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1906 - Aconite in its less common aspects

"It falls to the lot of us all to make happy hits between malady and medicine. So, while I have met a number of cases cured or markedly relieved by aconite, in conditions where at first glance we should scarcely expect aconite to be the homoeopathic similar, I make no pretense of claiming a knowledge of unusual indications for its administration. Rather the contrary. If one has an intimate knowledge of the genius of a remedy and is willing to study his cases it is not always so difficult to see in the analysis of a patient's symptoms the counterpart of the remedy.

If I understand correctly the purpose of our meetings, it is for the clinical verification of our materia medica. Upon this our whole homoeopathic system devolves. So, while I intend to present clinical cases showing that a drug, selected because most similar in its pathogenesis to the sick patient's symptoms, is curative let me make a digression lest we fall into a most common and deplorable pitfall. I mean let us avoid the too prevalent confusion between facts and hasty generalization or deduction.

Hahnemann and his first followers by painstaking experiment and observation gathered for us the fundamental facts; and by sound inductive methods disclosed most important laws underlying them. These laws we as homoeopathists verify daily, hourly. These facts are the symptom-groups of our materia medica, gained chiefly by proving upon the healthy. These facts have never deceived us. Facts never do; never can. But those who try to get behind facts by deduction or explanation are on dangerous ground, especially if they act upon those deductions. Our theories change; the under lying facts never do. We wrangle over hypotheses; never about facts. Facts are trite, self-confirming and self-asserting. Consequently the greater the man in any branch of natural science and I mean of course to include medicine here - the warier is he of theorizing. Facts are ever his desiderata; and his ability to cope with problems lies in his knowledge of fundamental facts.

So our success in application of the homoeopathic laws is in exact proportion to our knowledge of the fundamental facts, viz. the symptom-groups of the materia medica. We don't really know *how* belladonna dilates the pupils nor *why*, but that it *does* dilate the pupil we know as an indisputable fact once and forever. So let us beware how we state that bryonia is good for pleurisy, phosphorus or antimonium tart. for pneumonia, opium for diarrhea or aconite for fever. On the contrary we *know* that aconite, for example, is distinctly bad for most cases of typhoid or of intermittent fevers. Hence such generalizations are false. At least they need so many restrictions and qualifications that at the end we are back to the basic facts - the symptoms themselves. Aconite produces in the healthy a sharply defined febrile state. Aconite does cure *all* such when occurring as the result of disease: *and no others*. As everywhere in scientific investigations, we must state *all* the experimental conditions with exactness or we have not a fact, but an untruth. The appeal to what is in nature is supreme.

Since we have dwelt upon the dangers of hasty, generalized or routine prescribing of drugs, I pass over that which is commonly accepted as the indication for aconite: - fever, flushed face, rapid, tense pulse, early congestions, first stages of "colds," pneumonia, etc., etc.

The first case I would bring to your attention is one of intermittent fever of 5 years' standing. The patient, nearly seventy years of age, had been upon treatment all this time under all the schools from "regular" to Christian science and osteopathy. She had consulted four of our pre-eminent homoeopathists. For over a year she had been under the care of one of our foremost men, who remarked that he would have to begin on a new materia medica since he had tried

every remedy he could think of. Of course he had not thought of aconite for intermittent. I will not weary you with a recital of her very long history. There were two sets of paroxysms. Major chills came every seventh day. Plasmodia were plentiful. The fever was contracted in Indiana and the patient had the usual "slows." She was unable to come to New York and for several weeks I tried to prescribe through correspondence and reports by members of the family. The four P. M. chill, incarcerated flatulence, blue lips and nails, jaundice, and a train of other symptoms had led me to prescribe lycopodium with negative results. Finally I was able to see the patient. I found her tossing about the bed, in much anxiety, one cheek red, the other pale. She *had* to move but every time she moved a rigor would pass up the spine and the face would become pale. She had a *loose* cough, and not a high fever; but a long lasting subnormal temperature; also profuse sweat; bitter vomiting; chill began in the feet; bright red hypothenar eminences of the hands. Notwithstanding the suggestiveness for nux., arsenicum, lycopodium, chamomilla, etc., the picture was that of aconite. Aconite 200th, one dose a day, after the paroxysm was over, completed the cure in a week. That was two years ago. She has been well ever since.

