

HOMEOPATHY IN DISEASES OF CHILDREN

By C. M. BOGER, M.D., Packersburg, W. Va.

Nowhere is there to be found more conclusive evidence of the superior efficacy of homeopathic treatment than in the diseases of children.

The years of infancy and childhood, marked as they are by great cell and structural activity, are distinctly favourable to the influence of potentized drugs. So great is the difference in the susceptibility between child and adult life that we hardly need despair of curing any disease in the former, while in the latter those whose foundations lie deeply rooted in the miasms are very intractable and often irremovable.

It must above all be remembered that a cure implies the establishment of a perfectly harmonious inter action of all physical as well as mental activities of the organism. Such being the case, the presence of even a latent miasm or dyscrasia stands in the way of perfect health.

Hahnemann has taught us to depend principally upon the sensations as a guide in the selection of the remedy and yet how scant is their number in infantile diseases while in those of childhood they are often picturesquely expressive.

After all the matter harks back to, and is dependent upon, the powers of observation and it should not be necessary to point out that the most acute observer is as a rule the most efficient healer of the sick. It is so because he sees things written large in the countenance and actions which to others are trivial or meaningless. To this class belongs the observation that *Bali carbonicum* exhibits puffiness above the upper eyelid while *Phosphorus* shows the same thing below the lower lid. *Bryonia*, *Cadmiun sulfat* and *Veratrum viride* lead all remedies when the patient objects to being raised up. The exudations of *Graphites* are sticky, while those of *Mezereum* ooze from beneath thick, leathery crusts. I might enumerate many such distinctive symptoms, but that does not alter the fact that in the affections of infants the objective is uppermost while in those of adults the subjective generally predominates.

Such being the case; how very close should be the scrutiny of the patient and how great the knowledge of materia medica. In order to obtain the latter a highly retentive memory is not absolutely necessary, in fact I hold it rather a detriment, but you should have the keys to our symptomatology ready at hand for without them you are severely handicapped.

It must not be forgotten that every disease picture is composite in its nature and that in no way can it be found out beforehand whether its salient features will lie within the affected sphere, in the modalities, in the mental state or in any other particular part thereof; therefore access to the generalities as well as the minutiae of our symptomatology is a prime necessity. The former gives the general ground colour from which the determining features emerge and is just as necessary as the characteristics.

This basic colour is mostly composed of the symptoms which are more or less common to all of the provers, but the peculiarities appear in highly sensitive persons and in the few extraordinary manifestations of the others. That the two should harmonise is self-evident. As a matter of fact, most prescriptions are pretty accurately fitted to parts of the picture only, and while this may sometimes be unavoidable, it is a dangerous practice often leading to the lopping off of symptoms and a general distortion of the image. When the remedy is homeopathic to the whole case a gentle and permanent cure follows, or if the disease springs from one of the deeply rooted miasms, a terrific aggravation often ensues and the greatest care and courage on the part of the patient as well as the physician is absolutely necessary to carry it to a successful termination. The true healer must know how and when to wait

It is very necessary to know that the similar remedy calls forth the reactive power of the organism in proportion to its similitude, hence it follows that we should await the response to a single dose as long as circumstances will permit. In chronic cases this may run into weeks or even several months. Within the past year I have seen a single dose of *Clematis* begin to act at the end of two months, a dose of *Phosphorus* at ten weeks and one of *Kali bichromicum* after eleven days.

When a visible reaction sets in after a long period of time, it is usually very forcible and thoroughly eradicates the prevailing miasm. Here the physician, by staying his hand until the, sometimes, violent reaction exhausts itself, shows himself a true master of the healing art. Any other course is bungling from which the patient will be rescued with difficulty. The three fundamental miasms of Hahnemann have been much derided, but it is a great satisfaction to know that such things mostly come from inexperienced or undeveloped minds. As year after year adds its share of knowledge conclusions change, and the things disdained in youth gradually become the frowning realities of mature years. So it has been and comes to be, that we look upon psora, syphilis and sycosis as the poisonous fountain heads from which flow all our ills.

The herpetic or psoric diathesis with its multitudinous affections springing from suppressed eruptions offers a field large enough to engage the greatest mind in unravelling its detail, while the gonorrhoeal infection lays a train whose lighting up spreads death and disaster among the unsuspecting. Lastly comes syphilis, the mother of struma, in whose fertile soil the bacillus tuberculosis flourishes so well.

These are some of the self evident facts to be met every day and they help us to comprehend the nature of the forces with which we have to deal, but they do little toward pointing out the similimum.

In order to select the most suitable remedy it is necessary to know how to take the case, how to use a repertory and how to compare remedies; subjects, each large enough for several papers but which unfortunately have received scant attention in our halls of learning. Much time has been wasted in trying to force a stupendously large materia medica into the heads of students, but little time has been given to showing how each may use it for himself. It would be just as sensible to teach the English language from the dictionary and ignore every rule of procedure as to endeavour to teach materia medica in the disjointed way that has heretofore been the practice. We need less cramming of facts and more method.

Reverting to the fact, particularly in infantile and chronic diseases, the state of the nutrition very largely governs the outcome, it may be pointed out that under homeopathic treatment we possess very significant prognostic data in the mental behaviour as well as the cravings of the patient.

A peculiar craving or mental attitude is often the golden key which opens up the true inwardness of the disease and at the same time points to the specific remedy. And what will our medicines not do under such circumstances? Their power is surely only limited by the amount of convertible energy stored in the economy and the use to which it may be put. If we believe its turning into feebly and long unused channels to be attended with danger because of the ravages of disease, then and then only, dare we palliate and are justified in doing so in the best way, which always consists in giving preference to the similar remedy rather than the similimum. In making this discrimination there is room for the deepest knowledge of diagnosis and pathology; subjects whose value in relation to Homeopathy have been too little understood and too crudely applied.

The constitutional or antipsoric remedies are our main dependence and their relation to metabolic as well as morbid changes can not be successfully combated. Within their pathogeneses lie many pearls of great price whose presence has scarcely been suspected by the busy, everyday practitioner; of these he must avail himself if he hopes to do the best work. A word about the nosodes. Syphilinum has served me most excellently in what might be termed a syphiloid condition; a state of inherited or transmitted syphilis in which no frank lesion is to be met, the pathognomic symptoms are all noted for their absence but odds and ends which crop out here and there make one suspect that a near relative has infected the victim by inheritance or transmission from a poorly cured case. Sometimes these patients have the typical aggravation from sunset to sunrise, but much oftener an intimate knowledge of the family history will reveal the one who has led a gay life and left the fruits thereof for the fattening of the doctors pocketbook. Whenever I know this and the symptoms are with difficulty fitted to any one remedy Syphilinum does wonders towards cleaning up the whole matter and paving the way for the next drug. The physician can never know too much about his patient, but he may very easily know too little.