders every three days.

March 21, 1941. No pain. Some haemorrhoids for three or four days. Itching of haemorrhoids. Weather changes still bother him.  $\mathcal{R}$  Pulsatilla 1M. and Sac. lac. bi-weekly.

April 26, 1941. Feels well, no complaints. Comment: will probably recur and need treatment. So long as our remedy improves, only a change in potency may be needed.

B. C., a girl seventeen years old, June 29, 1940. Has had impetigo three or four weeks, starting at small area corner of mouth, now on right cheek and under chin. Fats aggravate.  $\mathcal{R}$  Sepia 200x and Sac. lac. every other day, July 8. Drier, continue Sac. lac. July 12. Nearly gone; left on vacation. August 9, worse again.  $\mathcal{R}$  Sepia 1M. by mail, cleared condition.

Ringworm of entire scalp. W. W., age 8, March 5, 1941. Duration some time and several external medications.  $\mathcal{R}$  Psorinum 200x. March 9, improved in general. March 15, no symptoms.

Impetigo. A. M., age 7, March 4, 1941. Eruption on legs and in right nostril.  $\mathcal{R}$  Lycopodium 200x. and Sac. lac. daily. Within two days nostril began to dry and recovery was rapid.

Mrs. F. H., age 60, October 4, 1940. Duration three or four weeks. Pain, left arm and left side. High strung, nervous. Pain is worse at night and in morning. Sensation of lump in throat, Good deal of gas. Belching gives some relief. Heat aggravates. Desires salt. Averse fat. Sensitive to draft, especially between shoulders. Wakens at night with numbness of hands.  $\mathcal{R}$  Natrum mur. 200x and Sac. lac. powders every other day. November 30, no complaints.

The factor of the remedial agent is not always a single drug. W. H., age 38, March 24, 1941, comes in with few symptoms. After a heavy cold, has weakness rather marked. Cough from deep breath. Little thirst. Better in open air. Tenderness, bottom of feet.  $\mathcal{R}$  Pulsatilla 1M and Sac. lac. daily.

April 9, 1941, pain has moved about to hip, shoulder, and wrist. Left

knee is now swollen, sore to touch and red. Marked perspiration at night. Skin blotchy. Still has a cold on his chest.  $\beta$  Calc. carb. 200x and Sac. lac. daily.

April 14. Knees were aggravated by last medicine. Now better except some stiffness. Today is the first day without sweating. No pain, hands are stiff.  $\beta$  Sac. lac. every other day. April 21. Has returned to work and is satisfied.

C. H., age 45; August 30, 1940. For eight months, left hip. Diagnosis by x-ray, "hypertrophic arthritis". Drags on standing. Better continued motion. Chilly, must wear woolen shirts. Thirstless. Better in open air, Craves salt, sweets, fats. Constipated. Has used physics for fifteen years.  $\beta$  Sulphur 200x and Sac. lac. powers every three days.

September 9. Was better, now worse again. Would expect remedy to hold longer.  $\beta$  Sac. lac. every three days.

September 30. Feeling better. Losing weight. October 7. Stiffness of left hip and aching; sweating of the head. Fearful.  $\beta$  Calc. carb. 200x and Sac. lac. every three days.

December 8. Has had abscessed tooth extracted. No change in remedy.

December 20. Pain also in other hip. Left sacroiliac region stiff on sitting after walking.  $\beta$  Hepar sulphur 1M. and Sac. lac. every other day.

January 5. Fair condition.

February 19. Another extraction upper left bicuspid. Now reversely, he has pain in left hip on motion. No relief on continued motion.  $\beta$  Pulsatilla 200x and Sac. lac. bi-weekly.

March 21. Hip steadily better. Pain in third finger left hand and left elbow. Cramps in calf.

November 30. Better. April 30, no complaints.

A final case, Miss J. C., age 79, April 3, 1938. Rheumatism starting at age of twenty-five. I will briefly summarize. Lameness groins as if the muscles were knotted. Stiffness prevents walking on street. Better after continued motion. Almost unable to sit down in office or rise again. In spite of her age, after a very comprehensive case-taking she had:

Sulphur 45M, April 24, 1938.

Calcarea carb. 50M, May 18, 1938.

Lycopodium 1M, July 27, 1938.

Lycopodium 50M, October 6, 1938.

Kali carb. 1M, May 15, 1939.

Improvement was slow but definite. No medication for two years and no sign of rheumatism at present time. Her respect for Homoeopathy is a pleasant thing to see. Herein is the value of sequence of remedies under factor three.

This *Office Testimony* is sketchy, but attempts to bring out in sharper relief the possibilities in the three factors concerned, the patient, the doctor, the remedy.

Case-taking may be brief or voluminous, but it must delineate the patient's variation from order. A snapshot may reveal a likeness, but a time exposure may be required for precise detail.

The physician has a glorious opportunity to publicize Homoeopathy, as well as to detect the healing agent.

The remedies speak for themselves if they are similar to the disturbed vital force.

No one of these factors emphasized is sufficient in itself. *Office Testimony* is good evidence only as it exhibits coordination among all three.

—*The Homoeopathic Recorder*, August 1942

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