

Psychosomatics and Homeopathy

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Abstract: The homeopathic, holistic and psychosomatic treatment of a case of Mixed Connective Tissue Disorder (MCTD) is discussed. After a lengthy period of treatment failure, it was only when the patient surrendered to her illness and its limitations, and in so doing came to acknowledge how a pervading fear of failure drove her life, that she was able to initiate, with the assistance of homeopathic *Sulphur*, a remarkable curative transformation. The author argues that it is only through an appreciation of such psychosomatic factors that true healing can occur.

Keywords: Mixed Connective Tissue Disorder, rheumatology, autoimmune disease, psychosomatics, holistic medicine, *Sulphur*.

"Through denial, avoidance and suppression, we ensure the inevitability of what we fear most."

Introduction: Holism

In allopathic medicine, the standard of care consists of the rapid alleviation of symptoms, the "quick fix," and the short-term solution of one particular problem at a time with scant regard to the effect on the whole organism. When this method is utilized, we frequently witness a gradual worsening of pathology that shifts from one organ system to another and progresses from acute to chronic in nature. In an attempt to control the rapid proliferation of symptoms it is all too common to see allopathically managed patients taking many different prescription medicines, compensating for the side-effects of one drug by giving another.

Unfortunately, allopathic medicine has no concept of the larger picture of systemic, holistic or psychosomatic factors that work toward creating illness or restoring health. All chronic diseases are considered incurable, and treatment is focused on the control of symptoms or palliation. The "search for the cure" by allopathic means has yet to achieve those objectives in any chronic illness.

In most illnesses, allopathic medicine works through means that act to primarily suppress symptoms. This method "brushes the dirt beneath the rug" and serves short-term needs, but fails to appreciate that "a human body is like a complex ecosystem - a biosphere, almost" (1) in itself, one that rivals the complexity of our natural environment. Careless disrespect and flagrant abuse of the natural laws and balance of any ecosystem eventually threatens the destruction of that system. We can clearly observe

the effects of this approach in both our physical environment and in our allopathic medical treatment system. Sweeping the debris from one organ system to another in the form of "side-effects" is a mistake, although it is all too common a practice in allopathy. Careless, lazy and ecologically unsound practices that only serve the short-term goal of symptom alleviation further erode the ability of the human organism to maintain or re-establish its healthy inner ecological balance.

Treatments that ignore the emotional and psychosomatic aspects of our experience also create an imbalance within the human ecosystem that has profound long-term disruptive effects. In this way, by ignoring deep psychological understanding of our health, allopathic medicine reflects our societal bias against responsible ecology in our environment. We ignore and disrupt the inner ecology of our being to our profound detriment, individually and collectively.

Allopathic medical training prepares physicians to treat diseases as if they were alien invasions into our bodies, rather than the result of disturbances in the intrinsic energy systems within us. Allopathic medicine has chosen to project, on the external environment, the disease carrying and inflicting ability that resides within us. This approach makes the environment the enemy. When we treat diseases in this manner, our patients, and the environment, become the scarred battlegrounds for our crusades. If, instead, we recognize diseases as somatic expres-

sions of psychological, emotional and psychic material seeking to help us grow, then each illness can be understood as an internal crisis of awakening, not an external threat to our organisms; something to be attended to, not fought against and destroyed.

Since health, in allopathic terms, means focusing on a short-term symptom-free existence, which is only rarely achieved given the nature of suppression, this form of treatment inevitably ends up like the cartoon character of the Dutch boy with fingers in the dyke until the many leaks that sprout outnumber his digits to block. Allopathic treatment has as much relation to the health of the total organism as our national environmental policy of denial, avoidance and suppression has in relation to the health of our complex global ecosystem.

Allopathic medicine (and many complementary and alternative modalities (CAM)) can never be truly holistic until it incorporates an awareness not only of the whole organism including emotional, physical and psychic/spiritual aspects, but also of the complex global health environment. Any truly holistic form of medicine takes responsibility for its own actions upon the total health of the individual, community, society and global ecosystems. While allopathic medicine is becoming more self-aware, it still chooses to ignore the psychosomatic elements of health and disregards the repercussions of its actions, vainly hoping they will be ignored over the long-term.