I would call attention to these features of the case: The bright red and dry hypothenar eminences has been a leader to the selection of aconite in a number of cases. Of course you understand that the totality of the cases cited corresponded with the drugs. But the special leaders furnished the clue to the right remedy.

Chilly when they moved suggests nux of course. But aconite and Pulsatilla have this symptom nearly as prominently.

One cheek red, the other pale occurs notably under chamomilla, aconite, ipecac. Water tastes bitter, aconite pre-eminently.

Red face, turning pale when rising is characteristically aconite, and often distinguishes it from belladonna which becomes redder on rising.

Restlessness, anxiety, fear, thirst, are well known and strong indications for aconite.

My second case is one of religious mania, alternating with melancholia. The patient a hypersensitive young woman of twenty-two. Here again is a long history, a case which even with much study eluded me for a time. At length I learned that what troubled her most was largely a fear of someone discussing religious topics. Then I found that she feared loss of reason and memory (Calc. c.) fearful hallucinations at night: fearful dreams (Bell.); cannot bear music (Ign.) ; fear of crossing a street lest she be run over; fear that buildings would topple over upon her or sharp objects come hurtling through the air and strike her (Arg. Nit.). Here there was no fever, congestion, sensitiveness to cold, dry winds, no flushed face (it was very pale), no dry mucous membranes, no thirst. On the contrary there was a mass of evidence against what we so commonly hear as the characteristics of aconite. But, for this ungovernable fear of most everything, opium is about the only rival to aconite. The case, examined critically was aconite, and aconite one dose, thousandth, ended the whole matter. That was five years ago and now she laughs over her former perplexities. I omitted to mention that the alternation of moods from extreme gayety to sadness was of the degree of crocus or ignatia.

I have so repeatedly verified the indication "diarrhea like chopped spinach," especially when it occurs in children, that I will not multiply cases - thinking it must have been equally serviceable in other hands.

When little, sharp bodies enter the eye, especially the cornea, if you do not give aconite, I advise you to try it whether the foreign body has been previously removed or not. Oftentimes I have been able to remove such bodies by very simple means after a few doses of aconite had been given, whereas previously they had been so imbedded as to make one hesitate at

inflicting the damage necessary to picking them out. This applies particularly to those numerous cases where the magnet is useless. Often these bodies will disappear of themselves under aconite and the irritation with them. At any rate it is surprising to see how nicely the cornea heals after wards with the help of aconite.

I have in my collection a splinter of wood half an inch long, which had impaled the margin of the cornea, piercing it. I gave aconite internally, every three minutes. I could not cocainize the eye sufficiently to permit my removing the splinter. "Dirty; infectious," you say? Yes. "Antiseptics?" No! The man wanted a lotion and I gave him a solution of aconite thirtieth. The same every two hours internally. "How about sympathetic ophthalmia," you ask? Repair began at once. There has been no impairment of vision since it healed, though the eye was such a sight as to make one think it could not be saved. You will have to hunt hard to find the scar. And yet that splinter came from a very dirty plank. The aqueous humor was soon replaced and all is well and has so remained for years.

If you wonder why aconite is so useful in these conditions, forget your pathology for the nonce and look up the eye symptoms that aconite produces. Our time is too short to enumerate them here. I may add to the above that in better hands than mine I have seen several cases of ophthalmia in the newborn stopped and cured by aconite when silver, Pulsatilla and the rest had failed. But lest you conclude that in these conditions the efficiency of aconite is only during the primary congestion, let me briefly cite another case.

