

THE GENUS EPIDEMICUS

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A year ago our Dr. Royal Hayes clearly demonstrated Cuprum to have been the epidemic remedy for the late scourge of flu. The word however came too late for the over-worked prescriber and the homeopathic death rate of under 2% still remained much too high.

That acute illnesses bear the hall mark of time and place was Rademacher's idea of a genus epidemicus; the thought has a peculiar Paracelsian flavour. He added organ testing, physiopathological speculations and a general test and try out method. At the same time he elevated human judgement and the simple remedy above precedent and a scholasticism so stupefying that it had put doctoring on about the same plane as involuntary manslaughter. Hahnemann's ideas caused him to lose himself in the bog of specific medication. We now call this Eclecticism; whatever that may mean.

Extraneous influences, ethereal, telluric or what not, clearly can call forth only what is pre-existent in the human organism; epidemic symptoms therefore mean that certain external forces have contracted corresponding internal, even if latent ones. This helps us to understand susceptibility.

Rademacher experimented to find the epidemic remedy. We, with the aid of the law of similia and our provings can find it much more quickly, especially by gleaning the characteristic from among the pathologic-diagnostic symptoms; a method that grows rapidly easier as case after case adds its quota. The earlier cases are generally the more severe, thus obscuring the finer indications, which peculiarities are then as yet relatively few.

In 1863 Brückner asked Bönninghausen to cure him of a recurring affection, at the same time giving the history, as well as the status praesens of the disease. The latter however, declared himself unable to choose the remedy with certainty because of the "absence of all characteristic (individualistic) indications." He added "For many years the taking into account of the sickness of the individual, with his isolated, more or less abnormal peculiarities has been my highest aim; and only afterward do I search among the concurrent remedies for the one seemingly best related to the (general) nature of the illness. To this method, also fully approved of and in his last years exclusively followed by the deceased Hahnemann, I believe I can ascribe many uniformly good results." In the same epistle he says that medicines which have the requisite outstanding symptoms but barely noted or even not at all are often the most-helpful, while in Vol. 67 pp. 115 of All Hom. Zeitung he says "A single symptom of such character and apparently complete, is ordinarily of much greater import than a long array of general sick signs such as are to be found in almost every patient as at-every proving." From the peculiar constitutional symptoms shown by Brückner from time to time rather than 'his recent illness Bönninghausen finally chose Causticum. He usually repeated the 200 daily for about two weeks.

Those more or less crude substances which act as excitants of the disease are logically best antidoted by the same or a similar acting substance moving at a higher vibratory rate—a higher potency. The symptoms of Hahnemann's Chronic Diseases were mostly obtained from provings made with the 30, and in prescribing on these indications we get the best results by far by using still higher potencies. Swann was a great advocate of this method. Lately Radium burns and Primrose poisoning have both been rapidly cured with the same drug in a high potency, after the failure of other medicaments.

To some of you this may look like an easy way out of what is often a difficult situation; in fact serologists have already tried their hand at it, but their results would hardly satisfy a Hahnemannian. The point overlooked by all isopathists is that the elicited symptoms are in

every case a mixture of the general drug reaction plus the psoric, idiosyncratic or personal element. If this were not so Rhus tox. High would invariably cure poison ivy poisoning, etc., etc., which we know is not always the case, but an isopathic success depends upon whether psora at the time happens to be latent or active. The use of antitoxin is perhaps the most prominent example of the same thing; its relative success depending almost entirely upon the fact that the psoric miasm is in the incubation or latent stage in childhood, when the tissues are undergoing the most active metamorphosis.

In a larger sense cure depends not only upon reaction but still more upon the kind of reaction, hence the experienced prescriber soon learns to recognise suppressive, palliative, curative or eradivative action. He therefore either takes the measure of the present symptoms and gives the remedy indicated thereby or writes out the whole life history of the patient, with such individualistic particulars as appear from time to time, and prescribes thereon. The former method has encouraged the use of the lower potencies and frequent repetition, while the latter leads to the use of single or but few doses and the very highest potencies.

Recent symptoms are occasionally so firmly superimposed as to positively require their removal before another step can be taken; but to make a practice of clearing away each successive crop is likely to either palliate, suppress or so distort the symptom image as to make a final and radical cure improbable.

The two methods of prescribing naturally characterise the high and low potency adherents respectively. What both have heretofore failed to fully realise is that curing implies an aroused vital force capable of sweeping everything before it. This being true, it behoves us not to change the direction of its action too often, lest we retard or even prevent rather than help to establish normal health again.