Evidence exposing the widespread effects of our allopathic anti-environmentalism is apparent in the overall decline of our health, the increased incidence of most neoplastic and environmental illnesses, and the destruction of our environment, including the contamination of the world's water supplies not only with industrial chemical waste, but also with pharmaceutical waste such as antibiotics, hormones, antihypertensives, antidepressants, etc. (2,3) We are rapidly approaching the time when the environment will become saturated with these chemicals and the ability of the ecosystem to restore balance will be overwhelmed.

Psychosomatics

Allopathic medicine, and many CAM modalities, utterly fail to recognize the true nature of psychosomatics as a concert of forces spanning emotional, psychological and psychic states. These factors are not just epiphenomena of the physical-chemical body, but life and health promoting forces in their own right, beyond present day biophysicochemical explanation. Since allopathic medicine regards these states as the flotsam of physical-chemical experiences, produced like meaningless static from the physical body, it justifies the use of physical-

chemical manipulation to suppress these unwanted elements, with dismal results.

Homeopathy, on the other hand, lends equal weight to physical, emotional and psychic influences in health and illness. Homeopathy is, by definition, holistic and psychosomatic in regard to consideration of symptoms from physical, emotional, mental and psychic frames of reference. Homeopathy is ecologically sustainable from an individual, community, societal and global perspective. This sustainability is the result of environmental solvency both within the organism and within the world.

Unfortunately, homeopathy is still at risk for being "hijacked" and misused as no more than an arm of allopathic, so called, "integrative" medicine.

It is tempting to try to integrate homeopathic medicine into an allopathic framework or to try to prove that homeopathy can, objectively, be as potent as (or more potent than) allopathic treatments. The risk of this approach is that we homeopaths will thereby objectify our patients; that we will begin to think like allopaths and, like them, begin to direct our treatment only toward the short-term alleviation of symptoms rather than the restoration of the organism's total psychological, psychic and physical health.

Paragraph 52 of the *Organon* states:

"There are but two principle methods of cure: the one based only on accurate observation of nature, on careful experimentation and pure experience, the homeopathic, and a second which does not do this, the heteropathic or allopathic. Each opposes the other, and only he who does not know either can hold the delusion that they can ever approach each other or even become united, or to make himself so ridiculous as to practice at one time homeopathically at another allopathically, according to the pleasure of the patient; a practice which may be called criminal treason against divine homeopathy." (4)

As homeopaths we must be on guard against a trend toward over-medicalization or "integration" of our field, a trend which tries to suppress and manipulate illness into slavishly following the doctor's wishes. Homeopathy used in this manner is no more than allopathy in disguise. It will result in the same dismal results.

In this paper I present a case demonstrating the failure of the allopathic medical approach (and that of various CAM modalities, including homeopathy) in treating a case of Mixed Connective Tissue Disorder. I believe that these failures were the result of an over-identification with the allopathic medical model of illness and a failure to appreciate the full

individual psychosomatic meaning of the illness from a holistic perspective. This case was eventually treated successfully when these psychosomatic and holistic perspectives were honored in a classical homeopathic framework.

Case Study: Fear of Failure

On paper, Sophie (not her real name) was an extremely accomplished and successful woman. She had achieved her doctorate. She had applied herself, without restraint, in selfless service assisting the poor, homeless and underprivileged. She was employed as Dean at a highly visible institution in a major metropolitan area. She had raised a family, maintained a lively marriage and had a bright future.

As a person, however, she felt depressed and considered herself on the verge of being a failure.

At her first consultation with me in 2000 she was 49 years old and had the diagnosis of Mixed Connective Tissue Disorder (MCTD), first recognized as a rheumatologic illness at age 19. This diagnosis had been confirmed with both laboratory and radiological studies.

Sophie suffered from severe, crippling rheumatoid arthritis-like deformities in her hands and chronic pains in most of her joints. She had inflamed, dry, irritated and injected eyes, and extreme fatigue. My office was her last stop after a long list of dead ends. She had seen, over the years, specialists in conventional and CAM therapies, including primary care physicians, rheumatologists, practitioners of massage, reiki, acupuncture, psychotherapy, homeopathy and even Cajun voodoo. The course of her disease was chronic and progressive, punctuated by severe episodes of debility, loss of function and gradual weakening of her entire body.

Sophie never let up and never quit. Even during the worst of her illness, she continued to work and to push herself even harder. She was admittedly a "Type A" personality and an "overachiever". For her, stopping her work and giving up meant giving in to failure. Failure was her greatest fear, and was unacceptable.

