

## HOMOEOPATHY AND PULMONARY TUBERCULOSIS\*

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In the treatment of pulmonary tuberculosis so much stress has been put upon non-medicinal measures, such as out-of-doors treatment, heliotherapy, diet, rest in bed, surgery, etc., and we hear so often repeated the statement that there is no remedy for tuberculosis, or that fame and fortune await the man who shall discover such a remedy, that we, somehow, begin to feel a sense of futility so far as medicine is concerned when confronted with a consumptive patient. For that reason, many of us have neglected to study our *Materia Medica* in relation to pulmonary tuberculosis, to the detriment of ourselves and our patients.

It is only when there comes to our attention a case of active tuberculosis, which, upon the administration of a well-selected homoeopathic remedy, with no change in any of the existing factors in the case, and the introduction of no other new factors, promptly shows an improvement in all symptoms and proceeds to recovery, that we are forcibly reminded of the possibilities of homoeopathy in this disease. In fact we wonder if in more of these cases an accurate prescription were to be made, these unusual recoveries would not be more frequent. They should serve to stimulate us to a more careful study of the remedies applicable to the tubercular patient. It will be noted that I have said tubercular patient, not tuberculosis, for it is not a remedy for tuberculosis that we seek, rather the indications of the various remedies comprising that group which will stimulate in the tubercular patient a specific reaction against his infection.

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\*This article by Dr. Junkermann was forwarded to us by Dr. Charles A. Dixon of Akron, Ohio. Whether it has ever been previously published we do not know, but in any case its excellence deserves to be placed before the profession—Ed.

To prescribe accurately for a chronic disease as resistant as is pulmonary tuberculosis requires more than a superficial knowledge of the *Materia Medica*, and, since obtaining such a knowledge is arduous labour to most of us, but few of us possess it. We must know the symptoms which a drug produces upon a healthy human being and its pathology or action upon the tissues if we are to fit it accurately to diseased conditions. Nor is this a new concept in our school. Let me quote from that master of *Materia Medica*, E.A. Farrington, who in his introduction to *Clinical Materia Medica* writes :

'Symptoms are indications of alterations in the functions or the nutrition of a part or parts of the body.... I cannot see how there can be a symptom which is not at least the result of a change of function. I do not mean that you must give *Bryonia* because it acts on serous membranes ; I do not mean that you must give *Aconite* because it produces dry skin, heat, etc. I do not say that you shall give *Belladonna* because it produces hyperaemia of the brain and dilatation of the pupil ; but I do say that these drugs produce these effects, and if these effects are not alterations, in function, what are they ?'

It is when one knows both the symptomatology and the tissue changes produced by a drug that he understands the totality of its effects on the system, and this understanding qualifies the many individual symptoms of the drug which otherwise are confusing, since many particular symptoms are common to such a number of drugs that the beginner despairs of making an accurate prescription. In other words, the confusion and apparent contradictions found in the large symptomatology of many drugs are relieved by a knowledge of the genus or general character of these remedies.

For the safety of our patient, we must have, in addition, some knowledge of drug relationship. Certain drugs are complementary to each other, as for example *Belladonna* and *Calcarea carb.*, *Apis* and *Natrum mur.* ; others are inimical, as *Apis* and *Rhus tox.* ; still others are antidotal, as *Mercurius* and *Heepar sulph.* A disregard of these relationships in the sequence of

remedies or in the administering of an intercurrent may occasion the patient distress or even completely wreck the progress of the case with disastrous results.

One must be familiar with the particular stage of the disease in which certain remedies may be indicated and safely given, otherwise his ignorance may result seriously. So it may be seen that if one shall attempt to prescribe homoeopathically for pulmonary tuberculosis, he is undertaking no light task, for his weapons are often two-edged and may, if unskillfully used, do the patient more harm than benefit.

As a rule the enumeration of a list of our remedies, with the symptoms of each, is exceedingly wearisome, unless the speaker possesses that rare ability to present a rather dry subject in a lively, interesting manner, putting the charm of his own personality into the subject as did Farrington, Kent and Haines. But such an enumeration is unavoidable in this paper, so, at the risk of wearying, I shall proceed to take up some of the remedies that have proven effective in tuberculosis. A complete list of the possible remedies would be exceedingly long, for as Bartlett writes :

'It may call for any remedy involved in the treatment of disease attended by cough, fever, exhaustion, or any of the multiplicity of symptoms of which the tuberculosis subject is liable. The proper prescriptions demand consideration of the constitutional state of the patient when supposedly well.'

