

## OPERATIONS OBIATED BY HOMOEOPATHY\*

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*Omnia Gallia divisa est in partes tres*—as you learned in school, on beginning Caesar. All patients, too, are divided into three classes, as regards surgery: those who have an irresistible yen for it, at any price; those who will never submit to it, no matter what the 'or else!'; and those who can be swayed by sense, expense or consequence. For the first, I commit them to Irvin Cobb and his *Speaking of Operations*. May they continue to 'enjoy poor health', and vie with their neighbours! As to the second, I embrace them in spirit, for one can do one's homoeopathic best with them, without let or hindrance, neither family nor friends can cavil, the decision and the bad outcome, if any, is at their door, and only praise at the doctor's if he cure or abate. It is to the third group that I would talk, as follows:

Operations can be obviated by good Homoeopathy in a large percentage of cases, and in a very high per cent if the patient is a chronic homoeopathic one. For one of the aims and advantages of our work is to raise the threshold of disease susceptibility and prevent illness, or rather, nature's need of illness, in adults particularly. To diverge for a moment into the philosophy of sickness: acute disease in the adult is an outcropping of chronic trouble, whether brought on by unhygienic (that is, unnatural) thinking or living or by the occasional need of a vent, or by a suppression or by any lowering of the vitality which permits a sickness to develop often with its concomitant bacteria getting unruly, which organisms should be harmless guests of the healthy economy. Acute disease in the child is necessary and admirable in the form of the so-called 'diseases of childhood', the exanthemata for instance. Hence our objection to the suppressive prevention of these valuable illnesses by the conventional public health methods of sera and vaccines—in addition to the introduction thereby of foreign growth rhythms from animals, and to the introduction by injection methods which violate nature's protection. Certain other kinds of disease it is to be hoped the child will not need to have, such as rheumatic fever, malaria, etc. But if it does, proper homoeopathic remedies should bring it through fortified and not weakened.

The best preventive for chronically recurrent attacks in adult or child is the constitutional homoeopathic remedy, chosen by individualization based on the totality of the symptoms, which is nature's own request and guide. The same can be said for frequent attacks of so-called surgical troubles: tonsillitis, appendicitis, sinusitis, piles, duodenal ulcers, bleeding fibroids and many others.

If first seen in an acute stage, an acute remedy must be picked and it

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must be the *similimum*. If the disease is a tricky and dangerous one like appendicitis, follow your blood counts, your pulse and temperature ratio, the look of your patient, have a surgeon in consultation who is not only good, but at least knows what wonders your remedy can do—to protect your reputation and reassure the family—watch like a hawk—and be sure you have the right remedy: nine out of ten cases will clear without surgical intervention. Then insist that they treat chronically with you to prevent recurrence. Returning attacks in children can be well controlled; in my hands Sulphur often does yeoman service here; Phosphorus too, where the abdomen is full and exquisitely tender and you might think of Belladonna save for the nausea from hot drinks and the false appearance of well-being in a child you know to be critically ill.

Once I was badly fooled by a boy—but not in the way you think! Lower right quadrant tenderness, with rebound pain, temperature 104°F. and W.B.C. 20,000, with 80% polys, pulse slow (72); family wanted operation, so I weakened and sent him to the hospital, but not before giving the restless lad—what?—Pyrogen of course, 10M, one dose. The surgeon agreed on appendicitis and on operating; behold right mesenteric glands and nothing else. Appendix perfect. The boy never showed T.B.C. symptoms after Bacillinum followed by Silicea, no return of gland trouble before or since, though it was in both parents' families.

Just as counterpoint let me cite another case. Lady, 69, no history of 'indigestion attacks' or appendix upsets; under Homoeopathy for years, sudden attack of R.L.Q. pain with vomiting, rebound tenderness, W.B.C. 10,000, polys 78%, fever 100°F., pulse rapid but good; held her side and flexed knee, thirsty, wanted to be let alone. Bryonia 1M, one dose and placebo. Averse to operation. Blood count rose to 14,000, poly 92%, fever 102°F. Rectal showed tender mass in right fornix. Became restless, worse at early night: Rhus tox. 1M. Next morning fever lower, pulse 120, nervous moments by me! Surgical consultant said, "Pray, but not operate." Pyrogen 2C, three doses once an hour. After the second, patient had a chill and turned blue (perforation) followed by diarrhoea for several hours of masses of foul pus. During this she felt better and went on to a quick recovery. No symptoms of ileocaecal or ovarian pain or adhesions. Bowels perfect. Health excellent for the year since. "Pretty lucky," said the surgeon. "Hurrah for Homoeopathy," said I, and "Three cheers for my subsequent health and pocket book and Homoeopathy," said the patient.