Mixed Connective Tissue Disorder (MCTD), also known as Overlap Syndrome, or Undifferentiated Mixed Connective Tissue Disorder, is one of the eighty or so documented autoimmune diseases. Symptoms of MCTD encompass many rheumatic conditions including but not limited to, Scleroderma, Myositis, Systemic Lupus Erythematosus, and Rheumatoid Arthritis. Symptoms vary widely, but generally affect a wide range of organs, including the joints, skin, kidneys, lungs, heart, endocrine, digestive and nervous systems. Women are affected about fifteen times more frequently than men.

Conventional treatment for MCTD runs the gamut of anti-inflammatory, immune suppressing and immune modifying agents, all of which are relatively ineffective in preventing the long-term deterioration resulting from this condition. In addition, many of these agents tend to increase the risk of serious side-effects and long-term sequelae, which include increased risk of liver, kidney and heart damage, opportunistic infections and cancer.

Allopathic treatment of MCTD addresses the physical symptoms of this illness, but fails to align itself with the psychological or emotional components that may antedate or coincide with the illness. Psychiatry may address the co-morbid states of depression or anxiety that often arise from chronic illness (in the form of suppressive symptom management), but fails to address the co-morbidity of psychopathology and somatic pathology.

A homeopathic study of Sophie's physical symptoms revealed classic modalities of severe arthritis which were of little use in determining the correct remedy selection. Initially, I treated her with various polycrests in a classical homeopathic manner; single doses of high-potency medicines selected on the basis of the available symptoms and modalities, repeated at infrequent intervals. Over the course of nearly three years none of these interventions produced significant improvement in her chronic condition. She had good responses to *Pulsatilla*, *Carcinosin* and *Androctonus*, but her gains were moderate and temporary; her joint pains always returned and her condition continued to worsen.

During the course of her treatment we also addressed the "biopsychosocial model" of illness and extensively discussed lifestyle issues, supplements, diet and disease-modifying strategies for her long-term benefit. Despite these discussions we both knew she was getting worse even though neither of us spoke of this directly. Her disease was slowly and insidiously destroying her body despite our continued and varied efforts to stem its course.

As a last ditch attempt to gain control over her illness, Sophie agreed to her rheumatologist's suggestion to try a course of the drug Enbrel (Etanercept) a Tumor Necrosis Factor (TNF) receptor blocking agent. On this therapy, she initially noticed some mild improvement in her level of pain, but she subsequently developed new (and worrisome) pulmonary symptoms suggestive of congestive heart failure. She chose to discontinue the drug. Failure again.

When Sophie and I met again, to pick up the pieces, we both acknowledged the nadir, realizing very little hope of success remained. We had tried different homeopathic medicines and holistic integrative modalities, but we had failed. We both knew

it. Sophie realized that she had come to another dead-end.

As we continued to meet we moved into a new phase. Over the course of the next few sessions Sophie and I explored our failure more closely and in more depth. She was able to speak about her fear of failure for the first time. In the context of her physical health, it became clear that she was driven to be an overachiever because achievement soothed her fear that she was already a failure. She was desperate to prove her competence by being a success in all areas of her life, including home, family, work and academics. Even slowing down or settling for "average" meant failure to her. If she failed in one area, she considered herself a failure in her entire life.

Having once gained this understanding of what failure meant to her we focused on how her current physical treatment failure fit into this picture.

As we spoke openly, Sophie was able to realize that she had been working against these same fears since the onset of adolescence. She realized that all her energy had been devoted to trying to convince others that she was a success. Her efforts to constantly achieve and her struggle to keep pushing herself professionally gradually came to light as her way of trying to suppress deep feelings of inadequacy.

The failure of treatment of her physical illness brought this entire pattern into focus. Because of this physical treatment failure, she finally came face-to-face with her inner fear of being seen as a failure. At first this was a struggle. However, she decided to accept the truth, not only that she feared failure, but also that at a deeper level she already felt that she was a failure. When she did so, the paradoxical reaction which is so central to homeopathy "hit" with full force. When she got in touch with this deeper meaning of failing to cure her physical illness, she reacted paradoxically by reaching an unexpected level of peace. When she finally stopped fighting it, it was as if the storm clouds parted and the sun came out. She felt calm, the anguish evaporated and her pain morphed unexpectedly into a deep sense of relief. Holistic healing was taking place.

