

# FINDING THE SIMILIMUM

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Although we may point out a general way of finding the curative similimum, its specific application will always remain more or less an individual affair. It is very easy to say we should either work from generals to particulars, or memorise a few infallible keynotes, for certain guidance. How perfectly easy it looks, but a closer acquaintance with these methods reveals how agonisingly arduous the former really is, while the latter is apt to sadly mix up our cases and lead us into much trouble, if we really mean to cure.

The ability to envisage a general field of sickness and at the same time note the peculiarities stamped thereon by the individual, must always remain the ideal of the correct prescriber. These and their setting portray actual sickness and define its individuality.

Every living organism responds sympathetically to some other one particular substance in nature, and when in distress the human economy calls for help by using its own peculiar signals, in demanding this complement thereto, which must of necessity be the curative agent.

The ability to, pick from each life history the striking and unusual features which 'crop out and stick to the patient through many forms of sickness and then to find their counterpart within the pathogenesis of some remedy, means the power to cure radically where others fall. It is a procedure that takes time and patience, but once having elicited a curative reaction, each successive move becomes easier and yields better results. It goes without saying that emergency cases and quite a few others, can but rarely be dealt with in this way, which is, preeminently corrective in its application. The man who deftly prescribes for every symptom phase will be always curing but never cure. This form of shifty prescribing is deceptive in the highest degree and was justly denounced by Hahnemann as being ultimately more harmful than the massive drugging of the regulars.

Let me cite a case in point : Mr. D., 62, a man of correct habits, had, for more than a year, crusts form and fall repeatedly from a progressive deepening lupoid ulcer in the left naso-malar region. There was no sensation but the life history of the patient revealed the following symptom ensemble:

1. Soreness; eyeballs; right upper teeth; right throat; eustachian tubes; across hypogastrum and kidney region, < rising; right scrotum and testis; knuckles; face of right thigh and knee; of soles; of muscles; and joints in the general.
2. Urine; pale; trace of albumen, some pus and oxalates.
3. Throatpit; tickling. Hawks much thick, white mucus which flies from mouth.
4. Nose; blows blood from. Prolonged sneezing attacks, > cold drinks.
5. Hands; numb at night. Brittle nails.
6. Left axillary gland suppurated out as a boy.
7. Feet; burn at night.
8. Bowels, constipated, with soft stools.
9. Numb occiput, rubs it.
10. Bluish lower lip.
11. Drowsiness.
12. Troubled dreams, wakes with a nervous pressure on wrists.
13. Forgets names.
14. Sour taste, < after sweets.

August 8, 1921. Calc. carb. DM (Tyrrell; one dose.

September 15, 1921. Reported with delight, ulcer filled in and entirely healed, leaving a clean scar. The sequel was interesting. On a visit to a distant city some one persuaded him to have a specialist burn the scar out with radium, but shortly after his return the old ulcer reappeared, enlarged, with a much larger scab than ever which bled about the edges. Alarmed he returned to me and I am afraid I made some pretty severe comments, but he took them kindly along with another dose of Calc-carb. DM. In a very short time he was entirely well, lupus and all.

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