

FINDING THE SIMILIMUM

By C. M. BOGER, M.D.

We observe larger objects first, gaining in power of discrimination by repeated looking. Trying to force facts into preconceived opinions and theories was, until quite recently, the way of the world, and very decidedly the way of medicine. Now, however, we are so engrossed in poring over minutiae, that we can barely see the great forest in which we are working. That devastating wars and the surgical holocausts should mark both periods simply show how bitter is the fruit of such thinking.

If, lacking a definite objective, we turn aside at every crossing, the end of our journey will never be insight. Presumably then propensity to wander implies a lack of definite ideals; a somewhat serious handicap, I imagine. Allow me to point out, here, that the lack of an unselfish devotion to the general good is the parent of most of our ills; especially those of the physician. For the public it is a case of where the ostensible needs to be made the obvious.

A look at the materia medica excites surprise that any one or even several persons should have ventured upon indexing it. It is also one of the reasons why our repertoires fail to make the right, appeal to students! nor are they always easily worked, even by experts.

If it be really axiomatic to say that effectiveness is practically governed by simplicity of operation, then the great labour of properly collecting and developing clinical pictures and finally finding the similimum therefore, implies that our methods are still very crude. When doing this most of us try first one tack then another, until we develop the one best suited to our own mentality; thereby gaining a considerable efficiency and doing fairly good work. The result is just enough striking successes to hold our interest, and make us feel the near presence of much better and greater things, could we but &fly grasp the situation.

As the different sciences bring first this then that fact in the scheme of nature to light, we note with keen satisfaction that they quite uniformly lean toward or tend to support the law of similars. Viewed from this angle the bearing of aetiology, anamnesis and heredity on disease aspects has been but imperfectly worked out, especially as concerns Homoeopathic practices. At most we have been content to observe the successive disease phases or the direct hereditary bias present in a given case, which is a move in the right direction, but of comparatively little real value because the investigation has not been carried far enough.

Associated individuals known as blood kin, invariably carry forward certain predilections to disease, so that by noting the ten or fifteen nearest blood relatives and their complaints, as accurately as possible, we are able to enumerate the relative proportions of the various tendencies present. Such findings show parental influences to be fifty per cent, basically active. Grandparents and children are the next most potent factors. The remainder include peculiarities descending from still earlier ancestors and are of a very persistent kind.

The actual symptoms of the patient are generally found to be an amplification of the hereditary findings, while a comparison of the two series usually points to such rubrics in the repertory as will quickly bring into relief the most similar remedies. It is especially helpful in those single symptom cases which Hahnemann called the most difficult of all. Working out a test case will exemplify the method. The patient had already improved marvellously for months after pulsatilla 12X given in three doses, twelve hours apart.

A careful examination showed sixteen points of morbidity in as many individuals of the nearest blood kin. Of these seven were of the rheumatic type, two typhoids, two pneumonias, two dysenterys, one

sepsis and one each cardiac and haemorrhagic. A glance at the corresponding rubrics of the repertory gave phosphorus, pulsatilla and sulfur the first place. The indications upon which pulsatilla had been given are not regarded as characteristic by any means, yet in this scheme they become the individualistic, hence deciding ones.

Let me stress the scientific accuracy and speed of this method which begins with the self evident and objective, general findings and ends by using subjective sensations and mental symptoms for

the final differentiation. Moreover it cuts a path of its own right through the repertory toward the deeply acting constitutional remedy of the patient.

DISCUSSION

Dr. Krichbaum: Suppose a man knows little about Homoeopathy, how is this going to come out?

Dr., Boger: If a man knows little about Homoeopathy this is the way to find out.

Dr. Krichbaum: It is a mechanical thing, is it?

Dr. Boger: No. The subjective sensations and mental sensations are used for the final differentiation.

Dr. Krichbaum: Do you rely entirely upon that, don't you inject some of C. M. Boger into your remedies?

Dr. Boger: That is beside the question.

Dr. Krichbaum: No it isn't beside the question. I will frankly say that I haven't seen what you are driving at, and I am considered a fairly good prescriber and a fairly good Homoeopath.