Do not misunderstand me, sometimes we must all recommend operation for fulminating cases, first seen too late, or unwisely purged by officiously devoted families. But not nearly as many need to be operated as are; and in my experience the ones medically cured do far better.

Both patients and doctors need to remember that operation not merely mechanical, tends to be suppressive, to close a vent before the cause is cured, which even a plumber knows leads to trouble! The law of cure in

chronic disease that the symptoms disappear in the reverse order of their coming is balked by an operative scar as a stream by a dam. Let nature find her vent under the guidance of the remedy.

Surgery may be needed for the removal of a mechanical obstruction, but cure the process first, before you cut out the end product (pathology) or disease will follow in more vital regions, where it cannot be cut out.

In cases of chronic tonsils which are foci leading to fast hearts, dyspnoea, exhaustion, neuritis, etc., such remedies as Lach., Sulph., Tub., Sil., Graph., Sep. and Arg. nit. do wonders. As illustration of the last mentioned is the case of Mr. K.

Man, 26, right rib resection at 4 for empyema; T.B.C. in both parents' families; gaining weight fast (200 lb.).

*Chief Complaint:* Exhaustion on least effort, for two years chronic hoarseness; nausea on arising in a.m. Burning in epigastrium, better by cold. Wants only cold food and room and air. Craves sweets. Thinks has gastric ulcer. Deep sounding cough without modalities. Lungs negative, also lung x-ray and gastric series. Heart found 120-140 at rest, regular, no murmurs. Electro-cardiograph normal. 'Never a sore throat' but tonsils though small are unhealthy looking. Slight tic-twitch of head. Diarrhoea from anticipation. Worrier.

Arg. nit. 10M one dose.

Two weeks later, stomach brilliantly relieved, no morning nausea since second day after dose. Cough almost gone, less hoarse. Tonsils look 50% better. Heart 98. Ran four blocks without thinking. After two months, slight relapse: Arg. nit. 10M. Heart 78, less tired, throat looks almost normal. Urinating much, losing false fluid weight, due to weak heart.

Cases of breast lumps, fibroids, fistula, mastoid, proven duodenal ulcer, gallstone colics, kidney colics, thyroids, piles, bony exostoses of the foot, varicose veins pronounced clearly surgical, and spinal pain where fusion operations failed to help have yielded to the remedy without benefit of surgery.

#### DISCUSSION

*Dr. Grimmer:* Dr. Hubbard brings out clearly and beautifully the homoeopathic philosophy throughout this paper. That should be our guide in prescribing. First of all, she accentuates the necessity for taking the case carefully and getting the symptomatology that we need before prescribing, and then the unfoldment of the case, the result of the prescription, and the meaning of those symptoms coming after. Those are the things that distinguish homoeopaths from scientific doctors, so-called. What greater science can you have than the science that cures perfectly and permanently, leaving no sequela, no drug sequela, behind it?

There was one thing she said that was very impressive, which I have confirmed in a case, about the obstructive and suppressive action of surgical

scars. Many years ago I answered a call to attend a little lady who had what was called by another doctor a bowel obstruction. She had all the symptoms of it. She was vomiting fecal material. There had been no bowel movement or gas passing in twenty-four hours. The history had been an appendicitis operation several years before, followed a year later by a second operation for adhesions that had formed. During the second operation, or following it, she had had a tube left in her side for months, draining, but after that was taken out there was a great mass of adhesions reformed, and that was the condition that I found—a perfectly solid mass of adhesions around that right abdominal region. With all these symptoms, it really looked like an acute case for an emergency operation for bowel obstruction. I was so impressed with that idea that I told her so.

I said, "It would be criminal on my part to prescribe for it." But she said, "Oh, no, Dr. Grimmer, if you will prescribe for me, I will get well, but I will never submit to another operation after months in the hospital with a tube in my side. I want no more of it." I said, "I will prescribe, but I will have to sign your death certificate."

I gave her Graphites, and in twenty-four hours there was a marked discharge of blood and pus and serum through the old surgical scar. All that great mass of adhesions and everything went away, and the woman was well after that.

