

How to Administer the Indicated Remedy.

BY GEO. ROYAL, M. D.

When I began teaching Materia Medica I gave no instructions as to the manner of administering the indicated remedy. There were two reasons : First, because I considered the subject of little importance. Second, because it seemed to me that what little attention the subject did demand belonged either to the chair of Theory and Practice or to the preceptors of the students.

A more extended observation, however, has shown me that Homœopathic physicians follow no general rule in administering remedies. More than that, I am convinced that many times the properly indicated remedy has failed to cure, because, either through the ignorance or carelessness of the physician, it has been *improperly* exhibited.

Therefore, I want, at this time, to enunciate two or three general propositions, and after hearing your opinions formed from experience I hope I may be able to formulate a few rules which I can give my classes for their guidance.

My first proposition is : That all remedies should be so exhibited that they will reach the objective point in as short a time and with as little change as possible. By change I mean alterations from vitiated secretions or excretions of the body, dirty dishes, impure water or other contaminated vehicles.

This, at once, raises the question as to whether remedies act best in powders, solutions, triturate-tablets, emulsions or some other form.

To my mind there is no doubt that the great majority of our drugs will act most promptly and effectively if given in solution.

When a quick response is wanted, I notice physicians give their remedies in water. I have demonstrated the truth of the above again and again in my own practise. Most of

our remedies, even if carried in other forms in our cases, can be and should be dissolved in water when left for the patients, providing that the water be pure, tumbler and spoon clean.

Those who listened to Prof. Bailey's paper at Omaha last year, or have since read it, I think will find therein a scientific reason for this method.

At this point I want to enter my earnest protest against the use of triturate tablets. It is true they are more convenient for both physician and patient, but I do not believe they are either accurate or scientific.

The second question which my proposition seems to raise is : whether after the drug is dissolved it shall be administered by olfaction, inunction, hypodermically or by the mouth or other orifice of the body.

In regard to the method of administering the remedy, the physician has greater freedom of choice, with more assurance of success, whatever his choice, than when the form of the drug is under consideration.

The stale old story of the Homœopathic physician who cured his patient by a few inhalations, and who was amply paid by the said patient permitting him to smell of his wallet is still being circulated and enjoyed by the physicians of the dominant school.

And yet I fail to see why Moschus, Melilotus, Euphrasia, Allium Cepa, Arum Try., and other of that class should not be administered, by olfaction with as good results as Amyl Nit., Chloroform or Ether when so administered. The only question to be asked is : "In which form will the remedy act most rapidly?"

Could I have a hypodermic syringe for each drug. I would, except in such instances as the above in septic diseases, always administer my remedies to adults hypodermically. Why? Simply because the remedy is thrown, at once, into the circulation and is not contaminated by vitiated secretions or otherwise.

It is surprising how thoughtless some otherwise careful and skilled physicians are in regard to this subject of removing any substance which may interfere with and prevent the indicated remedy from getting into the circulation. Of such importance do I consider the subject that, with your permission, I will illustrate my point by relating two cases.

I was called, in consultation, to see a patient suffering from typhoid fever. The attending physician was a good prescriber. More than that, he usually used the medium or higher potencies. The patient's tongue and the mucous membrane of the mouth and throat were covered with a heavy black coating and were as dry as a chip. The teeth covered with sordes of the same character. We agreed in giving *Ars. 2 c.* Imagine my surprise to see the doctor take from his pocket case a small vial of No. 10 pellets medicated with the remedy and put eight of them on the patient's tongue and then make up ten powders of the same, one to be given every three hours. The doctor could not expect to get results from suggestion because the prostration of mind as well as body was so great that the patient was completely unconscious of what was going on around him, although very restless. He might as well have put his eight pills into the patient's hair. Thinking his work done, the doctor turned to me and said, "Any other suggestion before we go?" My reply was, "Have the nurse moisten and clean the man's mouth. Give him a few spoonfuls of clear water, then put ten drops of the *Ars.* into a tablespoon of water and give it every three hours, always cleaning and moistening the mouth before giving."

Case No. 2.—A six-year-old boy with a stomachful of haws, after great suffering, went into convulsions. A doctor called, who gave *Nux Vom. 30th* in water, a spoonful every half hour, and the patient left, probably, to die. The doctor was recalled and I called in consultation. A tablespoon of mustard water brought up a pint basin full of undigested haws. The *Nux* after that had an opportunity to act, if it was

needed and the child was eating hard green apples the next day. I could cite many other cases showing the use of dirty spoons or glasses, also impure water, jelly and other things in which the remedy was given, but your own experience well make this unnecessary.

