



HOMEOPATHIC PHARMACOTHERAPY

JAMES STEPHENSON, M.D.

- I Introduction
- II Diagram of interrelationships
- III Evaluation of the patient
- IV Orientation of the physician to signs and symptoms
- V Individual and group approach
- VI History and description of the simile principle
- VII Categories of disease
 - A Acute-chronic
 - B Constitutional-environmental
 - C Significance of each with examples
- VIII Summary

The third of a series of talks presented at the Boston University Faculty Club on March 11, 1958 under the auspices of the Boston Homeopathic Layman's League. This lecture is one of a series of pamphlets whose printing is made possible by the revolving publication fund of the Homeopathic Information Service, P.O. Box 44, Chestnut Hill 67, Mass. These pamphlets are all distributed at cost price. The Homeopathic Information Service is a sub-committee of the Permanent Committee on Public Relations of the American Institute of Homeopathy.

(Price 20 Cents)

Copyright 1958

J. Stephenson

During our last two meetings we considered homeopathic philosophy and pharmacology in terms of certain basic attitudes which are characteristic of modern physics and philosophy. We have attempted to show that the homeopathic physician approaches the field of activity made up of himself, the patient and the medicine, with certain attitudes such as holism, relativity, acausality, purpose, uncertainty and discontinuity. We attempted to demonstrate how the observer, the object of observation and the methods and results of observation are all subtly inter-related.

During our last meeting we described three aspects of pharmacology: pharmacognosy, or the study of medicines; pharmacy, the preparation of medicines; and pharmacodynamics, the action of medicines on animals and humans. We emphasized that homeopathic medicines are usually from natural sources, administered one at a time in extremely high succussed dilutions after they have first been tested on healthy humans. We attempted to show that medicines selected, tested and prepared in this manner would be used with a consciousness more in keeping with Max Planck's discontinuity, Einstein's relativity, Heisenberg's uncertainty principle and Smut's holism, than if unsuccessful, low dilutions, of primarily refined or synthetic materials are used. We described how homeopathic medicines are made by serial decimal or centesimal dilutions, succussed at each stage of dilution. We also described the method of testing homeopathic medicines by controlled experiments on healthy humans.

Tonight we will consider the other half of pharmacology, the science of the application of medicines to ill humans, or pharmacotherapy. We will, as before, consider briefly the historic origins (if available) of each subject as it presents itself. Then we will attempt to describe its significance in the general therapeutic field, and in its specific homeopathic application. Obviously, in the brief time at our disposal we can only take a fleeting glimpse at the many aspects of our subject. If we seem to gloss over the corollaries in general therapy to our specific homeopathic therapy it is because that material is readily available elsewhere. Many of my colleagues would probably take issue with my handling of the subject. They would feel that important areas had been passed over too lightly or even omitted. It should go without saying that I am *not* presenting the *subject* of homeopathic therapy tonight, but only my particular view of it. The subject is too large to be described adequately by any one individual. I hope that my particular presentation will be supplemented for you by my colleagues on other evenings in the near future, so that inquiring members of the audience tonight can get as full a picture as possible of this challenging subject — homeopathic therapy!

Last week we considered in some detail the science of pharmacodynamics, homeopathic and non-homeopathic — or how the actions of

medicines are found. We described how all homeopathic medicines are first tested on healthy human beings and how, as the result of these testings, a permanent *materia medica* of nearly 1000 medicines has been built up over the past 150 years. Because of the detail and volume of these testings the homeopathic physician can make practical use of many symptoms in the patient which would be of only academic interest to the non-homeopathic physician.

However, all of this voluminous *materia medica* of medicinal action would be of no value unless the signs and symptoms of the patient are known, so that they can be treated.

How is a patient evaluated by a physician? From the simplest possible standpoint, he is evaluated through the history he gives (his symptoms) and the physician's observations of him — his signs, as they are called. The physician must discuss with the patient his past and present complaints and characteristics. The signs require a physical examination and laboratory tests. The homeopathic physician may perform all these steps or he may refer a part of them. In addition to the foregoing, he takes a much more detailed history than does any physician except a psychiatrist. A homeopathic history in content is half way between a psychiatric history and one by a good internist, along with certain information not included by either, particularly subjective reactions to such general factors as types of weather, time of day or night, position, bodily discharges etc., etc.