Let us begin by considering *Kali carb.* I have selected this remedy because in my experience it has proved itself to be of first rank in this group. As this essay is to be a brief one, not a book, I can give only a few symptoms of each remedy. The *Kali carb.* patient is hypersensitive and irritable, aggravated by changes in weather, drafts, and cold. The characteristic pains of *Kali carb.* are stitching, sharp and cutting, usually better by omtion. No writer fails to mention the oedematous swelling of the upper eyelids. The hours of aggravation of the distressing

symptoms are from three to five in the morning. As regards the respiratory system, Kent writes :

'Nothing is more striking in *Kali carb.* than the wandering, stitching pains through the chest and the coldness of the chest. The great dyspnoea, the transient stitches, the pleural stitches are the important features of this remedy. The trouble has spread from catarrhal origin and from the lower portion of the lung upwards. It is not so commonly indicated where the dullness has begun at the apex of either or both lungs. It will very often ward off future sickness where the family history is tuberculous. *Kali carb.* is often suitable and will often act as an acute remedy in the advanced stages of phthisis in cases in which it was not indicated primarily as a constitutional remedy. In such instances, it will act as a palliative in phthisis, whereas if it were indicated primarily as a constitutional remedy it would do damage in the last weeks.'

Farrington says :

'The patient has a bloated look to the face, and well defined stitching pains through the chest and over the body, with puffiness of the upper eyelids. Cough is difficult. The patient cannot get up the sputum. He raises it partly, when it slips back into the pharynx. This sputum is often bloody and purulent. All the symptoms are aggravated from three to five in the morning and there is a chilliness at noon.'

I use this remedy in the two hundredth potency. In a recent case, a child three years of age, whose mother recently died of pulmonary tuberculosis and who manifested active tuberculosis of both lungs, positive skin reaction, positive sputum, and fever, responded promptly to this remedy and the most recent examination at the tuberculosis dispensary reports a normal temperature, gain in weight, no cough, both lungs fluoroscopically clear, cervical glands enlarged. Since then, under *Calcarea carb.* these glands have ceased to be palpable.

In *Phosphorus* we find a remedy that may be either beneficial or dangerous to the tubercular patient. It finds its field in

young people, those who are tall and slender, graceful in movement, delicate, waxy skin, fine hair, and of narrow chest. They are usually of keen intellect, but deficient physically. They take cold easily, and these colds seem always to settle in the chest, causing a hard, rattling cough, and the sputum may be tinged with blood. The cough is aggravated by cold air. The congestion in the chest is accompanied by a feeling of constriction, pains in chest, aggravated by lying on left side ; cheeks are flushed, oppression becomes worse at night and the patient must sit up for relief. In the advanced stages of the disease, a single dose of *Phosphorus* very high will greatly mitigate these distressing symptoms. After relieving these symptoms the dose should not be repeated. The curative action of *Phosphorus* is in the early stages in a patient of the *Phosphorus* type. In the last stages when the symptoms agree the thirtieth potency may sometimes be used safely, and if followed by a beneficial reaction a dose of a higher potency may be given. In other words, *Phosphorus* is best indicated in the type of patient described who is threatened with tuberculosis. In well-developed cases it is indicated only when the indications are so strong that one cannot be mistaken, then it must be given carefully.

In *Calcarea* we have a remedy resembling *Phosphorus* in many ways, yet possessing distinct differentiations. The patient will be of the scrofulous type and fat, and the scrofulous tendency will have existed from childhood, delayed dentition, slow closing of the fontanelles, localized sweat, etc., in contrast to the slender, overgrown *Phosphorus* patient, tall and narrow-chested, and with fine skin. *Calcarea* is also indicated late in tuberculosis with large cavity formation, especially in the right lung. There is pain in the chest and there are loud mucous rales all through the chest. There is yellowish-green, blood-tinged, purulent sputum. Meat is indigestible to the patient. There is emaciation and profuse sweat.

The *Calcarea* patient is always tired, becomes quickly exhausted, and takes cold easily. These colds settle in the chest and ultimately tuberculosis develops. *Calcarea carb.* would have

cured this tendency to take cold and prevented the development of the phthisis. It encourages the calcification of tubercular areas. In even advanced cases it arrests them and stimulates calcareous deposits.