Emotionally accepting the reality of treatment failure enabled her to stop trying to achieve, to stop sacrificing herself for others and to start taking care of herself, "the failure," no longer the denier of failure. She underwent a global re-orientation and was subsequently able to completely prioritize her lifestyle, job and family into a more practical and satisfying balance. She was able to look more objectively at her current life situation because she was no longer rejecting herself to protect against fear of seeing herself as a failure. In this shift she discovered the futility of continuing to overwork and tire herself out in so many different ways. One of her daugh-

ters was approaching the age where she would be going away to college, and Sophie realized that if she didn't spend more time with her right now, she might never have that opportunity again. She made this a priority, pulling back on her workload to pass more "quality time" together, even though from her previous point of view this would be accomplishing "nothing".

Tasting the full meaning of failure had acted as a healing crisis. It stimulated a powerful response from her life force which initiated profound change at all levels - holistically. During this phase I gave Sophie a single dose of the medicine *Sulphur* 200C.

Up until this time she had been expending tremendous amounts of energy trying to balance all the competing demands in her life - raising two young daughters, being a wife and working in a full-time position in a stressful academic work environment. *Sulphur* had not been indicated.

When she made this shift in awareness around "being a failure" and after *Sulphur* was administered, Sophie began to experience dramatic improvements in all of her rheumatic symptoms coinciding with her psychological insights. Over the next few months her pulmonary symptoms receded and resolved; her joints became nearly painless. The dryness, redness and irritation of her eyes resolved, and her energy and vitality improved.

Since that time, she has received repetitions of *Sulphur* in varying potency up to 50M. She has responded smoothly and dramatically each time. She has also shown good responses to *China arsenicosum*, *Causticum* and *Rhus diversiloba*. In the midst of her acceptance of herself as a "failure" she experienced a complete remission of her rheumatic symptoms and has remained nearly symptom-free for the last two years.

Discussion: Treatment

My prescription of *Sulphur* was based on several factors including the keynotes: "When carefully-selected remedies fail to act.... Complaints that relapse... When the reaction is deficient..."(5)

Other words came to me, including: "Covers almost every possible pathology and symptoms. Hence, prescribing on particulars or organ symptoms is hopeless. Only on the general and mental symptoms."(6)

It was also based upon the subjective experience of my patient. I was reminded of *Sulphur* by Sophie's mental and emotional state:

Mind; Confidence, lacking, no self esteem; failure, feels himself a

Mind; Fear, general, phobias; failure, of

Mind; Delusions; Failure, he is a (7)

And: "Female business leaders, focused, domineer-

ing, enjoy positions of authority....”(8)

Eventually, *Sulphur* was chosen on the basis of what may have been a purely intuitive leap. My initial analysis of Sophie's case did not point to the prescription of *Sulphur*. At that time what was salient were only the physical symptoms, which did not correspond strongly to *Sulphur*. By the time that I gave *Sulphur* I had given her five other medicines over two years' time without significant success. Sophie had also been treated by a long line of extremely well-qualified conventional and alternative medical practitioners before me. Each of these practitioners, allopathic and alternative, had similarly failed to hear what Sophie's illness had been trying to raise to her consciousness. Each of us had sought to eradicate the illness and defeat the symptoms without regard to the core issue of her psyche: failure and its implications. We had all failed. We had collectively failed to recognize what her illness was about and that it carried within it the seeds of her recovery, the simillimum that is both the cause and the cure, in different "potencies," different manifest forms.

Treating illness without regard to this innate wellness-restoring capacity of the organism is not holistic. Manipulation of one symptom leads to its replacement by another, requiring the practitioner to utilize further, more suppressive maneuvers as a battle ensues between these elemental forces. This is not healing, but interfering. This approach disrupts our lives and will continue to do so until a different approach is taken, one that recognizes that the forces of illness serve a purpose in the context of the whole.

The holistic approach perceives illness as an innate purposeful process designed to help us transform to make us whole, in much the same way that inflammation and fever work to propel our immune system toward resolution of infections. This is what constitutes healing. If we ignore these symptoms, or suppress and deny them, they do not lose their energy but emerge in other, more complicated forms as additional physical and emotional symptoms and disorders. Through denial, avoidance and suppression, they become inevitable.