Like Kipling's elephant child, the homeopathic physician is full of insatiable curiosity; no reaction is too peculiar or small to be recorded. The *individual*, as well as the *group* reaction to an illness is sought for.

In other words the homeopathic physician, like any physician, makes a thorough evaluation of the patient and then tries to separate from this welter of signs and symptoms the patient presents, those which fall into the likeliest illness pattern. Thus he makes a diagnosis — he considers the *illness* which has the *patient*. But then the symptoms and signs of the patient are searched for more unique manifestations which set him off from other persons with his illness, which individualize his particular illness. In this manner the homeopathic physician considers the *patient* who has the *illness*.

In other words, the non-homeopathic physician *generalizes* his patients — his approach is deductive, from particular patients with particular symptoms to a generic, mass patient, who has symptoms of an illness which are held in common by the majority of all patients with that illness — like the red rash and strawberry tongue of scarlet fever. The homeopathic physician, on the other hand, also approaches the patient deductively, but in addition he attempts to *individualize* his patients. To him the general symptoms relating to the illness are of relatively little value in prescribing. He seeks the individual symptoms which set off the many persons sharing an illness one from another. For example, of 10 persons with the red sputum, cough, shaking chills and positive sputum culture of lobar pneumonia, one may be restless,

another placid; one may be worse at 4:00 p.m., another worse at 4:00 a.m.; one may be stuporous, the other hyperactive; one may be afraid of dying, another not believe he is really sick; one may want the windows open, the other want them closed. These apparently incidental reactions on the part of individuals to their illness are the individualizing factors of major importance to the homeopathic physician. He, therefore, after making a diagnosis in the usual deductive manner, then shifts his orientation in the opposite direction and thinks inductively.

The group approach is used in the explanatory sciences—that is, in the sciences in which laws and rules have been clearly defined, such as chemistry, mathematics and physics. It is the classic approach of non-homeopathic physicians in their search for disease entities, for germs and poisons, and for specific treatments for diseases. It has produced many of the marvels of present-day science. One of its limitations is that the scientist so focusses on the symptoms he considers important that he ignores all others — in this manner cutting the world to his own pattern.

The individual approach has a counterpart in the descriptive sciences such as geology, botany, mineralogy and psychology, in which few basic laws are understood. As a result, the scientist describes rather than explains. The homeopathic physician uses the individual approach when he attempts to match the totality of the patient's symptoms with the total symptoms of a particular medicine. The psychiatrist also uses the individual approach when he accepts the totality of a patient's complaints. One of the limitations of the individual approach is an overemphasis on details — a not seeing the forest for the trees.

Hippocrates used the individual approach, for he did not speak of disease but of ill individuals. Paracelsus also echoed this approach in his *Paragranum*:

“A natural truthful physician speaks; that is morbus turpentinus, that is morbus helleborinum, etc. And not that is phlegm, that is hoarseness, that is rheumatism, that is coryza. These names do not arise out of drugs because with names equals are compared to equals, because out of comparison comes the effect, that is, arcana open themselves in diseases. Because there is not simply one kind of colic but many types of colic and as many types as there are types of arcana in colic. From this follow colica zebetina, colica muscata, not colica ventosa, not colica fellis (bile) etc., not according to another nomenclature than we describe.”

Hahnemann stressed this approach when he said in his *Organon of Homeopathic Medicine*: “For the physician, the totality of the symptoms alone constitutes the disease.”

Thus, in his approach to the patient, the homeopathic physician continues the same primarily inductive approach which he used in studying the action of medicine on healthy humans. We have already considered the historical origins of these two approaches in the West, from the deductive rationalism of Francis Bacon reaching a peak in

the 18th and 19th centuries; to the emphasis on inductive holism as the result in particular of Einstein's and Planck's work in quantum and field physics. Therefore there is no need to repeat the material here and we can go directly on to the manner in which the homeopathic physician relates the symptoms of the patient and the proven characteristics of the medicine.

Here, again, we run into a question of philosophical orientation. If all disease represents a reaction on the part of the patient to some point of disturbance, either personal or environmental, inherited or acquired, then we can say that there are two possible reactions on the part of the patient to this intruder. One is the natural reaction of the body unmodified by any therapeutic agent other than the natural recuperative powers of the body. The other is the natural reaction of the body modified by some therapeutic agent, medicinal, surgical, manipulative, etc., etc.

