

## **HAY FEVER\***

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Each case of hay fever presents some symptoms in common, but not every case presents the same grouping of symptoms, or all of the symptoms, that go to make up the classical hay fever syndrome. Almost every case presents some typical symptoms or concomitants that individualize the case to a degree never considered in the textbook delineations.

There is always a hypersensitive state of some one or more of the mucous surfaces : eyes, ears, nose, roof of mouth, uvula, tongue, throat, bronchi. This irritability usually manifests itself in congestion, inflammation, itching, and normally in increased mucous secretions. Occasionally we find the surfaces dry and burning with the congestion, especially if sprays or other local applications of a suppressive nature have been used.

This hypersensitivity is always potential in certain individuals, but it is detonated, as it were, by combinations of predisposing circumstances, such as irritating substances plus favorable thermic, atmospheric and seasonal conditions. Hay fever belongs to the class of so-called allergic diseases, which manifest local symptoms of the disturbed equilibrium of health apparently as the direct result of contact with these irritating substances, such as certain pollen, odors, foods, etc. These allergic conditions are often regarded as local or restricted manifestations, and their popular treatment is frequently based on the assumption that suppression of the annoying symptoms (which are largely localized) will cure the condition. Careful analysis of hay fever cases who have undergone a series of suppressive treatments of any nature

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demonstrates that this form of treatment never cures, although it may seemingly clear the annoying symptoms. The condition is merely driven from the surface manifestation to deeper and more profound action upon the constitution. Ephedrine and narcotic applications to the mucous surfaces tend to lessen the congestion by drying and shrinking parts, but the patient is fortunate if the result is only that of adding to the local discomfort.

Another popular method of treating these conditions is by inoculation. This method at least recognizes that the local manifestations are to some extent the outcropping of a constitutional condition, and the method of treatment is a crude imitation of homoeopathic methods. However, these patients, if observed over a period of a few years, almost invariably develop pathology of a grave type or deep-seated dysfunction.

Considerable numbers of people suffer annually from hay fever and other allergic conditions, but we do not find that a majority of the people in any given community suffer from hay fever, and certainly not at the same time. Although all are subjected to the same air-borne pollens, only a comparatively small percentage of the community suffers from the same irritating substance. In other words, susceptibility is present in a certain percentage of individuals, while in the majority of people there is an immunity against these irritating substances.

Let us ask ourselves why some individuals are immune while others are extremely susceptible. It is true that we occasionally find the hay fever picture actively exhibited in an otherwise apparently healthy person, but upon inquiry we are often able to trace the course of certain suppressions from early childhood ; and back of that we usually find an inherited tendency (the stigmatic or miasmatic disease tendencies). Thus we find as the basis for hay fever a background of inheritance usually syphilitic, although it may be so far removed from the active stages that we can trace its presence only by the disease tendencies—infiltrative in nature—exhibited at different periods of life. This is often found in enlarged tonsils and glands in child life ; appendicitis, ovarian cysts, fibroid tumors ; other infiltrations and/or thickening of the tissues

and deposits as the individual passes on through life. The eczematous conditions of early childhood are a manifestation of the dyscrasia, thrown outward by the psoric influence and the activity of natural exfoliative tendencies in the rapidly developing life.

Careful case taking becomes the master-key that unlocks the gates of the patient's disease-barricade, in hay fever conditions as in all other manifestations, particularly chronic manifestations.

In careful case taking, then, we almost invariably find, a history of an eruptive skin lesion, usually in early childhood; or there has been surgical procedure (very often removal of the tonsils) when the *cause* of the condition should have been corrected by medication instead of lopping off the *results*; or there have been inoculations or vaccinations against typhoid, diphtheria, tetanus, small-pox, or any one of several other eruptive or septic conditions, either in the way of prophylaxis or antitoxic action; or offensive perspiration, of the body or feet, has incited the patient to the use of suppressive measures; or perhaps long-continued emotional strain has inhibited the natural eliminative powers, or sudden emotional shock has been followed by an outbreak of susceptibility to certain substances, with the resulting train of symptoms.

If there is any class of patients which needs careful individualization, because of the peculiar susceptibility of one individual to certain substances and circumstances that have no effect upon the other sufferers, it is these hay fever patients. In other words, we almost always find that individual susceptibility must be the keynote of the individual case. In considering a case of hay fever, we immediately visualize a syndrome composed of sneezing, lachrymation, red nose, watery coryza. So frequently do we see this picture that we too often tend to note "hay fever" as a single symptom on our case record. Because of this tendency let us analyze our case records.

When does your patient sneeze? You will find that some suffer from this symptom only occasionally, while with others it is frequent and extremely distressing. Some sneeze only in the

open air ; or in the house ; or in wet weather ; or in dry weather ; or when it is cool ; or when it is very hot ; or when he gets up in the morning ; or when he lies down at night ; in the sun ; or in the dark ; or in a bright light ; or when reading ; or when looking at distant objects.

In other words, one is aggravated by circumstances and conditions that relieve another.

Let us analyze still further : why is the patient better or worse when he first rises in the morning ? Is it the change of position, the beginning of motion, or the change of temperature from the warmth of the bed to the cold floor ?

There is a fine differentiation necessary even between the symptoms of location ; not all patients have an irritated conjunctiva, neither has every patient swollen lids or congestion of the canthi. Some people are driven nearly frantic with itching eyelids which swell and almost obscure their vision ; others complain bitterly of an itching throat, or tip of the nose, or itching from the ear to the tonsil.