In classical homeopathic medicine, as in Sophie's case, the symptoms of illness itself are a guide to treatment. Objective goals and measures of success are not only misleading and distracting, but as we see above, can be dangerous and lead to devastating results.

If we look to illness as a potential guide to discovery of the transformative forces of the whole person, then each illness is revealed as an opportunity to grow, mature and evolve. This holistic psychosomatic approach recognizes illness as:

"pointing to a reality beyond themselves and not just as symptoms of a problem which is nothing but a disturbed normalcy. Such a view may change illness and difficulty into something from which new life may spring. The "illness" can become a source of renewal when it pressures us into another life meaning."(9)

Illness may be one of the total self's mechanisms that ensure that we eventually have a chance to "get it" when other mechanisms, including dreams, have failed. Illness may help us face certain issues and evolve into more complete, advanced and developed human beings.

In Sophie's case, her illness was actually an ally in her healing process from a psychosomatic point of view. It was only through the failure to suppress her physical illness allopathically that Sophie was finally able (after years of refusal) to come face to face with a huge issue of her personal development. By doing so her life was transformed. Her disease presented her with a reflection of herself that she could recognize and accept. When this happened, it was like a key turning in a lock and Sophie was released from the cycle of fear and accomplishment that had driven her since adolescence. Her body then transformed in kind.

Discussion: Psychodynamics

It seems that when Sophie accepted the symbolic meaning of physical failure, her illness was no longer needed. Whether it was the *Sulphur*, the counseling sessions, or some synergistic combination of the two, Sophie reached a watershed in her life; a life in which her illness had always been a part. All her running away from failure had taken her exactly there, to the very failure she had most feared; evidently, where she most needed to go.

When she got there, it was a revelation and a relief. When she finally accepted her internal reality, she was transformed by it and it felt "right." Its power to immobilize her ceased because instead of portioning it out and avoiding it she opened herself in surrender and became fully conscious of it, thus making a genuine integration that was transforming emotionally, volitionally, socially and somatically. Whitmont wrote about this process:

"... the ego's effort to confront the personal distortions—the 'shells' — of the complexes and finally to comprehend their archetypal cores has a constructive effect. Capacities which may have been lacking before and whose unavailability was compensated for by neurotic exaggeration of available capacities as well as by compulsive, obsessive pressure of the barred energies, may now become accessible to the conscious

personality. Thereby not only is psychopathology relieved, the creative potential is enhanced also.”(10)

In other words, when the ego ceases its distortion of the outer “shells” of the personal complexes, instead surrendering to the archetypal forces at the core, a constructive transformation always results. Until this stage is reached creative capacities are distorted, being made available to the conscious personality only as “problematic” symptoms. Their energy is barred from creative expression by neurotic defenses. The obsessive pressure of ego defense produces an exaggerated distortion of the central forces of the complex. When the ego’s defenses collapse, the neurotic psychopathology is relieved and the creative potential of the archetype can emerge.

Up until this point, no amount of rational explaining or reflecting had enabled Sophie to grasp her identification with being a failure. Only the deep experience of treatment failure in the dimension of her physical illness enabled her to experience the catharsis associated with the pain of experiencing herself as a failure, a catharsis she’d defended against for decades. The reality of the failure of her physical treatment had been a psychological *similimum* bringing forth a healing crisis by bringing her face to face through the outer illness with that which she had been trying to fight as an inner illness all along. This juxtaposition was a holistic psychosomatic healing crisis, one which enabled her to turn herself around from a defensive struggling avoidance to a holistic surrender and embrace of her entire being. This enabled her to re-establish a new psychic center, which included a re-structuring of her physical being in the form of healing.

Conclusion

This case of severe Mixed Connective Tissue Disorder involved a deep healing process which transformed my patient’s life over several years. Her willingness to listen to and learn from the disease process by surrender to the inevitable was the key in her profound change.

The process of helping her achieve this healing led both of us away from our short-term preoccupation with fighting disease and forced us to pay attention to incorporating the psychosomatic emotional message of her illness. It was through the process of allowing my patient to face her own fear and to accept its deep impact on her life that we were able to select the correct homeopathic medicine and resolve her illness. As an aside, the physician also had to be transformed. For the doctor to accept the failure of fighting the disease and surrender to its teaching was as much a necessary element of the

patient’s growth as her own surrender.