Dr. E. M. Gramm: I think Dr. Boger has presented a matter that is of the greatest importance to Homoeopathic physicians who are accurate prescribers.

I am sorry to say that most of my friends who are accurate prescribers, when it comes to the matter of family history, take very much for granted. When I took charge of the dermatological department of Hahnemann dispensary, I entered it with the idea that most of our good Homoeopathic prescribers have, i.e., that disease manifestations upon the skin are "more or less evidences of heredity and welcomed the opportunity of investigating the matter; and there are very few of my friends among the so-called pure Homoeopaths who, the moment they see a skin disease, do not say that child has inherited it. Our older writings lead them to that conclusion.

Dr. Boger indicates the method by which to prove to ourselves that hereditary influences do or do not exist. In other words, by following his suggestion the assumption that inheritance is a factor in a given disease becomes a certainty when facts prove its truth. Prescribing on an assumption does not cover the totality of the symptoms of a patient. Dr. Boger gets his data from immediate consanguineous relatives; then he goes farther back to the preceding generation; then goes into the history of relatives of a lesser degree of consanguinity, etc. Finally, he focuses the information obtained on the patient in hand and does what real Homoeopaths must do—differentiate his remedy. His plan of getting the history of the case—getting the hereditary—is admirable. Following

that plan will prevent us from doing what many of us do who try to practice Homoeopathy—imagine we know the hereditary when we see the disease.

Dr. Ords: I am wondering, in view of the fact that the history of the relatives of our patients may be very faulty, maybe the history that we get is partially false. We know that as a matter of diagnosis perhaps 40% or 50% of the diagnosis made are incorrect. Well, if that is the case, might it not also be so in these family histories, and the physician then would be basing his prescription on something that was partially false?

Dr. Lehman: I have worked along the line of Dr. Boger for a number of years and I find a great deal of helpful evidence will come out of almost every examination along that line. In connection with this method of examination, I have certified the conditions time after time by an examination of the eye, proving the hereditary trouble of the condition. I have a case under my observation now, of a young man about 18 years old, rather weakened in all his performances, and unable to do the usual amount of work and exercise of a boy of his age. An X-ray was taken of his lungs which showed a number of diseased areas. The diagnosis, of course, was tuberculosis, but in an examination of the eye there were no inflammatory areas, but it showed numerous streaks of lymphatic trouble hereditarily obtained, and showed that this had been healed practically in the prenatal condition. Now the diagnosis and a history of the patient all agreed, and it made quite a difference in the selection of a remedy when you know all these things have a bearing, because every remedy has a pathology, and if your lymphatic system is injured from the beginning and you know remedies that have their influence largely in this line of pathology you are at once helped to the keynote of a remedy. Then you can work it out backwards, and you will get your symptoms almost every time. It only helps us to find the remedy.

Dr. Custiss: I would like to ask Dr. Boger one or two questions, if he will illustrate a little, when he does the discussion.

You say that you don't use the repertory in the ordinary way of working, as ordinarily given. How then, are we going to try this method out and get at it—tell us how to get at it with the tools that we have to use.

There is no doubt about it that we are all the sum of our ancestors, and it must necessarily be so that a great many of our tendencies and so forth are due to that fact.

Now tendencies mean also the liability to certain diseased conditions. There isn't any doubt of that. If Dr. Boger can tell us how to get at these things through the present repertory we will then have a chance to find out what he is talking about.

President Underhill: I had the pleasure of going over this paper to some extent, but not as much as I would like to have gone over it. I was so taken up with other matters.

There are some things that have been brought out that are very suggestive—for instance, filling out a death certificate—the cause of death. I have had quite a little opportunity to hear discussions among physicians as to what should go on a death certificate. I happen to be associated with an old school hospital. In fact I am President of the Board of Trustees, and every little while I see doctors getting together and discussing this question. They, generally come to this conclusion: "Not what the patient died of, but what you can not prove he didn't die of"—that is what goes on the death certificate.

