

DISCUSSION OF SOME SALIENT GYNAECOLOGICAL REMEDIES

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Gynaecology is one of the major branches of medicine: a field so well explored, and the knowledge concerning it so widely disseminated that it is difficult, if not practically impossible, to express any new thoughts on the subject. Even to choose remedies for discussion is a difficult task, for as you know most of our drugs have an influence on the female reproductive system. I shall, therefore, limit my remarks to just one single anatomical problem in gynaecology, namely: cervical ulceration and erosion. The multitudinous symptoms which can manifest themselves in such a type of pathology can well bring an amazing array of remedies to mind.

If our patient complains of a bruised feeling and soreness in the pelvic region we think naturally of Arnica, especially if the patient has an obstetrical history of laceration, uncorrected at the time of delivery.

When this same lesion is associated with soreness of the breasts, or with a lump in the breast, with or without intestinal disturbance, we shall find *Bellis perennis* helpful. If the identical lesion is accompanied with a bearing down sensation, as if the contents of the pelvis would fall out, *Sepia* may be our remedy particularly if there is frequent urination and burning in the urethra.

It has been my experience, as it undoubtedly has been yours, that most every uterine disturbance is accompanied by mental symptoms in varying degrees, and cases of cervical erosion and ulceration are no exceptions to this rule. The mental disturbances the latter pathology may bring about are definitely worthy of consideration. A study of the types of fear, melancholia, apprehension, depression, anxiety, sadness, confusion, sex impulses, and their concomitant aggravations and ameliorations may often guide us to the choice of our remedy. For example, if we were to treat a patient with such a cervical lesion and had only the mental symptoms to guide us in our prescribing, we would be forced to differentiate even the arnica from the sepia patient. The arnica patient is easily frightened, unexpected trifles startle her. She has a horror of instant death, and is ever fearful. The sepia patient is timorous and anxious with restlessness, suffers from great uneasiness and has forebodings about her health and the course of her disease. She is not only fearful, but she is profoundly anxious. She feels extremely depressed, because of her self-imposed uselessness. The arnica patient is *convinced* of her approaching death, while the sepia patient is *only* fearful of her oncoming death. The arnica patient suffers also from confusion in the head, which she attributes to the cervical erosion for which she is being treated. She is so confused that her head feels heavy. The sepia patient is definite about

her confusion; she is so confused she can scarcely think. Comprehension is slow and difficult, and she is slow in formulating her ideas and putting them into words. Thus we see that the confusion of the arnica patient is complete, while that of the sepia patient is definitive. These fine distinctions alone make the study of Homoeopathy challenging, and give us a clear picture of the intrinsic science of homoeopathic prescribing.

I have treated many a woman with an angry looking cervix, such as we are referring to here, with Ignatia, basing my prescription solely on the mental concomitants which simulate closely the two remedies we have just discussed, Arnica and Sepia. The fearfulness of Ignatia comes from a definite cause, such as if a patient were surrounded by robbers. The Ignatia anxiety is clearcut and arises from a feeling as if the patient has committed a crime. The various frights of one particular Ignatia patient I have in mind were the result of recent grief. She was taciturn, brooded over imaginary troubles, and was continuously sad. Without reason she would burst into a laugh, occasionally, only to immediately lapse into tearful sadness again. She was convinced she was incurable, and worst of all was obsessed with the idea that her soul was lost forever. She was not only mentally lethargic and bewildered like the Arnica and Sepia patients, but even the effort to think was irksome. Her difficulty of comprehension, mental dullness and incapacity for thought were worse in the evening. Although these three remedies, Arnica, Sepia, and Ignatia, are noted for absentmindedness, each has a fine gradation of memory weakness. The Ignatia patient remembers dreams well, the other two recall nothing at all.

Thus we see that in a given anatomical lesion we can well project our study in search of a remedy into many ramifications of human reactions. Concomitants must be sought to establish the drug diagnosis. The mental reaction alone, as we know, is a prolific study for accurate prescribing. It has been my habit to lay specific stress on the mental behaviour and response of the patient more than on any other symptom, particularly when the drug diagnosis is not quite clear at the moment. The remedies I have used for cervical lesions of the ulcerative type are numberless, but I have always been influenced by the patient's mental symptoms.

Occasionally, of course, there have been other organic concomitants which made the prescribing easier.

For instance, in a case of cervical lesion with unhealthy skin and extreme itching, but minus the burning sensation of Sulphur, I have used Graphites with satisfactory results. Another patient came to me with almost an identical lesion without the skin disturbance, but before I could examine her, she nearly talked me to death. To this young loquacious and crotchety lady, I gave Lachesis. I did not only stop her from talking but healed her cervix as well. Upon further examination of these patients, I was pleased to discover textbook pictures of their mental reactions.

Graphites patients have a profound inclination to weep but do not.