If diseases are untreated they may go through certain characteristic cycles. They come to a crisis. They often move to less and less vital parts of the body. This action would appear to be in response to the natural healing powers of the patient. Now, the closer the action of a medicine is to the signs and symptoms of an ill person before he takes it, the closer may its action match the action of the natural healing powers of the body. And vice versa, the farther removed its action is from those of the natural healing powers of the patient the more will a pattern not natural to that person and illness have been introduced. In some cases therapy can be carried out by reinforcing the natural efforts of the ill person. In other cases another approach must be used, or in the words of an ancient Hindu text (the Madhava Nidanam of the 13th century) there are six possible approaches to treatment, "Similar in character to the exciting factors of a disease, similar in character to the symptoms (*esse*) of a disease, similar in character both to the exciting cause and *esse* of a disease, opposite in character to the exciting factors of a disease, opposite in character to the *esse* of a disease; opposite in character to the exciting cause and *esse* of a disease." Each method of treatment is of value in certain conditions.

By means of a *similar* approach the physician integrates himself with the purpose of the natural healing powers of the patient. In the *opposite* approach he introduces another purpose, outside of the natural field of action between the patient and the personal or environmental roots of his illness. The homeopathic physician uses the similar approach. He attempts to integrate the symptoms of the patient with the characteristics of a homeopathic medicine. In other words, he attempts to aid the natural reactions of the patient.

Let us consider briefly some of the historical origins of this similar principle, or "*similia similibus curentur*" as Hippocrates, Paracelsus and Samuel Hahnemann phrased it.

The Greek physician, Hippocrates, in the 4th century B.C. wrote:

"The pains will be removed through the opposite of them, each according to its own characteristics . . . That which produces urinary tenesmus in the healthy, cures it in disease . . . cough is provoked and healed through the same agent . . . So by two opposing ways health can be restored. If this held in all cases it would be easy, now according to the nature and cause of the disease to treat according to the contrary and now according to the nature and the origin of the disease through the similar."

Elsewhere in his *Locus in Homine*, he states:

"Disease is produced by the similia, and by the administered similia from being sick they get well."

A Sanscrit poem of 56 B.C. states: "It has been heard of old time in the world that poison is the remedy for poison."

The next observers of the similar treatment were medieval Europeans. A Swiss physician, Paracelsus, in the 16th century states, in his *Of The First Three Essences*:

"Not contrary by contrary . . . cold does not conquer heat nor heat cold . . . the cure proceeds through that which produced the disease."

Jakob Boehme, of Görlitz, Germany echoes this in his *Signatures of all Things* (17th century):

"Even thus it is in all things; from whence the disease is risen, even such a cure is requisite for the restoring of its health; and it is like-wise in the mental soul."

Robert Fludd of Bearsted, England in his *Philosophia Moysaica* in 1638 said:

"Do we not see in general that the similar whose nature is altered is changed through putrefaction, acting most destructively on that similar to it? So the worms excreted out of the body, killed, dried and changed into a powder are given internally for worms. The sputum of tuberculosis after the necessary preparation heals the lung tuberculosis."

Johann Rummel of Frankfort, stated essentially the same thing in his *Medicina Spagyrica* in 1662 as did George Stahl of Berlin early in the 18th century. Unzer of Hamburg, described in his *Der Aerzt* in 1760 how tobacco can remove the same illness it provokes, and Anton Stoerck in 1762 posed the question in his *Libellus quo Demonstratur Stramonium*:

"If Stramonium makes the healthy mentally sick through a confusion of the mind, why should one not determine whether it gives mental health in that it disturbs and alters the sense in mental disease, and that if it gives health to those with spasms, to try and see if, on the other hand they get spasms."

Samuel Hahnemann, whom we have already mentioned, redis-

covered the similar principle in 1790 when he found that quinine produced in him the same symptoms as those of which he had been cured with quinine when he had malaria many years before. This experiment stimulated him to test many other medicines on himself, as we have already discussed. Hahnemann coined the word "homeopathy" to describe the system of the treatment of illness with medicine on the similar principle.