Dr. Bantzen of Waterloo, Iowa, used to tell about "preparing his patient for the remedy." In reply to an inquiry as to what he meant by "preparing a patient" the doctor said; "As the old Yonkee farmer used to prepare his barn floor for threshing by removing everything and sweeping it thoroughly, so I give castor oil, Tarrant's aperient or hot water to cleanse the mucous membrane of the digestive tract before giving the indicated remedy."

Therefore, whether you think the drug will reach the seat of the trouble quicker through the mucous membrane of the nose, mouth, stomach, rectum, or through the absorbing glands of the skin, be sure and see to it that these media are put into the best working condition possible.

My second proposition is : The remedy should be administered in the most suitable potency. I am going to say but little on this proposition. The potency question always brings out an amount of useless talk in all associations, so it will be dismissed now with the statement that when the chemists ascertain which potency gives us the greatest number of free ions that will be the potency in which to exhibit the remedy. Until that is done we can only give a few general directions, viz. :

1st. For metals should always be given in the 30th or higher.

2d. The chronic cases, use the higher potencies.

3d. Nervous, susceptible patients should never be given strong, crud drugs of the lower potencies.

The third proposition is : That after improvement has begun the dose should not be repeated so long as that improvement continues.

This would seem to make the question of repetition of

dose a very easy one. Could we always be assured that the single dose would cause improvement, and that immediately, it would indeed be easy to formulate and apply a rule for the repetition of the dose. But—alas!—we are not infallible. We do not, in all cases, know positively that we have selected the indicated remedy. And again, all indicated remedies are not equally prompt in their action. This adds to our uncertainty as to whether we have the right remedy, and raises the following questions :

1st. Shall we change the remedy if we do not get improvement after giving one dose ?

2d. If not, but on the other hand if we are going to repeat the dose, how frequently shall we repeat ?

3d. In either case, how long are we to stick to a remedy in order to demonstrate whether or not it be indicated ?

We would all say no to the first question provided we had carefully prescribed and nothing new had occurred to change the symptoms. I think this principle is clearly taught by Hahnemann, in the "Organon," and also by the experience of all present.

A rule which could serve as an answer to the second question would read something like this. Those drugs which, in the provings, produce symptoms in the shortest time must be repeated most frequently as remedies. A few exceptions to this rule would be such active poisons as Mercurius Cor., or Nitric Acid. This necessarily implies familiarity with the day-books of the provers. To illustrate my point, I will ask you to recall the provings of Glonoine and Liliun Tig., as representatives of the two extremes.

Seconds are used to measure the time before Glonoine produces symptoms and the effects disappear after a few hours, at most. On the other hand, hours are used in measuring the interval which elapses before Liliun Tig. produces symptoms, and some of these symptoms continue for weeks. So much for the rule as applied to the provings. Now let me

cite two cases to prove the applicability of the rule or the "working" part, if you please.

A physician came to me and said: "My mother suffers from headache. There is intense throbbing. There is fulness. The face is usually red, once in a while pale. The pulse is quick and full and every beat increases the pain in the head. Stooping and moving also aggravate. This dates back five years to getting overheated. Now, don't say Glonoine, because I have tried it high and low, and the only result is a little alleviation for a few minutes after each dose, whether the remedy be given in the 6th or 200th." He had given it during the intervals between the attacks. In answer to my questions, he stated that two hours was the shortest period between the repetition of the dose. The attacks would last anywhere from eight to twenty-four hours. The suggestion to give a dose every half-hour, to begin with the first symptom, was acted upon. The result was that the duration and severity of the attack were much decreased while the intervening time was much increased till after about six months the cure was completed.

Another physician came with this group of symptoms: "The bearing down, a weight in the pelvis. Frequent desire to urinate. The hurried feeling and the pain and fluttering about the heart." I asked if he had given *Lilium Tig.* And he answered, with a good deal of warmth, "No, I tried *Lilium Tig.* years ago in several cases, but never received any benefit from it." When asked how long he had continued the remedy he replied, "In one case, four days." He promised to give a dose twice daily for four weeks and report. As the patient was his own unmarried daughter, I knew he would keep his promise. The result was a complete cure. So the objection which might be raised that such a rule would require much time and study of *Materia Medica* and make that already intricate study still more difficult, I would reply that in order to master and skilfully use our *Materia Medica* hard study is necessarily required, but that the