I don't know how many points that would count with Dr. Boger. My son and I have access to a large number of case records, records that are made up principally by old school physicians who pride themselves on being very skilful in making such records. They represent physicians who are connected with the largest hospitals in Philadelphia. When I was leaving the city I left this paper with my son and asked him to tabulate such facts as he conceived to be objections to this method of finding the similitum. His findings are as follows:

"The objections to this method of repertorial analysis would appear to be:

"(A) The information obtained regarding family history is at best questionable. Even the cause of death is misstated in 50% or more of the histories obtained. The patient can

rarely give accurate information regarding illnesses, even in his own family.

"(B) In a large family of several brothers and sisters in many instances each member requires a different Homoeopathic remedy, although obviously heirs to the same ancestral pathology.

"(C) It would seem that this method bases the prescription on pathologic more than on symptomatic grounds.

"(D) The repertories extant are very much lacking in pathologic rubrics nor have the majority of Homoeopathic remedies been proved to the point of obtaining structural changes in the provers, with the exception of the provings made by the Austrian Society, therefore the remedies listed in the pathologic rubrics may not include the similimum.

(Signed) EUGENE UNDERHILL, JR., M.D."

There are some points in this paper that I can see would be very helpful. This method may call our attention to a group of remedies, but it does not point out the particular remedy. It may put us in a class of remedies from which it may be quite easy to select the similimum, and from that standpoint it would seem to me to be a very valuable contribution.

Dr. Boger: Dr. Underhill's remarks are very appropriate. Now what is heredity? Heredity is 50% parental, 25% of it comes from the grandparents and the rest back still further.

From heredity you get predilection to certain tissue formation and mental bias, to a certain extent, especially as exemplified by peculiarities, which are usually more distantly ancestral than parental—that is, they don't come from father and mother.

We not only take what the patient has inherited, but we take in the kinship affections such as is accepted in the family as well as the history of the patient himself, this will give you a group of rubrics from which to select the final

Dr. Krichbaum: I understand that you have one rubric for blood conditions, but what kind of a blood condition—as I see it there is nothing definite about it, any more than you would take any common symptom. And I say now positively that one-half the cases as we get them cannot be repertoried and worked out unless we take something and know that something is characteristic, and know something about the materia medica. Dr. Field says his repertory will do it, but I don't believe it. The only way to learn to use a repertory is to know your materia medica.

Dr. Boger: A repertory is made in a man's mind, not in a book. You use the repertory as you are able to use it.

Dr. Krichbaum: Some other fellow might have found more symptoms.

Dr. Boger: That's true, but that man got ignatia.

Dr. Krichbaum: Well if you had given him nux you would have been better off.

Dr. Krichbaum: Suppose you were asked to do a carpenter job, making a wheelbarrow, and they gave you the various pieces and you didn't know anything about it. It would take you three weeks and would your wheelbarrow, after it was completed, look as complete? We are talking about the finished product. You know this materia medica, but when you get to talking about it you talk about the newer terms. That is what my main objection is. Let us get down to earth and talk things we can all grasp.

Dr. Boger: That simply means that I am to translate the language that I have been using into language which you can understand, that is what it means, and I admit that I am not always an adept at it.

Dr. Custiss: Doctor, we want something concrete I think. Suppose you say a person dies from cardio vascular troubles, somebody in the family dies of cancer; somebody dies of apoplexy, will you give us the rubrics in which we would look for it in the ordinary repertory when the people whose heredity we were looking for had ancestors who died of those diseases?

Dr. Boger: In the first place all the different organs or system of organs are summarized there, and you see what percentage died of cardiac vascular troubles first and compare it with his past history, and then look in the repertory under glands, if that is what the indications are, or look under blood, or under heart, or under circulation.

Dr. Custiss: Suppose he died of cancer?

Dr. Boger: It would depend upon what organ was affected. If she had cancer of the uterus I would look up under uterus. The classification is strictly that of the tissue affected. For instance, if the infection is in the: leg, it is in the muscular part of the leg, it is the muscular system. Look up in the muscles, not the leg

Dr. Boger. I hope you all try this method and next year we will talk from experience and not from opinion.

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