Since Hahnemann's day, the similar principle has become widely accepted in the form of vaccination and inoculations, either for the treatment of illness or allergies. In each of these techniques, products are injected for the treatment of illnesses which they also cause. So far, only homeopathic physicians have applied the similar principle to the use of medicines in general, possibly because only they have done any extensive testing of medicines on healthy human subjects. This must be done before medicine can be given by the similar principle.

Professor E. von Behring, the discoverer of tetanus antitoxin and one of the most distinguished of modern adherents to the similar principle, sums up the present day attitude in the following words:

"In spite of all scientific speculations and experiments regarding smallpox vaccination, Jenner's discovery remained an erratic block in medicine, till the biochemically thinking Pasteur, devoid of all medical class-room knowledge, traced the origin of this therapeutic block to a principle which cannot better be characterized than by Hahnemann's word: Homeopathic. Indeed what else causes the epidemiological immunity in sheep, vaccinated against anthrax, than the influence previously exerted by a virus, similar in character to that of the fatal anthrax virus? And by what technical term could we more appropriately speak of this influence, exerted by a *similar* virus, than by Hahnemann's word 'Homeopathy'? I am touching here upon a subject anathematized till very recently by medical pedantry; but if I am to present these problems in historical illumination, dogmatic imprecations must not deter me. They must no more deter me now, than they did 13 years ago, when I demonstrated before the Berlin Physiological Society the immunizing action of my tetanus antitoxin in infinitesimal dilutions. On this occasion I also spoke of the production of the serum by treating animals with a poison which acted the better the more it was diluted, and a clinician, who is still living, remonstrated with me saying that such a remark ought not to be made publicly, since it was grist for the mill of homeopathy. I remember vividly how Dubois-Reymond, who during the progress of the demonstrations and discussions had become drowsy, suddenly sat up all attention, when I replied in these words: 'Gentlemen; If I had set about myself the task of rendering an incurable disease curable by artificial means, and should find that only the road of Homeopathy led to my goal, I assure you dogmatic considerations would never deter me from taking that road'."

So much for the similar symptom. Now, how are signs and symptoms classified into diseases?

Just as our concept of the universe is an abstraction of the real universe as perceived by our necessarily geocentric senses so illness is our abstraction of a constellation of elements out of the space-time continuum which expresses the life of an individual. In the broadest possible sense this continuum would contain within its field all the data on that individual's heritage, both personal and cultural, as well as his future, in the person of his children. If it were possible to erect such a chart, with time on one axis and the different components of the individual and his environment on the other axis, we would obtain a characteristic, never-ending pattern-flow for each person. In order to say that someone is ill we must do two things; we must take a temporal portion of this pattern-flow as our area of concern, and then we must refer a part of its contents to some standard of health. Therefore, illness is already a limited concept — limited in its content and duration to the consciousness of the judge of the illness — either the ill person or another. This concept of illness will of course be limited in turn by the standards of a particular culture. Within all this relative framework, then, we may say that illness exists when an individual is not able to function in his environment in a manner satisfactory to himself or to others. It is a most relative term. A champion racer or opera singer would consider himself ill with the amount of post-nasal drip which the average denizen of modern cities assumes as part of city living. And society will accept emotional and mental action in a recognized genius which would be considered highly disturbed in a more average person.

In other words, the presence or absence of illness is a subtle thing to define, depending on a complex of cultural attitudes which are extremely variable. With all of this necessary preamble, may we very cautiously suggest that any particular diagnosis represents an intellectual, dualistic, separation of two component unities of the patient's field of expression, past and present, personal and environmental. Within this most unsatisfactory framework we may speak of acute illness (of short duration) and chronic illness (of long duration) and of personal illness and environmental illness. The first pair are self-explanatory (except for limits). However, the personal-environmental pair needs a bit more elaborating. Personal ills may be the results of one's own immediate personal actions, such as jumping in front of a train; or be the product of those physical extensions of oneself backwards in time — one's ancestors. Under this latter heading would come congenital infections, either physical, emotional or mental.