They are fearful mornings, unlike the fearfulness of Ignatia and Sepia, which appears toward evening or night, like the night anxiety of Lachesis. Graphites patients are cheerful at times. They laugh in the forenoon and have their crying spells at night. As far as can be determined their sadness is without cause or reason. The lachesis patients, although consumed with extreme sadness, are not given to sieges of weeping or crying. The graphites patients are not only mentally confused, like the other drugs mentioned, but feel as if their brains were loose and not anchored. The confusion is a kind of becloudiness. Though they feel their brains to be loose and floating about, still their heads feel as if they were empty. The lachesis patients are not confused. The confusion is only confined to the sense of time. They invariably make errors in writing and speaking. They make so many mistakes in speaking, because they forget what they are about to utter, while the graphites patients misapply words in speaking or writing.

Many more pages could be written about drug differentiation concerning mental symptoms alone on patients suffering from almost identical anatomical lesions. But this is not the intent of this paper. It is my purpose to delineate the homoeopathic approach to a disease entity by studying as a whole the patients with this disease entity. It would have been perhaps much easier for me to have treated these patients of mine with tampons and palliatives, which might or might not have helped them, instead of indulging in detailed investigation of their collateral mental symptoms.

Homoeopathic prescribing is not easy. That is the reason that the practice of Homoeopathy is not popular with the majority of practitioners. Nothing is *popular* which is *difficult*. We chose to be homoeopathic doctors, therefore, we chose to work hard to bring about the most effective way of alleviating human ills. Surely the good results we obtain far outweigh our efforts, and it justifies our choice of homoeopathic practice as the only sound therapeutic procedure.

DISCUSSION

Dr. Gladish: I found this paper very interesting. I don't practise gynecology, being primarily a general practitioner, though you run across a certain amount of it and the essayist's remark on the symptoms is certainly correct.

You can have many characteristic symptoms that, regardless of the pathological condition, the correct remedy would cure. What I was hoping he would do for those of us who don't see so many cases, would be to give us visual conditions such as erosion or ulceration of the cervix, for instance, just as you can do in a throat. Often what you can see is valuable.

I was hoping that the doctor would tell us a little about the difference in the appearance of the different remedies because it seems to me that very frequently you find these erosions and ulcerations when they are not severe and not serious and with a very few symptoms. I often find them on routine

examination and they have no complaints in those parts at all. There is possibly a little leucorrhoea. I have not seen enough of them to know how to differentiate them on what you see.

Dr. Smith: Dr. Engle's enlightening paper has given me some points that will help some of my patients. Some of the remedies that he did not mention—it may have other symptomatology associated with the pelvis but one in which the symptom of bearing down is predominant—I have forgotten some of the remedies but *Sepia* is one, *Lilium tigrinum* is the one I was thinking of, and a suggestion that was given to me by a patient of mine recently was the loquacity of *Lachesis*.

She told me the story of the doctor who came home to dinner one evening and his wife upbraided him promptly for paying so much attention to one of his patients. She had heard that he had given her on occasions a box of candy, and he started to laugh. "Well," he said, "That is the only way I could keep her mouth shut."

Dr. Clark: I have enjoyed this paper very much, in learning of the remedies that can be used for an actual physical condition and changing it. Without the customary use of tampons and solutions I have in my work examined quite a number of cervixes and it seems that around the areola there is a redness either before or after menstrual periods, that is not a true inflammation or maybe it is, I don't know.

Secondly, I have heard it discussed among women gynaecologists that the use of *tampax* is very harmful in creating cervicitis. I wondered about your experience with that.

Dr. Engle: When patients go to the doctor expecting to have a vaginal examination, many of them first will take a vaginal douche. On questioning them, you find it may have been three or four hours before you examine them.

All of those patients that I have ever examined who wear *tampax* will have, whether they have ever borne children or not, a peculiar sourish odour when you make a vaginal examination. Of course, that emanates from the vagina from the time you insert the speculum. My explanation of that is that the *tampax* can retain that drainage just like a cork would bottle up something, then fermentation goes on in the vagina. If those patients have any erosion, it is much more deep than the ones who do not wear *tampax* when they menstruate and just wear the cloth.

There are many other remedies we may use. Those remedies fit those cases. There are many remedies you know for those cases of erosion which are not just erosion. There will be a hypertrophic uterus. Many times there is erosion of the cervix without any hypertrophic uterus. Of course, towards the menstrual period relative to the doctor mentioning the areola around there being seemingly congested, it is just a mild congestion.

It is not an erosion and it will disappear of its own accord in a few days. Now of course if there is an erosion of the uterus to such an extent

that it is in an ulcerated condition naturally I have attempted to heal them like that but I never got very far. I have begun to treat that cervix mechanically by cauterization. We cauterize the uterus with nitrate of silver 10 per cent or 20 per cent solution with a sponge and then insert a tampon with calendula. That doesn't interfere with the action of the remedy at all. It just makes the patient more comfortable and probably helps your cure.

Many of them I have never given a tampon. I was hoping Dr. Cookinham would get up. He does a great deal of gynaecological surgery, but when I hand him a case, you know I clear it up first to see if I can't beat him out of an operation. I guess he doesn't wish to expose my ignorance.

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