A boy of five years fell from a ladder, and with the impetus of his full weight struck the rounded projection of a chair's back. It fitted the orbit to a nicety. The eye closed immediately and so remained. Swelling soon involved the whole side of the face, looking like a terrible case of mumps plus erysipelas. In an hour or so the whole mass was a livid hematoma. Not even one of our best oculists was able to see the eyeball or tell the extent of the damage. Arnica, hamamelis, hot water and, later, ice pads, had been employed externally. The oculist tried first leeches then incision to relieve the immense swelling and get a view of the eye. He even suggested the operating table and most likely removal to save the uninjured eye. Very likely fear, anxiety, high, tense pulse, overacting heart, red face, had been originally present. Certainly the congestion, if such you wish to term it, was there. But when I saw the case the face was pale, the skin clammy, the pulse slow and thready, the patient drowsy and stupid and showing all the later symptoms of shock. It was in the early years of my practice and I dared not tackle such a case alone. I summoned my father and he prescribed aconite. I well remember the oculist's exclamation "Well, Doctor, How the Devil do you make aconite out of this case?" But although all the aconite symptoms had disappeared even the terrible pain, fright, anxiety and anguish, it was an aconite case at the start and the period for giving aconite had *not* passed, although it was twelve hours or more since the accident. Aconite 200th every half hour, led to a quick recovery. The next day the lids could be parted sufficiently to see the eye, which was almost unrecognizable. But no one today can say which was the injured eye.

So we see that aconite is often demanded as the only curative drug in conditions showing one or more contradictions of what we usually expect. For example: - lowered temperature, pale face, no anxiety, thirstlessness, slow, soft pulse stages long after the primary congestion, etc.

Just a few words to recall to mind the wonderful efficiency of aconite in many cases of true erysipelas in all stages of the disease. It is usually not thought of and is much neglected. But, in the number of cases whose symptoms homoeopathically call for this drug, it is hardly second to belladonna and precedes in my practice both rhus and apis. Prescribe for your patient and not for the "bugs" or pathological name is as true here as everywhere.

DISCUSSION.

In the discussion which followed the reading of the paper, the following cases and symptoms were reported:

A young woman with a highly nervous temperament complained that she had gotten something in her eye. The conjunctiva was intensely inflamed. There was marked photophobia, profuse lachrymation, and the parts were so sensitive she would not tolerate an examination. Aconite 1 M was given, and was followed by marked relief within five minutes, and all the symptoms disappeared within an hour. On examination afterward, no foreign body was found.

Another case was of a physician who had a cinder in his eye. There was redness, photophobia, lachrymation and severe pain. Aconite 30th relieved the symptoms, and he thought the object was removed. A week later he discovered the cinder was still there, imbedded in the center of a small ulcer on the edge of the cornea and it had to be removed by an oculist.

The next case was that of a gentleman who was jammed in a crowd about twelve years ago. He was nervously upset by the incident, and from that time on was always afraid in a crowd. Seven years later, after a hard nervous strain, and business troubles, he had a violent attack of indigestion, characterized by great abdominal distension, pains in the stomach and about the heart. All these symptoms were repeated with varying degrees of severity, after any nervous upset or annoyance in business. For about four years, there was much distress after each meal from gas, and constant eructations. Kali carb., Pulsatilla, and Ignatia at various times relieved the attacks, and modified the constant symptoms, but did not cure. About six months ago, because of the failure of the other remedies, and the old history of fright, aconite 1 M was given. That dose, with a repetition in a month cured the case.

The next case was that of a dressmaker, aged 46. About eight years ago she grieved much over the death of her sister, and lost interest in life and her work. Soon after she had pain in the right forefinger, followed by swelling, as though festering. This gradually grew worse as the months passed, until the hand became entirely useless. Three or four years later the ring finger was attacked in the, same way. The pains were of a throbbing character, worse from holding the hand down, from cold and at night. She suffered less during the summer. She had a few constitutional symptoms: Coldness between the shoulders, indigestion, constipation and rheumatic pains in the left thigh, worse at night and from cold. Various remedies given during eighteen months improved her general symptoms, but her hand remained the same. She was unable to hold a needle, or even pick up a pin. Four months ago she was given a dose of aconite 1 M. In about a week the fingers commenced slowly to improve, and she began to suffer from pain and soreness across the ball of the foot at the metatarsal joints. For two months she could hardly walk, and was better on rainy days, and worse in dry weather. The fingers continued to improve, and in three months she was able to sew on some carpets. At present both the hands and feet are improving.

Another case given was of a severe cold in its third day. The symptoms were dull frontal headache, marked chilliness, profuse thin mucous discharge, absence of thirst, tired and languid. Aconite 200th relieved at once. This case was given to show that aconite does not always have anxiety, restlessness or thirst.