additional work which this rule would involve is more apparent than real. One who, for the sake of remembering his symptomatology, is in the habit of grouping his remedies according to the conditions (disease) for which they are most frequently indicated will find no great difficulty in classifying all remedies into two groups. Into the group which acts promptly he would put the gases, volatile oils and all those remedies which act directly upon the nervous system. For an example of each let us take chlorine, oil of almonds, prussic or carbolic acid and Aconite. In the other group we would put the metals, minerals and all the so-called tissue remedies. Examples, Argentum Met., Calcaria Carb. and Sepia. The exceptions to such a classification would be few and could be easily remembered. The benefits derived from the knowledge and application of such a rule would be immeasurable.

In conclusion, I will say a word concerning what is commonly called adjuvant or auxiliary treatment. Students often ask whether it is Homœopathic to use external applications to assist the remedy. The reply is that the use of external applications has nothing whatever to do with Homœopathy. We know the effect of heat and cold. If we are giving a remedy to reduce congestion or inflammation and can hasten the process by the use of hot or cold water we are in duty bound to use it, not as Homœopaths, but as physicians. We should always bear in mind, however, that nothing should be used which is inimical to the remedy or that will mask or obscure our symptoms.

DISCUSSION.

J. P. RAND, M.D.: *Ladies and Gentlemen*—Some one has said if a man wishes to do anything well he must believe that what he is doing is the most important thing in the world.

There is no place where this is more true than in the practise of medicine. If you desire to get the best results

from a prescription, you must believe in it yourself. Study your case so carefully that, when you have decided upon a drug, you will believe it is a remedy, one, perhaps, upon whose effect the life of your patient depends. Confidence begets confidence, your efforts will inspire your patient with courage, and courage stimulates every vital function. In many cases, it matters not so much *what* you give as *how* you give it. Be positive—be definite. Never give slipshod directions as to time or dose. If a medicine is worth anything at all, it is worth directions to go with it. Faith, then, on the part of both physician and patient, is the first essential to successful prescribing.

In the second place be discreet. Do not injure your patient with overdosing. If you cannot satisfy yourself fully in the selection of a drug, lean towards the side of mercy and give a blank or minimum dose. Perhaps all your patient needs is rest; if so, rest is the indicated remedy. I do not object to so-called "high potencies" as placebos, and I truly think that they are safer in most hands than crude drugs, but I honestly doubt if they contain any medicinal virtue in themselves or produce any effects which cannot be more rightfully ascribed to mental therapeutics.

But I must not bring up this skeleton, to which the essayist only alludes, of drug limitation. We have limitations enough about which there is no dispute. We think we know something of *Materia Medica*, but the old satire remains to a large extent true, that the practise of medicine consists of putting drugs of which we know little into bodies of which we know less. To really *know* the action of a single drug, as Tennyson says of the flower in the crannied wall, "we must know what God is and what man is." There is not a physician living who fully understands one drug, much less does he know the entire *Materia Medica*. The very drug selected by the doctor as an illustration in his paper, *Lilium Tig.*, was studied a few years ago by our *Materia Medica* friends in Boston and the provings of it were found so incongruous and

contradictory that they were discarded in toto as having no scientific value whatever.

It may be that many of these provings are correct, but until they are verified further we cannot be at all sure of it. Intelligent drug proving is the key to their Homœopathic use. The indicated remedy will be most often found in the *single remedy* which should be the ideal of every prescriber.

With the general propositions of the essayist I must heartily agree. Medicine should surely reach the affected part in the most direct manner, but I fail to understand, and he did not explain, his reason for the statement that the triturate tablet was neither accurate nor scientific. I am confident, as compared with many modes of drug administration, it is both. I know that in the preparations of various sugar and gelatin-coated pills the skill of the pharmacist has defeated the object of the physician. In other words, your medicine is so tied up in an impermeable coat that it takes hours for the patient to get any result from it whatever, if he does at all. For prompt effect, then, as the assayer has suggested, the medicine should be given in solution and for immediate effect directly into the circulation itself.

How shall we administer drugs? Just as the artist said he mixed his paints, *with brains* if we have any. The question of Homœopathy has nothing to do with it. It all depends upon the case. The indicated remedy may be an emetic cathartic or an antiseptic douche. Whatever it is, let it be given earnestly and honestly, if possible singly and Homœopathically, and always, in the minimum dose and at the right time. For it is the time, dose, and proper application which make a worthless drug the priceless remedy.

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