Environmental ills depend upon a certain causal approach on the part of the person defining them. Out of the total environment of an ill person certain phenomena which harmonize with a particular cultural approach to the cause of illness are taken as related to that illness. The epidemiologist will relate together that person's symptoms and the presence of certain bacteria. The psychiatrist will relate them to certain emotional trauma past or present. The nutritionist might relate them to an incorrect diet. The witch doctor will relate them to the

presence of certain malefic demons. The Christian Scientist to non-recognition of the healing powers of God, and so on. Like the ancient Hindu fable about the six blind men and the elephant, each observer may truly have hold of a piece of the elephant, but none of the whole elephant!

For our own discussion this evening, we will try to remain as agnostically acausal as possible. Since homeopathic therapy is descriptively asausal in its diagnosis this position is a fairly comfortable one for us to maintain. However, for the sake of the diagnostically oriented persons in our audience it might be of some profit if we considered the generally accepted classifications of illness in our already described terms of acute-chronic, and personal-environmental.

Very superficially, the environmental diseases fall into the following groups: the infectious diseases, physical toxic reactions, chemical poisons, intoxication, and deficiencies.

The personal diseases fall into the following groups: Immediately personal such as voluntary accidents, intoxications with alcohol, barbiturates, drugs, etc., and inherited such as 1) infections (syphillis, gonorrhoea, etc.), 2) certain psychoneuroses and psychoses, 3) deficiencies, 4) allergies.

There is a third group of diseases of doubtful origin into which fall the majority of medical diseases — examples are thyrotoxicosis, jaundice, diabetes, heart trouble, endocrine disturbances, many nervous disorders, etc. Their causes are imperfectly known and usually represent a mixture of environment and heredity. Into this group also fall those ill-defined, constitutional ailments, often largely subjective, which make up a frustrating part of the average physician's practice. Because there are homeopathic medicines available, which may bring relief for persons with these diffuse constitutional ills, the average homeopathic physician is able to offer positive medical help. In addition, the bulk of the so-called environmental illnesses may belong in this third group of diseases of doubtful origin. The recent work of René Dubos at the Rockefeller center, and of other workers in the field of the constitutional factor in infectious diseases, has re-emphasized the role of the individual in infections. No longer can we live in the paranoid belief that the cause of all infections can be externalized onto bacteria, and that the patient is just the passive victim of their onslaught. This particular discussion as to the constitutional versus the bacterial cause of infectious disease was gone into at great length when Pasteur introduced his bacterial theory of disease. A contemporary of his, Béchamp, took the opposite view that disease was primary and that bacteria were the end result of the disease.

Pasteur's view won out, which was not surprising, considering the materialistic, dualistic, mechanistic trend of the times. A more holistic view might be to include both factors — individual and environmental as an inter-acting syncytium — each contributing a part, but rarely the whole.

Like the 20th century physicists we might be wise to remain agnostic about final doctrines of cause and effect.

In terms then of these various types of disease let us consider some practical examples of homeopathic therapy, first in general, then in particular. There is a general lack of statistical evaluation of homeopathic treatment, probably because we homeopathic physicians are as individually oriented as our own methods of therapy. Although there is 150 years' collection of individual selected, unusual case histories on library shelves, in all this time there have been few objective analyses of consecutive cases under homeopathic treatment. As a result, the effectiveness of homeopathic treatment in particular illnesses is more a matter of personal impression than written record. Granted, that the only really correct method of testing therapeutic effectiveness is on a clinic basis with controls, double blind-fold tests, etc., nevertheless we must work with the available material and make the most of it. We will consider our subject inductively, in respect to examples of the clinical effectiveness of homeopathy and the significance of various aspects of therapeutic response by the patient. Here are some homeopathic consecutive case evaluations:

In 1945 P. G. Quinton of England described 100 cases, 13 of which were rheumatism, benign prostatic hypertrophy, peptic ulcers, chronic catarrh, migraine, fibroids and hypertension. There was a scattering of 35 other illnesses, ranging from cancer of the breast to an itching anus. The majority of his patients were treated with succussed dilutions beyond 1×10^{-24} (or, as these are called, microdilutions).

His own subjective analysis of the results were that six patients responded brilliantly, 54 well, 32 fairly well and 8 were failures.