The next illustrated a cough of aconite. The patient had a short hacking paroxysmal cough, very annoying and persistent. It was accompanied by a thin mucous coryza. Aconite gave immediate relief. A case of chronic cough of several years duration was mentioned. It was dry and paroxysmal. The previous history was not known. Aconite 200th cured.

A case of chronic rheumatism was reported, which during an acute exacerbation, was characterized by nocturnal aggravation and great intolerance of the pain. Aconite 6th relieved the acute, and benefited the chronic condition.

Another case was of a two-year-old boy, who for some days had had fever, restlessness, would not stay on his mother's lap, wanted things and when given them, refused them. There was thirst, one cheek red and the other pale. Aconite 30th cured speedily.

A case was reported showing the quiet phase of aconite. A little girl of mild temper, light hair and blue eyes had a temperature of 104, rapid pulse, white tongue, no thirst and evening aggravation. The heart, lungs, throat and nose were normal. Pulsatilla was given, but without relief. Aconite cleared the case at once.

Next was a history of a chronic bronchorrhea with occasional attacks of bloody edema of the lungs, in an old gentleman who had failing compensation. The attacks came at 3 or 4 a. m., with great restlessness, dyspnea and profuse perspiration. Many drugs had been given in bridging over these attacks. In an attack about a year ago, aconite 6th was given, and gave relief quicker than any remedy he had ever taken. Six weeks later, after a very mild dissipation (one high ball), he had another attack. Aconite 30th was given with no relief. But the tincture helped at once. In two attacks since, adrenalin has been tried, but aconite has given the best results.

A case of phthisis had frequent hemorrhages. He raised large mouthfuls of black blood without cough or effort. There was no restlessness or anxiety. Under aconite 200th, the hemorrhage was controlled, and no others occurred during the course of the disease. The symptom in Herring is: Blood comes up with an easy hemming or slight cough.

The great value of aconite in neuralgia and neuritis was mentioned. The pains are usually burning, and so severe that the patient breaks out in profuse perspiration. This last is a leading characteristic. It has cured neuralgia of the left side of the head, with stabbing pains in the left eye.

A case of neuritis of the circumflex and spiral nerve was cured with aconite. There was intense burning pain, great restlessness and perspiration during the paroxysms.

Its use in angina pectoris was mentioned and illustrated by the following: The patient was a man who had arterio-sclerosis. cirrhotic kidneys and a dilated heart. One night he was attacked with angina pectoris. When his physician arrived, he was on his hands and knees in bed, and his face was drawn and like death. He was covered with clammy perspiration. His agony was so great he could not change his position or even whisper. The physician had to get underneath him to put medicine on his tongue. Spigelia was tried with no relief. Then aconite was given every two or three minutes, and relief was like magic. After two or three doses he whispered to be given another. When he was able to talk he described the pain as though the heart was being burned out. After this he always kept aconite by him, and with the first suspicion of pain he took a dose, and during the few remaining months of his life he was saved from a return of the severe paroxysms.

In cases of agonizing dyspnea in the last stages of sclerosis of the kidneys, aconite has often relieved. When it helps, it acts quickly. Aconite ferox is especially useful here. This has all the symptoms of the napellus, only more intense.

In rectal neuralgia after operation it has been frequently given. One case where the pain in the rectum drove the patient to distrac tion, aconite gave immediate relief.

This drug has a diarrhea, green like chopped spinach, with frequent and small evacuations, and general distress. It is marked by intensity of action and quick results in acute cases. In the high dry climates like that of Colorado, it is one of the most frequently indicated remedies in acute conditions. The absence of thirst is not necessarily a contra-indication for aconite. There is apt to be thirstlessness, but there will be a dry mouth. A tingling or crawling sensation is a valuable leader for this drug, especially in chronic conditions. It vies with arnica and opium in

shock with absence of thirst and pale skin. It equals chamomilla and coffea in their inability to stand pain. Guy B. Stearns, Sec.

(Spencer Carleton, M.D., New York, Aconite in its less common aspects, The North American Journal of Homoeopathy vol. 54 (1906) p. 19-26. Read before the New York Homoeopathic Materia Medica Society.)