Not all patients complain of the same sensations ; in most patients there is some sensation of itching, but smarting, excoriation, burning, are among several sensations from which they suffer, and which should make a difference in your consideration of the prescription.

No cure can be made without the *simillimum* ; and no case can be analyzed with the Boenninghausen repertory method without the four-square basis of symptoms ; the locations, the sensations, the conditions of aggravation and amelioration, and the concomitants.

Having considered the locations manifesting symptoms in each individual patient, and the sensations of which he complains, and having considered carefully all the conditions of aggravation and amelioration, let us examine the most frequently expressed concomitant symptoms.

What are concomitant symptoms ? Concomitant symptoms are those symptoms, often seemingly unrelated, that appear coexistently with the syndrome under consideration, or in some definite relation of time to that group.

We frequently find in these cases an eruption on the fingers and toes, appearing at about the same time as the hay fever symptoms ; unusual mental and emotional manifestations ; circulatory disturbances ; menstrual dysfunctions ; these are among the most common coexistent symptom groups.

It is because of the ever-varying array of symptoms that the only sure approach toward curing these sufferers lies in individual study of the case, and the most accurate method of analysis seems to be the repertory study. This is a tedious method, but quite feasible with trained assistance. Moreover, it is the method that demands the least possible amount of the physician's own time, for the technician can be trained to lay before the physician just those details for which he might search for some time.

The results of the Boenninghausen analysis in these cases seem to be superior to those of the Kent method. This is unquestionably due to the relative importance Boenninghausen attaches to the conditions of aggravation and amelioration and concomitance to those we regard as the classical symptoms. The construction of Boenninghausen's *Therapeutic Pocket Book* demands proper consideration of these modalities and concomitants.

Boenninghausen's repertory, for instance, has no rubric for hay fever ; the symptoms must be assembled according to those *appearing in the patient*, from several rubrics. Kent's *Repertory*, on the other hand, has a rubric for hay fever under the general heading *Coryza*, but this rubric is too limited in the remedies noted, *Phosphorus*, *Sepia* and *Sulphur* not being listed.

In an analysis of the results of some ninety cases that have come to us this season, twelve remedies were indicated and prescribed with satisfactory results, on the basis of the repertory analysis, in approximately the following proportions :

*Pulsatilla*, 29% ; *Phosphorus*, 20% ; *Sulphur*, 19% ; *Nux vomica*, 14% ; *Sepia*, 9% ; *Silica*, 5½% ; *Rhus tox.*, 2% ; *Bryonia*, 2% ; *Calcarea carb.*, 2%. *Arsenicum album*, *Sabadilla*

and *Sinapis* were prescribed in one case each, the last not on repertory analysis but on the obvious indications presented by the patient's symptomatology.

We can regard these remedies as nothing less than constitutional in their action, for with the possible exception of *Sabadilla* and *Sinapis* these remedies are all deeply active and are numbered among the polychrests. Moreover, the four most frequently indicated remedies in this group, *Pulsatilla*, *Phosphorus*, *Sulphur* and *Nux vomica*, are probably the most outstanding remedies for their antidotal powers against the bad effects of drugs and serums.

No remedy will cover a case of this kind to remove the offending symptoms and leave the patient in a better state of health unless it is capable of reaching the deepest recesses of the system. This is clearly demonstrated by the study and comparison of the predisposing circumstances and the cure, not alone of the hay fever syndrome, but of the patient, in a long series of cases. It has been our experience that when the indicated remedy has been administered in the proper potency, the patient has been generally improved in health, showing that the action of the remedy was constitutional.

With the exception of *Sinapis*, which has not been classified, the remedies indicated in the season's work all fall into at least one of the three groups of remedies covering inherited dyscrasias : antipsoric, antisycotic or antisymphilitic ; most of them have demonstrated their powers in all three fields.

*Sabadilla* in ascending potencies was not sufficiently deep in its action to hold the case, and was followed very successfully with *Sulphur*. Other physicians who have used *Sabadilla* extensively in hay fever prescribing have remarked that while it seemed to have prompt action it did not always hold the patient well and must be repeated at frequent intervals ; in other words, while it met the symptomatic indications of the hay fever attacks, it did not meet the needs of the patient as a whole. In the case where *Sinapis* was used so successfully, this was the com-

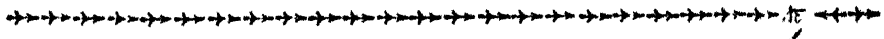
plementary remedy to *Sulphur* in this case, for *Sulphur* had been the constitutional remedy and had released the effects of early suppressed eruptions.

This system of treating the patient rather than the hay fever syndrome actually cures the tendency for hay fever by correcting the constitutional basis and restoring the patient to a state of health. We cannot possibly consider any case cured until and unless we have removed the hypersensitivity to material activating irritants. In other words, hay fever as an individual entity cannot be cured ; but the patient having hay fever can be cured through the action of the constitutional remedy.

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(*Contd. from 67*)

taken out the remedy, given it to the patient, and, after she has gone, I have looked at the remedy, and found I have given the remedy I decided not to give, and, of course, I have worried quite a lot until I saw her the next time, and the next time she was very much better.

**Dr. Hubbard** : Your subconscious is wiser than your conscious.

**Dr. Grimmer** : Somebody has defined "intuition" as being stored up knowledge, knowledge that is inherent.

[*Courtesy* : The Homoeopathic Recorder, October, 1937]

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