

WHAT WE SHOULD KNOW*

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Obviously the physician needs all the available evidence of disease before attempting to prescribe. We are very prone to rely more on the finer or subjective symptoms than our allopathic friends, who lean more upon the coarser or objective one, including the laboratory findings. The earnest student soon realises that disease is really and primarily internal and superphysical. If it were not so, it would not show an inherent tendency to externalise itself, irregularity of evolution being essentially individualistic. Such deviations mar the whole life current of the individual and vary from complete objectivity to great mental activity; indeed a careful review of the whole life history may be the only usable method if we wish to clarify and make workable the disease problem.

In spite of the many artifices and inventions by which we try to peer into the internal workings of the human economy the results have been fragmentary and meager compared with the picture which nature herself automatically exhibits for our inspection, the totality or symptom complex. It is colourful, expressive and individualistic in action or repose, calling to its simile that harmony may ensue in the expenditure of energy.

It is one thing to assemble all the diverse symptoms of disease, but quite another to be able to pick out those peculiar ones which also interpenetrate the others. Hahnemann said that a paucity of symptoms or the presence of an overshadowing one points toward suppression. Here the life force seems able to show only a faint sign, as it were, of its distress. We see such things in shock, fulminating diseases, cholera, the passage of calculi, etc. The test of your homeopathy comes upon you when you contact such conditions. Then, unless you know *your Arnica, Camphor, Cuprum, Veratrum album or Polygonum sagittatum* it will be just too bad. Such outstanding single symptom groups occasionally have a concomitant of decisive import, such as happened in a case of hip joint disease, with shortening, in a highly tubercular family. The patient was pale, proud and exacting; *Arsenicum* cured and there remains no contraction.

Time allowance does not always permit of consulting books of reference, as happened recently in the instance of a feeble child with whooping cough; it suddenly developed generalised pleurisy of a severe type. It was either the *similimum* given promptly or an early death. She awoke in anger, breathed with the greatest pain and the alae nasi moved in and out convulsively. In four hours after a dose of *Lycopodium* she started to sweat profusely and was out of danger by the next day. Most articles on pleurisy fail to even mention this remedy.

For two weeks a workman tried vainly to pass a kidney stone, whereupon he showed great debility. He then appealed to me. He was of mediocre intelligence and was not easily questioned. Two drops of tincture of *Polygonum sagittatum* taken in water night and morning enabled him to pass a stone of about half the size of a grain of corn. He quickly became active and robust looking again.

We are often compelled to choose the remedy from the standpoint of diagnosis, much as this should be avoided because of the numerous pitfalls sure to be encountered. Hahnemann did the same thing, however, when he saw the similarity between the effects of cinchona bark and typical malaria, between the action of *Belladonna* and the smooth type of scarlet fever, or later in life when he pointed out the resemblance of the effects of *Camphor, Cuprum and Veratrum album* to three different types of cholera. When in 1830 he recommended the use of *Mercurius corrosivus* in dysentery he certainly matched up the main features both of the disease and the drug effects. The finer distinctions upon which

other remedies had previously been pre-scribed were relegated to a secondary place in favour of the coarser disease as well as drug effects. Even here we must not be too hasty in concluding that the sublimate is the certain and specific remedy for dysentery, because there will occur epidemics whose side symptoms will point so clearly to another drug that we dare not omit its use.

The early treatment of diphtheria shows the use of many remedies, always a sign of uncertainty from a therapeutic standpoint. Now we know *that Lachesis, Lycopodium, Phytolacca or Mercury cyanide* suffice for most cases. The latter started out from a frankly pathological effect and its use has been further expanded by empirical experiences, the latest being its use in Vincent's angina.

We are supposed to prescribe upon the totality of the symptoms, but as a matter of fact this is not always feasible, mainly because the human mind does not readily act in a comprehensive way, but is given to observing some detail or other to the neglect of the other factors. Nor is this an age of growing refinement, but rather of general stress and strain which reflects itself in the sick, where trauma, nervous distress, suppression, blood pollution and narcotism are much in evidence. The picture is not a reassuring one and makes our work harder, but homeopathy here, as often before, is rising to the occasion and proving its merit.

One more thought. Unless acute disease becomes dangerous or throws upon the screen some individualistic indication it generally should not be interfered with. Ultimately the constitutional peculiarity is bound to reveal itself in a form pointing clearly to its remedial counterpart. Nature calls for relief in her own language, which it behoves us to learn, rather than to distort by our own predilections or too often only educated prejudices.

I might amplify this subject almost interminably, but it would all come to this: that the significant indication may appear in any sphere whatsoever. Preferably it is contained within the symptom picture but many times we are forced to look for it elsewhere. Here the finest discrimination is needful if we wish to attain success.

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