

Chronic Miasms and the Remedies to meet them.

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APIS MEL.

{ Anti-Psoric
&
Anti-Sycotic.

I am writing upon a remedy, which was not classified as one amongst the miasmatic agents, either by the Master or any of his immediate followers; but so far as my experience could confirm, I have no doubt as to its being not only a deep anti-Psoric but a deep anti-Sycotic as well. The revered Dr. Nash gave us a hint and left for us an idea that a few remedies which are generally classed among the apsorics, viz., Apis, Bell., Bryonia &c., are likely to prove to be so many anti-Psoric agents. I commenced my investigation in the line during my practice and can now fairly say that his valuable suggestion has proved to be true. I have known that the remedy has a very deep action in Psoric cases even when complicated with Sycotic symptoms, and can very well assure that it is a deep-acting Syco-Psoric agent.

The remedy shows its anti-Psoric action in its power to produce and therefore to cure various exanthematous diseases and their sequæ, and in the depth of its action in the mental sphere. Regarding its anti-Sycotic virtues, there are specific cases of Sycotic inheritance, especially in the female patients who have been cured, thus testifying to the fact of its being a deep Sycotic agent. I have seen cases of acute Gonorrhœa of Sycotic nature to have been forthwith relieved and eventually cured by this remedy. The following case given in short will further illustrate its power of producing and curing an ultimate which threatened the life of the patient, because every Surgeon consulted was of opinion that she would not stand the operation, serious as it must be, which was the only remedy under the circumstances.

Srimati Hemlata Pattanabis, aged 35 years had been suffering from painful and scanty menses since her first puberty that had occurred in her 15th year. During the

period, inspite of the pains and aches in the abdomen, she felt better, obviously on account of the discharges however scanty, but as soon as it passed over, a cutting and stitching pain would invariably set in her right ovary, making her life miserable. Several patent drugs were tried to no effect. Then, much time was lost in Allopathic treatment with indifferent results, sometimes better, sometimes worse. From her 32nd to 34th year, Kabiraji treatment was tried, during which she felt better in all other respects, but the pains did not leave her for a single day,—moreover, the right ovarian region bulged out with a tenderness,—a slow fever rising every afternoon. She was then brought to the Medical College, Calcutta, and the best surgeons were consulted, who were quite unanimous in their verdict. They declared it to have been a fully developed ovarian tumour and that the only way to get rid of it was operation ; but they feared, considering the then state of her extremely weak health, that she would not be able to stand such a serious operation. After all this, the husband settled upon Homœopathic treatment and the patient was brought over to my office in June 1929, when I made a record of her case. I give below only the salient points over which I relied for my prescription of my remedy and the details are left out.

Intense burning all over the body, especially on the vertex, with a sense of crawling and aching. Sometimes a peculiar sensation of burning formication was felt over the upper part of her body, making her fairly restless. She said, she could weep at any moment, and could shed a stream of tears. The only relief that she could have was from several cold baths daily, and by lying in cold open air,—even there she would require fanning to cool her outside. The severe pains that were felt seemed to squeeze her life out of her, but as she had been suffering from them for the last 18 or 20 years, she said, she found no way out except to grin and bear them patiently. The tumour, in fact, the whole

lower abdomen was intensely sore and tender, so much so that she could not keep her cloth on; when in doors she would lie flat over her back with her abdominal portion wholly uncovered, and would only loosely cover the region in case she had to appear before any strangers, as the neighbours, physicians and others. There was a burning felt in the affected parts inside and cold water sponging would only give her a temporary relief. She had no real sleep for the last few years, especially the later five or six months, and she had to drowse and doze away the whole night with occasional wincings and startings due to the pains which would invariably aggravate during the time. All these and extremely despondent and dejected mood clearly pointed to Apis, which was given first in 200th potency. The full history of the treatment which progressed with occasional pauses, breaks and wavelike aggravations after each higher potency and consequent ameliorations, is not required here. It is only sufficient to say that the big tumour melted away, as it were, under its action and the patient improving along with the gradual diminution of the tumour. The potencies used were, 200, 500, and 1 M, a dose of Sulph 1 M according to the symptoms completed the cure.

A true Hahnemannian is always aware of the fact that only Psora, however strong, cannot produce a tumour, in fact, any ultimate, without the active morbid co-operation of some other Miasm, viz., Sycosis or Syphilis. Here Psora obtained it from Sycosis in the patient's system. I can cite many such cases, but I need not. I only request all true Hahnemannians to take my word for it and verify in their own cases of practice.