In 1956 Noel Pratt of England and I each reviewed 100 consecutive cases from our own practices. Mine were made up primarily of headaches, arthralgias, hemorrhoids, skin rashes, asthma and general fatigue in addition to assorted single cases of various ills. Headaches, asthma and hemorrhoids improved, most satisfactorily. Three-fourths of my cases had suffered from their illness for at least 30 days before starting homeopathic treatment. In order to evaluate the effectiveness of treatment the duration of the illness before and after the commencement of Rx were compared. One-third of the patients were relieved at least 50% in less than 1/10th of the total time they had suffered the illness before starting homeopathic treatment. One-fifth of the patients were relieved in one day of acute illness and in one week of illnesses of greater than one month's duration. One-tenth of the patients noted a transient intensification of their chief complaints and one-tenth noted that their symptoms moved from vital to less vital organs. As you may remember, in our philosophic considerations of homeopathy we described the purposive response of patients under homeopathic treatment, so that first there is often a crisis followed by a moving of the symptoms to less and less important parts of the body.

One-fourth had less than 25% relief of their chief complaint. Only succussed micro-dilutions were used.

Pratt's paper was on 100 consecutive homeopathic prescriptions rather than 100 consecutive patients. 75 of these were succussed dilutions less than 1×10^{-24} (or macrodilutions). The other 25 were microdilutions.

The response was extremely good in 17 patients, all of whom responded after treatment in a markedly less interval than their illness had existed before treatment started. Fourteen showed definite improvement in a short period of time although their response interval was not as great in comparison to their sickness interval as in the previous 17 patients. Seven showed a transient improvement but needed more treatment. Thirty-four were unchanged, two became worse.

The most recent consecutive case analysis of various illnesses was by E. M. Read of this country in 1957. Thirty-one cases of illness ranging from lobar pneumonia to the common cold were analyzed. All were of less than 1 month's duration. They all were treated with succussed macrodilutions. Two-thirds of the patients noted marked subjective relief after 1 day of treatment; one-half noted marked objective relief in 1 day. One-sixth of the patients reported that their symptoms went from vital to less vital organs and *none* of them noticed any aggravations after treatment.

Among these 4 reports then, one-half to one-third of the patients had a good response to treatment; about one-tenth did not respond at all. Also, about one-tenth of the patients treated with microdilutions noticed transient intensifications of their presenting symptoms, and one-tenth reported that their symptoms moved from vital to less vital organs.

A few consecutive studies of single illnesses under homeopathic treatment have been reported.

In 1957 Hubbard described 27 consecutive cases of cancer, of whom 22 had positive biopsies and the remaining 5 had such obvious symptoms of cancer as to make the diagnosis practically certain. All were treated with succussed microdilutions. Most of them reported subjective relief within a month, lasting for 3 months on the average. One-half noticed objective relief also within a month, lasting a few weeks. One-half had terminal cancers either of the breast or intestine and one-half died of cancer. One-tenth noted transient intensification of their symptoms and a shift of symptoms from vital to less vital organs after treatment. One terminal case, a skin melanoma with metastases, lost all signs of cancer and has lived five years with no recurrence. Another person has lived four years with bone metastases from a breast cancer with practically no pain, and another has been carrying on an active life as a writer for a number of years with a widespread cervical cancer.

A summary of selected cases of cancer reported in the homeopathic literature from 1900 to the present provided 95 cases of cancer diagnosed either by X-ray or with obvious terminal symptoms. Of the 95, 26 that were treated only with homeopathic medicines lost all signs of cancer for at least 5 years after the commencement of therapy. Only

three of the 95 cases had died of cancer at the time they were reported and they died painlessly. The majority of the patients either had metastases or had been declared terminal. The patients treated with microdilutions responded better than did those treated with macrodilutions, even though there were proportionately more terminal patients among those treated with microdilutions. Four persons with sarcoma lost all signs of disease after treatment.

In 1957 Hubbard reported upon 100 consecutive cases of arthralgia, mostly of 10 years duration or more. The great majority gained subjective relief within one month after starting treatment and one-quarter noticed objective relief. About one-third of the patients noted a transient intensification of their subjective complaints, as well as a shift of symptoms from vital to less vital organs.

Another chronic disease usually most resistant to treatment is eczema. In 1957 Hubbard and Sutherland presented a symposium of 86 consecutive cases of eczema under treatment with homeopathic microdilutions. Approximately one-half of them were relieved subjectively and objectively within one month after starting treatment. One-fourth noted transient intensification of their symptoms; three patients had no subjective relief and five had no objective relief.

