

Julia Minerva Green



Julia Minerva Green (1871-1963)

1920 - A few conditions of success in chronic treatment

"This short paper is without formal plan or method. It is simply random thoughts from experience, set together to refresh our memories and perhaps aid some who have not had long acquaintance with homoeopathy.

First: Let us emphasize the value of knowing a patient's constitutional remedy. This often enables one to choose the correct acute remedy. For instance, a *Calc. c.* patient needs *Bell.* and not *Acon.* The *Sepia* patient needs *Nux v.* if the symptoms are doubtful between that and some similar remedy. The *Nat. m.* patient is likely to show *Ignatia* symptoms, and so on with many more chronic remedies and their acute cases.

It helps to abort an epidemic attack.

In the influenza epidemic those patients who were actively under treatment for chronic ills did not take the "Flu" as a rule, or if they did take it, the case was mild and short.

It shortens convalescence.

For instance, a patient who had a typical attack of grippe with high fever, severe aching, vertigo, faintness, nausea, great weakness, was helped over all the acute symptoms with *Gels.* so that convalescence was established in twenty-four hours but the prostration remained; a dose of *Sulph.* which was her basic remedy, put her in condition to superintend moving and take an active part in it two days later.

It establishes convalescence in a critical time when remedies apparently indicated, do not act.

As an instance for this, an old lady had a severe attack of "Flu" and went into active delirium, with such weakness that she slid down in bed, bent her head backward to breath, jaw dropped, unconscious part of the time, cold all over. *Stram.* which seemed to be indicated by the mental condition, would hold only for some hours; a few other remedies were tried without relief and she seemed in a dying condition. A few years before she had a severe cystitis for which *Nit. ac.* made a remarkable cure, and she had none of this remedy since. Without any definite indications for *Nit. ac.* in this illness, it was given and the rapid convalescence seemed marvellous.

It helps in deciding the deep remedy for some near relative.

A young man had the "Flu"; the choice of remedy seemed to lie between *Phos.* and *Nat. m.* The latter was given and the case wavered back and forth for a few days without permanent gain. Then it flashed into my mind that his mother had been improving satisfactorily on *Phos.* This was given with a prompt recovery.

Sometimes one member of a family will show one group of symptoms of a deep remedy and other members other dissimilar groups of the same remedy.

It shows what basic miasm lies behind the family.

If several members are benefitted with the *Sulph.*, *Calc. c.*, *Lyc.* group or by one or another of these three, we feel fairly sure that the family is psoric. If *Calc. c.* and then *Nit. ac.* show up, we say there is syphilis mixed with psora. If *Thuj.* is indicated for one and *Tuberc.* for another, we think it must be sycosis.

So it is a distinct advantage, in order to learn the constitutional remedies of our patients, to practice long in one place and a place with a stable population.

Second: There is great value in prescribing the proper sequence of remedies related to each other.

Many cases present a composite picture instead of one pointing to a single remedy; then to see the group called for is a comfort after trying to cover the whole with a single prescription.

For example: *Sulph.*, *Calc. c.*, *Lyc.*; *Ars.*, *Lyc.*; *Ars.*, *Sulph.*, *Psorinum*; *Phos*, *Sulph.*, *Tuberc.*; *Sep.*, *Nat. m.*; *Lach.*, *Lyc.*

Complex cases may be cured layer after layer by the different remedies in a group, given in the right series.

Carefully written records, frequently consulted, prevent the busy doctor from prescribing hurriedly on the symptom group last reported and thereby spoiling the effect of the series which had been benefitting the patient through several weeks and months.

Third: There is a distinct value in definite series of potencies over prescribing any, one happens to have on hand, in a haphazard series: that is, the 2c., 1m., 10m., 50m., cm., mm. carries the patient along far better than such potencies as 3c., 11m., 42m., 77m., etc. There seems to be a rhythm about it like chords in music.

Fourth: A knowledge of miasms and the remedies prominent in the cure of each is helpful. In trying to get the symptoms of the miasm there is much overlapping, but the characteristic picture appears slowly as one becomes familiar with many patients and many remedies. The same thing happens when trying to see the epidemic remedy.

It is of value, in choosing a remedy, to know which miasm is most prominent. There are mixed miasms and mixed remedies; one remedy removes certain phases, then another miasm comes to the front and this leads the way to the next remedy.

Fifth: We should endeavor to learn the length of action of different remedies, their place of action and plane of action so as to suit these to the susceptibility and pace of patients. Some patients need quick acting remedies; some need slow ones; some need long intervals between doses; others use up the effect of the remedy in a short time.

The interval is *shorter* in *old* people and in *incurable* cases.

The susceptibility to the action of medicines is most various in different people; some are provers of the medicines given them and need the smallest bit to get the reaction; others seem phlegmatic and need more to get them started.

Therefore, we should have a care with high potencies.

Some of the effects shown in susceptible patients are: diarrhoea, a long refreshing sleep, a mucous discharge of some kind, sudden vertigo or faintness.

Sixth: A study of the place of the nosodes in medicine is most important and interesting. Their provings furnish a symptom list which corresponds closely to the pictures of the three chronic miasms of Hahnemann. If the student can get so thoroughly familiar with these groups that they become separate entities instead of a heterogeneous mixture of unrelated symptoms, he can then see in each puzzling case which refuses to yield to the best prescription he can make, the nosode which suits it. Marvellous cures can be made with nosodes in this way. If tuberculosis is of sycotic origin as seems probable, then in some cases, when *Tuberculinum* has helped much and been outgrown, *Medorrhinum* will follow with great benefit, possibly preparing the way for *Tuberc.* again to take hold.

When a series of remedies following each other well, like *Sulph.*, *Calc. c.*, *Lyc.*, has made a fundamental improvement but cannot finish the case, the suitable nosode will cure or else act as an intercurrent, enabling the original series to take up the work again.

The same is true of curable cases for which a single remedy has acted well for a long time and then loses its hold, leaving no clear picture of another remedy. The nosode will complete the cure or reveal the remedy to follow. Sometimes one of the acute remedies will do the same thing.

Probably other uses for these wonderful nosode remedies will be found.

Seventh: Some of the signs of success in chronic treatment are:

Disappearance of symptoms in the right order, that is from *within outward* and from *above downward*; also the *disappearance of recent symptoms* and *reappearance of earlier ones*.

Increase of endurance and resistance even though most symptoms persist. Long curative action of the remedy which denotes plenty of vital force.

In incurable patients:

Mitigation of all symptoms.

Upholding the strength in spite of the progress of the disease until within a few days or weeks of death.

Swift ebbing of vitality with a minimum of suffering or evidences diagnostic of the disease; for instance, cancer in which disease homoeopathy is an angel of comfort.

Many other points will occur to you to add to this group; there is nothing new in these mentioned, but if we could act on them all, all the time, we should succeed better in spreading homoeopathy through the world."

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