Now, let us come to the symptoms of Apis.

The main keynote—"Burning, stinging, lancinating, with soreness distributed over an oedematous area." This is exactly what is experienced over the spot for some time after a bee stings; and associated with all the above, there is a drowsiness intermixed with a fidgety restlessness,—all

ameliorated by cold water. This is the whole aspect of Apis, so far as external features are concerned. The amelioration from cold, cold water, open air and aggravation from heat, in a stuffed room, from diffused heat,—this modality is so general that it qualifies every symptom of Apis and is therefore a grand characteristic.

The *mental* condition is quite peculiar. Always a weeping mood, constant tearfulness without any cause; a deep depression, with a mental sensitiveness corresponding with physical sensitiveness; a deep melancholy. This picture of the mind is found in disease-conditions where there is no inflammation any where in the body. In deep chronic conditions, the mind is full of jealousy and suspicion; she will explain everything spoken about her as against herself, as if everybody is trying to injure her. Always borrowing troubles and worries where there are none. Mentally extremely sensitive. A peculiar feature about the mental condition is that whenever she feels most aggrieved, she thinks she is heated up and wants as if to wash off the mental discomfort with cold water. In fact, the more depressed and melancholy, the more need she will feel for cold washing. In fact, cold washing braces her up and gives her the best relief, as has already been told. In this aspect of the mind, she is fidgety,—rather restless, sometimes looking like Ars., but for the modality.

There is quite another and different form of mental picture when there is any inflammation either in the brain or elsewhere as in Erysipelas. A sort of semi-consciousness, a *soporose* condition,—after a spell of foolish, delirious talk, during a continued fever, a sort of typhoid type of fever, when there is an impending inflammation of the meninges of the brain. As the case advances, and the semi-consciousness or subconsciousness is sunk down into a total unconsciousness, a shrill, piercing cry ensues, generally called “the brain cry,” or the “*cri en cephalique*,”—a clear indication of sudden and piercing stitching pains in the meninges giving rise to the

correspondingly sudden screams. This condition is found in the dread disease, which is called cerebro-spinal meningitis. Here also the same modality,—the cold washing, the cold sponging etc., relieve the patient. In the beginning it might have been a Bell. fever with sudden startings, sleepiness but inability to sleep, etc., or it might have been a Bry. fever having a general aggravation on motion, with constipation and intense headache accompanied with a great thirst for a big quantity of water at a long interval, etc., but when the meninges are affected, in course of the continued fever, indicated by the sudden shrill cries above referred to and having the said modalities, it is Apis and Apis only, which can effect a great change in one twenty-four hours,—the first favourable indication being a considerable increase in the quantity of urine.

A third aspect of the mind is *indifference*. Apis is indifferent as its *chronic* characteristic. This indifference is mainly due to her settled conviction about the absolute joylessness of the world and she is therefore wholly indifferent to her surroundings. She is perfectly sure that nothing could bring her joy and cheerfulness and hence she finds no use of these things. This indifference is of another type and is quite different from what is found in Sepia, though both are complementaries. In Sepia the love-centres are affected so the Sepia indifference is not due to any such want of joy expected in the objects of love. In Sepia the condition is that she *cannot* love, in Apis that it is quite *useless* to love, for nothing can bring her joy and happiness. Both can weep torrents of tears for fear of imaginary evils which they think quite imminent ; they seem parallel thus far. But they bifurcate very easily,—because Apis is too much hot-blooded, Sepia rather lacks in animal heat and is badly sensitive to cold air because she chills from every wave of cold wind ; and if any further differentiation is needed, Apis is fidgety and her congener is rather indolent,—even thinking is an exertion to her.

In all continued fevers, fevers with a typhoid condition as in typical cerebro-spinal meningitis, in which Apis is indicated, sensorium is principally affected giving rise to *stupour*, a sleepy condition, ranging towards full-fledged unconsciousness. The fever is generally not so high,—but the characteristic is the *absence* of thirst and of sweat; in fact all natural discharges are scanty; and if there is an increase of sweat and urine, it is certainly an indication of a change for the better, and then the medicine is to be stopped.