In the field of the homeopathic treatment of bacterial conditions there are a few scattered consecutive series available, mostly rather ancient.

In the early 19th century Hahnemann treated 183 consecutive cases of plague in Leipzig, Germany without a death. In 1910, in Bristol, England, 50 consecutive cases of acute pneumonia and broncho-pneumonia in children, of whom 36 were under 12, were treated homeopathically without a death. At the same time 396 consecutive cases of pneumonia and broncho-pneumonia in children under 12 were treated homeopathically with a death rate of only 12% as compared to the prevailing rates of 23% in 5 non-homeopathic hospitals in London at that time. In 1956 Foubister of England reported on 150 consecutive cases of acute bronchitis, and pneumonia in infants and children treated in the children's ward of the Royal London Homeopathic Hospital. The ages were divided equally between 0-2, 2-5 and 5-12. Of the 80 pneumonia cases 55 received nothing but homeopathic medicines, and the remaining 25 received both homeopathic medicines and antibiotics. Of the 80, one child died, and he had muscular dystrophy and had suffered 2 previous attacks of pneumonia. Of the 80 cases, 55 were afebrile within 10 days.

This death rate of 1.2% compares with death rates for pneumonia in children of the same age group under non-homeopathic treatment of about 25%.

Among the 70 cases of bronchitis, 12 received chemotherapy combined with homeopathic medicines, the remaining 58 nothing but homeopathic medicines. None of the children died. In a comparable

series under non-homeopathic treatment at the Royal Edinburgh Hospital the same year there was a mortality rate of 5%.

Last of all, in the influenza epidemic of 1914-18 in the United States in over 17,000 cases under homeopathic treatment there was a death rate of 3/10 of 1%, as compared to 20% under other methods.

Now let us consider some individual case histories which demonstrate certain aspects of homeopathic treatment. In all of these there has been a general integration between the presenting symptoms of the patient and the characteristic changes of the medicine. In order to make the discussion more interesting, we will stress only certain outstanding symptoms. First of all, we have emphasized that under homeopathic treatment the symptoms of an illness frequently move from vital to less vital organs, and that old symptoms frequently recur. An outstanding example of this was a 55 year old singer who had had severe asthma since she separated from her husband at the age of 40. When first seen she was suffering from asthma so severely that she had been unable to leave her chair for a week, even for sleep. Tuberculinum bovinum 200c gave her immediate relief. Following this she noticed recurrence of an ear discharge, which had been present 5 years before. A few months later *Strychnos nux vomica* 200c was given, primarily because her attacks were worse after eating. Then, she developed a severe itching and redness around the eyes; at the same time her asthma improved dramatically. She said that she had this symptom 20 years before with a hay fever which was treated with injections. Also, she noticed that her voice, which had cracked and ended her singing career years before, had returned. Then her gums became infected and she recalled that years before this she had, in her own words, poisoned herself with penicillin ointment on her gums for a similar infection, which had not returned since then. All this time her asthma was improving.

Her eyes and gums gradually cleared up and her asthma remained improved. During the next year, under the influence of various remedies, in particular *Strychnos nux vomica* and phosphorous, her asthma cleared more and she had more recurrent bouts of ear and eye discharge. These gradually cleared up permanently. Then she noticed the recurrence of a severe eczema with itching and burning of the skin where it was exposed to the light, as in the V of her dress. She had first noticed this following aureomycine treatment years before. She had a severe recurrence of her asthma which *Pulsatilla nigricans* relieved. She continued along then with no serious attacks. Because she had an attack of typhoid in Russia during the revolution she next received *Typhoidinum* 100,000c, following which she was able to breathe deeply, like a singer, for the first time in years. The eczema, hay fever, skin sensitivity to light and nose and ear discharge have not recurred for some time. She had had one serious attack of asthma in the past year, relieved again with *Pulsatilla*.