In this particular situation, it was only by accepting and embracing all the facets of Sophie’s illness, including physical, psychological, emotional and psychic, that we were both able to learn the value of trusting the importance of her illness rather than trying to defeat it with cure.

Classical homeopathic medicine, when it is practiced with respect toward individual inner psychological and ecological balance, can be a powerful tool to help re-establish total organism health. By listening to not only the physical and emotional symptoms of illness, but also the psychosomatic archetypal issues intrinsic to the illness, we have a chance to allow deep healing to take place.

References

- (1) Achenbach, J., *Microbiology, The Science of Things, Who Knew?* National Geographic Magazine, November 2005, 208(5).
- (2) Nachatelo, M., *How Drugs are Polluting our Water.* Natural Health Magazine, September 2001:51-3.
- (3) Raloff, J., *Drugged Waters.* Science News, (153), March 21, 1998:187-89.
- (4) Hahnemann, SC, *Organon of Medicine*, 6th Edition, Boericke, W. Trans., B. Jain Publishers, New Delhi, India, 1981:135-136.
- (5) Murphy, R., *Lotus Materia Medica*, Lotus Star Academy, Pagosa Springs Colorado, 1995. 1640.
- (6) Whitmont, E.C., *Level I Course in Homeopathy*, Lecture 3, unpublished.
- (7) Murphy, R., *Homeopathic Medical Repertory*, Hahnemann Academy of North America, Pagosa Springs, Colorado, 1993.
- (8) *Op cit*, Whitmont, Lecture 3.
- (9) Whitmont, E.C., *The Symbolic Quest*, Princeton University Press, Princeton, N.J. 1969:23.
- (10) *Ibid*: 51.

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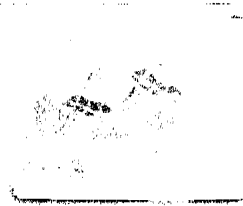
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ATI

Dr. Quack's Revenge



In ancient times there was a man
 who from his youth his only call
 was to end suffering in all
 his fellow men. But he was cursed:
 His forebears, kin, alas alack,
 had bequeathed a dreadful name.
 For Doctors, there could be none worse,
 And when to Healing school he came,
 he had to admit his name was Quack!!

O the teasing! O the laughter!
 O the taunting ever after!
 Tho' he studied with all his might,
 he could scarce survive this blight.
 So to fulfill his lifelong call he
 left academic halls of ivy.
 "Harsh treatments jolt and make things worse.
 In gentle remedies I'll immerse
 Myself; amid the birds and grasses
 I'll escape those pompous asses."

So he learned from leaf and feather
 How to brave the toughest weather,
 Gently to release a splinter
 and relieve the ills of Winter,
 which came annually without fail
 along with sleet and snow and hail,
 and many died amongst the frail.

He learned that dreadful things resisted,
 didn't leave, they just persisted.
 A nudge of similar may bring
 a person's wellness before Spring.
 His former laughing chums said, "Bummer!
 Our folks don't get well till Summer
 and only if the weather's hot
 whatever we prescribe or not.

Then one dark Winter Holiday
 a scourge arrived from far away.
 "Were safe," his frightened colleagues thought.
 But they forgot that God had wrought
 his feathered friends on wings to travel;
 so this protection did unravel.
 "We're only thinking of a way
 to keep it out of U.S.A.
 We'll quarantine and institute 'em.
 And if some escape, we'll shoot 'em."
 (Immunization, of course)

The cities took a dreadful hit.
 Catarrh was not the end of it.
 Ladies in a baby way
 and babies too and geezers croaked
 and agues shook and fevers soaked.
 Who could come to save the day?

Our hero looked up into the sky
 watching virus versions fly.
 "How can I nudge with just the same?"
 And as he thought, they called his Name!!
 "Quack!" they said and "Quack!" again,
 "Just try a jot of yellow Jasmine,
 And to make the agues stop
 Pop a dollop of wild Hop.
 And last we'll tell, but rue the day.
 Use just a smidge of Duck paté!
 Why should we share this formulary?
 It saves us too. It's veterinary."

Dr. Quack blogged wide and far.
 The epidemic soon receded,
 and after he became a star.
 He humbly at Nobel's conceded,
 "You see I can't take all the blame.
 My secret weapon was my Name."

George Keeler, MD
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