The next thing in regard to this medicine is the *œdema*. Its power to produce œdema, a puffy condition, in connection with any sort of inflammation which sets in over any part of the body, is remarkable. An erysipelatous condition is found in all inflammations,—the swelling pitting on pressure. Erysipelas may occur anywhere—with *burning, stinging, and œdema*. Any œdema, any erysipelatous condition is very easily controlled and cured by Apis, if there are burning, stinging and œdema. The whole patient is aggravated by heat and in a heated room and is ameliorated from cold and cold bath. In erysipelas, the whole face is swollen, the eye-lids are like water bags, the abdominal walls are also swollen,—and if the above modalities are there, Apis can cure.

Apis has a *right-sided-ness* as Lycopodium. This right-sidedness is first shown in its disease of the eyes. A sort of inflammation sets in,—first in the right eye extending to the left. People say—“the man has got ophthalmia,” but we do not want names of diseases, the symptoms are everything to us. Along with the many pathological conditions in the eyes, namely, tumefaction of the lids, redness of the conjunctiva, hot gushing tears on opening them, there are found inability to stand looking at white things, intense photophobia, with stinging, burning and soreness,—all ameliorated by cold and cold water, and aggravated in a warm room, from heat and diffused heat. The patient wants something cold applied to the eyes. It is quite a reasonable

practice to advise sprinkle cold rose-water in the eyes, but our friends of the old school will persistently advise doing so even in the Arsenicum Alb. eye cases, because modalities are unmeaning to them; but we must always look to the modalities before we advise alleviating hygienic measures to be followed by our patients. In most cases Nature directs them what to do and what not, and they follow her direction before we advise. The Apis eye-patients keep wet rags by them to apply to their eyes every now and then for a relief and drop cold water or rose-water into them.

The *right-sided-ness* is also proved in ovarian disorders; the same stitching or stinging and burning pains with an intense soreness and tightness over the organ, in fact, over the whole abdomen,—perhaps sympathetically; and all this extends from the right to the left ovary. The same modalities are there. One thing in this connection,—the female organs are the centre of female life and so when there is a disorder there, the mind *must* be affected as described above. When the process of cure begins, the mind cheers up and then a general amelioration of the pains and aches in the affected region follows in the wake. I have cured ovarian cysts and tumours guided by the above symptoms and modalities.

The throat symptoms of Apis are very important. It can meet any sort of inflammation viz., sore-throat, diphtheria, diphtherites &c., when it comes *slowly* and *insidiously*,—the process is *gradual*. The same œdematous swelling, the uvula and the soft palate are puffed like waterbags, with the same sort of pains,—burning, stinging and sore, and with the same modalities. The patient suffocates in a warm room and from heat, and wants doors and windows open. Cold drinks relieve the throat and warm things aggravate.

It is almost an impossible task to finish description of the various disorders brought in and therefore cured by Apis, but if we can remember the generals, the mental symptoms and the modalities, we can successfully use it.

In chronic cases to be met by Apis, the very first indication is that the patient or the child will kick off any covering or bed-sheets. Then look for the mind and modalities of Apis and if they are there, be sure of Apis and Apis only and of eventual cure,—provided you can hit the right potency and know when to stop and how long to stop. The Homœopathic philosophy you cannot discard, without which your Homœopathic practice is bound to be a series of failures and consequent disappointments.

Those of our school who insist upon pathology as a *basis* of therapeutics, who look upon the single objective symptom and its nearest organic origin as the subject for treatment, and who deride the notion of prescribing upon the totality of the symptoms, and claim to be more than symptom coverers, in that they discover and aim to remove the *cause* of the disease—these colleagues are as false in their pathology, according to the highest old-school authorities, as they are faithless to the doctrines, and impotent as to the successes of the founder of the homœopathic school.—CARROLL DUNHAM, M.D.

Hypothesis has no part nor lot in the homœopathic prescription; the homœopath does not attempt to translate the simple, truthful language of the symptoms into the ever changing, and always unintelligible jargon of pathological diagnosis. A diagnosis of the symptoms of any given case might indeed point to fatty degeneration of the heart, or to a cirrhosis of the liver, or to some other artificial classification; nevertheless the true homœopath administers the remedy indicated by the totality of the symptoms, not stopping to ascertain whether or no that remedy has ever caused fatty degeneration or cirrhosis. Any attempt at a pathological basis, for homœopathic prescriptions, must at once exclude mental and subjective symptoms, and these are often our surest guide to a proper selection, even though they be pathologically insignificant.—E. J. LEE, M. D., 1811.