As was done with the *Typhoidinum* in our last patient, very often conditions will respond to treatment by similar causative bacterial

agents — the reverse of the preventative use of bacterial suspensions in immunology. Examples of this are a deafness following diphtheria 20 years before, which responded to Diphtherinum — the homeopathic dilution of the diphtheria bacteria — and a gonorrheal arthritis of 30 years' duration which responded to Medorrhinum, the homeopathic dilution of the gonococcus bacillus. Other uses of these disease products, or nosodes, are for children with symptoms characteristic of them and/or family histories of associated illnesses. For example a little girl of 3, maldeveloped, chronically sick and wizened, with a lumpy, greenish look, suffered from temper tantrums, destructiveness, and coeliac disease, complete with floating frothy stools and a large liver. Because of her general look, and also because she slept with her rear in the air (a keynote for Medorrhinum) she received Medorrhinum. Within a day her coeliac symptoms disappeared. Within 2 weeks she grew nearly an inch, lost the greenish cast to her skin, developed a peaches and cream complexion, and became sweet tempered and manageable. These changes have remained permanent now for 3 years. Her 6-year old half-brother had terrible intractable headaches lasting for hours and coming practically daily. He also had urinary and even fecal incontinence in bed at night. His father had had tuberculosis and was in a mental institution as a schizophrenic. After a few doses of Tuberculinum bovinum, the homeopathic dilution of bovine tuberculosis, his headaches disappeared, not to return. The urinary and fecal incontinence also gradually went away.

Another little boy of 4, who made his parents' life a hell with night long tantrums and a talent for day-time destructiveness and general obstreperousness, responded dramatically to one dose of Syphilinum, the homeopathic dilution of the syphillis spirochaete. His grandfather was born with congenital syphillis and had a positive Wasserman; his father's Wasserman was negative.

Old physical as well as bacterial accidents also respond. A patient who had suffered back pains since a diving accident 25 years before lost these pains gradually over a few months' period after Strychnos nux vomica. He was a tense, irritable individual, full of gas — all Nux symptoms.

Homeopathic treatment also has a great deal to offer in the field of allergies. A 24 year old girl with severe dysmenorrhea and skin troubles was allergic to carbon paper. Homeopathic graphites (which is, of course, mineral carbon) helped her with these symptoms. Also, she spontaneously lost her excessive appetite and took off 15 excess pounds.

A 40 year old man who noticed the onset of asthma after spraying his apartment with DDT responded rapidly to homeopathic DDT in dilution.

In the field of chronic disease, a 24 year old woman with chronic fatigue, tingling of the fingers, a pale, almost waxy skin and a low blood sugar responded to homeopathic phosphorous. Her symptoms im-

proved, her blood sugar became normal and has stayed there. The pale, waxy skin of the phosphorous patient is almost diagnostic—yellow phosphorous, of course, in its natural state has a pale, waxy appearance—an example of a homeopathic signature, or similarity between the physical characteristics of a substance and its medicinal usage.

At the other end of the blood sugar picture is a grossly obese lady who came to homeopathy because of diabetic pruritis and an uncontrolled diabetes of 10 years standing, never treated with insulin. Over a period of 3 years of treatment — particularly with *Strychnos nuxvomica* and arsenic trioxide — her urine sugar has decreased from a consistent 4 plus to a mixture of 2 and 3 plus. She has not received any insulin. She has not lost weight. Yet other than her urine picture she has remained free of the symptoms of clinical diabetes.

Many other cases could be given but for lack of space these few must suffice.

In conclusion, then, the outstanding characteristic of homeopathic treatment might be described as naturalness. The physician accepts the totality of symptoms the patient presents and that the provers report in their natural form and order. The medicines are administered in a natural manner, on the tongue, like any food, and indeed they taste more like candy than like medicine. The response of the patient's symptoms follow their natural order of appearance — the most recent symptoms usually disappearing first, the oldest, last. If there is a temporary aggravation of the patient it is of the symptoms which already exist, or which have existed. Symptoms new to the patient rarely occur. Last of all, a natural progression of symptoms is noted from vital to less vital parts of the body.

Because of its very naturalness, homeopathic treatment is often not appreciated by the patient. It works below his level of consciousness. In addition, that universal anaesthetist—Time—wipes the memory of his illness from his mind. Suddenly the patient knows that he feels well. Indeed, hasn't he always felt this well?

The homeopathic physician must be like the good leader described by Laotzu:

“A leader is best when people barely know that he exists . . . of a good leader, who talks little when his work is done, his aim fulfilled they will all say, ‘We did this ourselves.’”