DISCUSSION

Dr. Krichbaum: I would like to ask Dr. Boger about the last statement about recent symptoms. If he is talking about the foam that is running over from the real disease I can agree with him, but if he is talking about real symptoms I disagree with him; for the first time we have disagreed.

Dr. Boger: It tells us in the Organon that we should pay the most regard to the recent symptoms. That's true, and in prescribing we know we use the recent symptoms a great deal and we know, also, under many cases, symptoms are not available. We cannot prescribe for them at all. The case may be entirely new. The patient may have had previous good health; never had sickness before. But I say this—I say that Bönninghausen spoke a great truth when he said if we take the high points of all the different symptoms and put those together for the constitutional picture of that patient, we would then have a remedy which would overcome almost any sickness in the patient. The law is not universal but it is so in a great many cases. There is one more thought I didn't get into the paper. It has been said since the grippe, Zincum covers most of the cases. You have noticed possibly great tendencies since the influenza to apoplexy, a cerebral congestion, etc. You may notice cases have been numerous. I regret I did not give the Zincum when I should have done so, and those who had used the Zincum have done wonderfully well, with unexpected results.

Dr. Taylor: I doubt very much whether or not those symptoms that come up in the acute case furnish your indications for a constitutional remedy/ That might be so occasionally but rarely, I think. Some of the constitutional remedies—Sulphur, Lachesis and Lycopodium, take a sudden hold and then the patient gets symptoms. It does not furnish an indication for a group remedy. I think you are in error or else my comprehension is dull.

Dr. Boger: It has been my habit for a long time when the patient is under a constitutional remedy and an acute symptom comes up, unless it is threatening, to pay no attention to it at all.

Dr. Krichbaum: That is where the patient is getting better but if the patient is not getting better, you haven't found your remedy.

Dr. Boger: My paper says that superimposed symptoms sometimes must be removed.

Dr. Krichbaum: But my point is you will find your constitutional remedy by superimposed symptoms, but you haven't found your constitutional remedy previous to that.

Dr. Boger: The constitutional remedy is found by a series of symptoms picked from the patient absolutely new to that patient.

Dr. Underhill: Do you repeat the constitutional remedy in that case?

Dr. Boger: No, sir; that is what you must not do, unless your reaction is so that the interval between the feeling better is growing shorter and the period of feeling worse is growing longer. There you have the wrong remedy. In the case of getting better, the periods of feeling better must grow longer as time goes on, but if the periods grow shorter you have not the remedy.

Dr. Underhill: Suppose your constitutional remedy has been acting for about eight weeks and then you have to repeat. That you deliver the remedy and then the acute case comes along and it is about time to repeat your remedy. Do you do it then?

Dr. Boger: No. To begin with, I do not repeat very often. In case the patient is going back you must have the wrong remedy. If an acute disease appears on top of the chronic, acute superimposed on the chronic then you must let the remedy work its way out.

Dr. Underhill: But it would seem if you have a constitutional remedy you would give it once and let it act forever.

Dr. Boger: No, repeat it when the symptoms of that remedy no longer appear and the patient shows a complete rearrangement of the symptoms. For instance, I give a dose of Arsenicum. I had a case of a young lady with typhoid fever and I gave her Arsenicum; it 'subsided. If I had given her another remedy right here, there would have been great confusion. When that thing was all over there was a complete rearrangement of the symptoms because she would no longer show the symptoms where Arsenicum was the remedy. Arsenicum or any other remedy will follow a symptom of its own shortly after it is given: That is a reaction. When that reaction passes off the waves get smaller and smaller. No prescriber now gives another remedy until there is a complete reassociation or rearrangement of symptoms. The repeating of the remedy too soon is one of the greatest mistakes that can be made, or equally great is the changing of a remedy. You confuse the whole picture there.

Dr. Stearns: If you have an acute condition coming on, after you have found the remedy and given the remedy in a lower potency, sometimes it is wiped out very quickly in that way.

Dr. Nair: You say if you give another remedy you confuse the picture. Dr. Boger. You suppress some symptoms and others come up and your picture is no longer clear.

Dr. Nair: How can you do that?

Dr. Boger: I believe, in speaking of the Turpentine case a while ago, the reason for it, for instance, was because Turpentine has an electro-affinity. Had you used some other drug, Ammonia liniment, for instance, it would have had no effect.