*Bacillinum* and *Tuberculinum* are two similar nosodes of unquestioned value in pulmonary tuberculosis when properly used. These remedies are indicated in individuals with a tubercular family history, and in early and even late phthisis. They are especially useful in the non-febrile stages. Later, when the sputum shows a mixed infection with staphylo-strepto-and pneumococci as well as the bacterium tuberculosis, they should be used high, one thousandth or higher, with careful observation of the reaction and infrequent repetition. They often work well as intercurrents with such remedies as the *Calcerea*, *Lycopodium*, *Phosphorus*, etc. Of them Nash writes. "I have seen apparent benefit follow the exhibition of these remedies in both incipient as well as advanced phthisis, always giving the high preparations in the latter and letting them act a long time without repetition."

Now we shall give brief consideration to some remedies not considered constitutional but which have been so effective in some cases as to demonstrate that when the symptoms call unmistakably for it, almost any remedy may prove to be curative in tuberculosis.

About ten years ago a boy of ten years was brought to me by his parents with the report that an examination, including X-ray of the lungs, made at the Children's Hospital and revealed active tuberculosis of both lungs, and they had ordered the child to be put immediately to bed and under the supervision of the district nurse. I gave the child one dose of *Bacillinum*, the two hundredth potency, followed by *Drosera* 3x on the basis of these symptoms: paroxysmal cough, coming so frequently as to give the patient no opportunity to recover his breath, often followed by retching and vomiting. Kent mentions it for the violent paroxysms and spasmodic cough of tuberculosis. In this case a speedy recovery occurred.

Some years ago the late Dr. George Hodson of Washington Court House, Ohio, was discussing with me the value of Fielding's Card Repertory and related the following case to me. One of the families in his practice had a son in the twenties afflicted with pulmonary tuberculosis. This son had been away to a different climate or a sanatorium. I do not recall which, but his affliction had become steadily worse until finally he came home to die. The family, upon his return, sent for Dr. Hodson to give him such medical attention as he might need. The case looked so hopeless that Dr. Hodson said he felt quite at a loss what prescription to make, when it occurred to him to try the new repertory in the case. He made a careful study and noted well the symptoms, then by reference to the symptom register selected the proper cards, and found the remedy to be *Phellandrium*, one he had never used. He immediately sent for this remedy and administered it to the patient with the result that he recovered. Probably no other remedy in the *Materia Medica* would have accomplished in this seemingly hopeless case the results that this obscure remedy did. What are its symptoms? The respiratory symptoms are most important, and have been frequently verified clinically. An excellent remedy for the offensive expectoration and cough in phthisis, bronchitis and emphysema, tuberculosis affecting generally the middle lobe. Everything tastes sweet. Sticking through right breast, near sternum, extending to back under the shoulders. Cough with profuse foetid expectoration, compels the patient to sit up. An excellent remedy in the last stages of phthisis when the expectoration is terribly offensive. This case well illustrates the need of thoroughness in the selection of the simillimum for even the apparently hopeless case.

I have discussed so far but a few of the more important remedies, and these but briefly. The list of those which might be discussed would be very long and assuredly contain such remedies as *Arsenicum iodatum*, *Sulphur*, *Stannum iodatum*, *Natum muriaticum*, *Sticta pulmonaria*, *Ferrum phosphoricum*, *Calcarea muriatica*, *Carbo vegetabilis*, *Acidum nitricum*, *Lycopodium*, *Pulsatilla*, *Jaborandi*, etc., but the object of this paper

is not to be an exhaustive treatise, but to present a few examples of the possibilities of homoeopathy in this disease in proof of the statement made at the beginning of this paper, that, if in more of these cases an accurate prescription were to be made, these unusual recoveries would be more frequent. Disinclination is not an adequate excuse for not reviewing the *Materia Medica* in these cases, and it is to be hoped that these cases just related may dispel to some degree the prevalent idea that any medicine is useless in pulmonary tuberculosis. We are not keeping faith with our heritage, nor with our patient when we neglect the homoeopathic remedy in these cases. These so-called exceptional cases, in my judgment, prove the possibilities of our therapeutic method, and the failures may not always be due to homoeopathy, but occasionally to our failure to apply it correctly. The success of the adjuvant and non-medicinal therapeutic measures now so much stressed should not cause us to relax the diligence with which we seek for the *simillimum* for these cases, for in cases like the above it has well proven its superiority, practically unaided, over all other measures.

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#### **References**

*Practice of Medicine, Vol. 1, Bartlett.*

*Materia Medica, Boericke.*

*Clinical Materia Medica, Farrington.*

*Materia Medica, Kent.*

[*Courtesy* : *The Homoeopathic Recorder*, June, 1951].