*Dr. Alfred Pulford:* Dr. Hubbard's is a very fine paper, but I am going to take exception to it. Surgery covers a multitude of sins. It shows up our ignorance and covers it up. I want to report just one case of a government meat inspector who had his finger caught on a hook, and sepsis started right away. They worked around with it until they got the first phalanx off; they got into the next one and took that off; and then they got into the next one. There was an Episcopal minister in Astoria, one of the greatest homoeopaths and the greatest friend I believe I ever had—a regular chum. When he finally died, he died in my office. Think of that! That is worse yet. He died of apoplexy before I could get to him. He was a great big fellow.

This meat inspector finally wrote to his son, who was out in Washington where this minister's wife was living. She said, "You send him right up to Toledo," but he didn't come to Toledo. He wrote me a letter, and the only thing he could say in that letter was that he would like to get rid of his stinking feet. I sent him two powders of Silica 1M, and they didn't cut that hand off.

*Dr. Hubbard:* I would like to ask a question in the discussion of this learned body. Dr. Grimmer speaks of Graphites in that case of adhesions. Have any of you used Kali muriaticum in dissolving adhesions and also in pathological prescribing? I have seen it do things where there were very few symptoms except pathological.

*Dr. Woodbury:* The paper by Dr. Hubbard is a delight, a treat; it is an acknowledgement of how little the rest of us know.

Dr. Pulford's remarks remind me of one of the speeches of sugar in the *Bluebird*, by Macterlinck. Sugar, you know, had long fingers made of sugar candy that came out like that. When he was speaking to little Tytyl and Mytyl of the joys of following the quest for the Bluebird, I think it was Mytyl who was rather worried about the situation and was in a weeping state. Sugar immediately said, "I break off one of my fingers for you," and immediately he did it. It snapped right off. So that wasn't much different from losing those fingers, as we note in this instance, from maltreatment or lack of proper treatment.

I haven't anything to add to the brilliancy of this paper because Dr. Hubbard has said it all.

*Dr. Roberts:* There is one thing that was brought to my mind immediately while I was listening to this paper. Dr. William Todd Helmuth used to tell us in New York never to say positively what is in that part of the body that we call the abdomen until we get in there. There is a question in my mind how much the remedy did for that tubercular mesentery, because the treatment of opening the abdomen and letting the air and oxygen into it, cures it in some way or other. No one knows why, but it is so. I got that several times with some of my patients. It is questionable whether the remedy that Dr. Hubbard gave possibly supplemented the oxygen.

*Dr. Farrington:* Dr. Hubbard's paper certainly deserves commendation. In the first place, I think it would satisfy some of our friends who lean toward diagnosis and pathology, because in nearly every case she had laboratory findings and, therefore, the confirmation that many of our friends desire or require at our hands.

I did not hear all that Dr. Roberts said, but I noticed he spoke about inflamed mesenteric glands. The case undoubtedly was one of adenitis mesenterica, and the surgeon could hardly be blamed for missing the diagnosis. It is exceedingly difficult to differentiate between the inflammation of those glands and a case of appendicitis, especially as the glands of the lower right quadrant are most often affected. Undoubtedly, we have made many cures of that disease unknowingly and thought that we had cured appendicitis.

I have had two or three cases of appendicitis which were relieved by discharge through the bowels, and I have often wondered whether it was merely good fortune or whether the homoeopathic remedy is capable of directing the discharge in a safe direction; just as Pulsatilla, is capable of correcting the position of the child in the womb.

The prescription of nitrate of silver is an excellent example of the futility of trying to prescribe on a diagnosis. We know that *Argentum nit.* has a marked affinity for the tonsils as well as for other parts of the anatomy, but it isn't set down, as far as I know, that it is a good remedy for pus.

*Dr. Hubbard:* I am afraid you are all too kind under the Virginia influence of courtesy to ladies. I expected to be heartily bawled out by at

least eight of you for allowing an appendix to perforate. That is really something, you know. The surgeon was just fit to be tied—and I don't blame him. I was fit to be tied, too, until she began to get better. I agree with Dr. Farrington that I never had an appendix perforate on me before. This is the first one, and that is why I wrote about it. But I firmly believe that that woman would have been headed right out. The surgeon was sure of it because he didn't know what the homoeopathic remedies will do. He said, "Just pray. I wouldn't touch her with a ten-foot pole." I do believe that the homoeopathic remedies do often direct the way in which events shall come. I don't know whether I feel like bawling you out for not bawling me out, but I am really interested, if it isn't just courtesy, that none of you feel that was too big a risk to take. Of course, I am one of these creatures so full of faith in Homocopathy that I will take almost any risk, even with my own and myself.

*Dr. Grimmer:* I think most of us have taken such risks many times.

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