

Sir John Weir



Sir John Weir (1879-1971)

1910 - Cases illustrating the homoeopathic philosophy

"This case is brought forward by kind permission of Dr. Goldsbrough, under whose care he was admitted to the hospital. Dr. Goldsbrough asked me to prescribe, after having selected drug by the use of repertory.

E. P., aged 67, had been a painter since 14 years of age; is moderate in alcohol, now non-smoker. Small-pox at 18. Had ague at 24, no recurrence. Contracted syphilis at 20; treated twelve months by a local doctor (allopath). No secondary manifestations. Lead colic when 40; no paralysis. Attending National Hospital Dispensary for a long time for tabes, no improvement.

Present Condition, April 23, 1909. - *Face*: Thin, pale, very anxious, worried expression, almost fear.

Chief complaints are: (1) Dull aching pain left side of body to hip, and also down left arm. (2) Shooting pains on left side - sudden onset and gradually going away, down left arm and from left hip to left foot. < when cold, or if exposed at night, so that he had to wear gloves; > hot application. (3) Excessive tenderness left wrist; < touch, yet > hard pressure. *Mental*: Very irritable, impatient, obstinate, passionate, which < pains; extremely restless, never seemed able to settle. *Head*: Occipital pain, < pressure. *Eyes*: Arcus senilis present, vision fairly good, pupils do not respond to either light or accommodation, diplopia at distance, no nystagmus. *hearing, taste and smell* are good. *Sensory*: Hyperaesthesia from chest down to both legs, left side more marked; pain exaggerated, no delay to sensation. Temperature: response to cold quicker than heat, heat delayed outside both legs; burning sensation both shoulders, left side chest and left arm; no girdle sensation. *Motor*: walk jerkily, slightly ataxic, Romberg's sign somewhat present; fair power in limbs. *Reflexes*: Superficial present, deep, lost entirely at ankle and knee. *Sphincters*: Good control. *Digestive*: appetite good; good deal flatulence; bowels very constipated, has had lead colic, stool small, hard balls with mucus at times. *Urine*: Perfect control, but no force. *Generals*: < : change weather, winter, cold wet weather; is very chilly (own words were, "Would be comfortable if had clothes up to neck and my head out of window"), least exertion. > : open air; gentle motion; warm room, yet desired fresh air; restlessness.

Selection of Remedy

| | | |
|-------------------------|---------------|--|
| Chilly. Lack vital heat | Kent, p.1328 | 63 drugs |
| < Cold wet weather | Kent, p.1312 | 30 drugs in previous list. |
| Desire open air | Kent, p. 1306 | <i>ant. c, ars., bar. c., carb. s. CARB-V. Graph. Lach., LYC, SULPH.</i> |
| < Warm room | | ARS |

Here in four generals by exclusion we come to *ars*.

Suppose we take third list and work particulars into this.

| | | |
|---------------------------------|--------------|---|
| Restlessness | Kent, p.72 | ARS., CARB. S., <i>graph.</i> , <i>lach.</i> , SULPH. |
| Irritability | Kent, p.57 | Ars., CARB. S., GRAPH., <i>lach.</i> , SULPH. |
| < Uncovering | Kent, p.1368 | ARS., <i>graph.</i> , <i>lach.</i> |
| Burning pain | Kent, p.1339 | ARS., CARB. S., <i>graph.</i> , <i>lach.</i> , SULPH. |
| Shooting, stitching pain, thigh | p.1118 | ARS., carb. s., <i>graph.</i> , <i>lach.</i> , sulph. |
| < cold | Kent, p.1028 | ARS. |
| > Warmth | Kent, p.1025 | ARS. <i>graph.</i> <i>sulph.</i> |
| > Pressure | Kent, p.1358 | <i>ars.</i> <i>graph.</i> , LACH. <i>sulph.</i> |

We see here the particulars all markedly fitting to the generals.

Subsequent progress. - April 28, Ars. alb. 1,000, one dose; sac. lac., nocte.

May 1. Marked aggravation of burning and shooting pains in shoulder and left leg; slept better, bowels moved own accord; constipated stool.

May 2. Burning pain entirely gone. The shooting pains have only been at ankles and left wrist, sleep good; bowels even acting three times a day, but still constipated stool. Hyperaesthesia of body disappeared, except at left wrist.

May 4. Little shooting pain left arm; sleep well; eating better; flatulence gone.

May 7. No burning or shooting pains for two days; complains only a little aching left arm; occipital headache, once prominent, has gone; admits feeling greatly improved in every way. which is admission for him, as he always looks on pessimistic side of everything. Bowels acting daily, though still constipated.

May 8 to 21. Much same condition; walking better, feeling stronger; only slight twinges of pain some days.

May 22. Discharged to-day. given arsenic 1,000, one dose and sac. lac.

May 25. Reported himself at out-patients department; had some return of the burning pain at left wrist.

The interest in this case is the selection of the remedy by considering the "generals" of the patient alone. The patient must be first, the disease second. This is especially and almost essentially so in chronic cases, and often thus you get your case down to two or three remedies, or possibly one, as in this case. If there be but one remedy that has the numerous generals, covering them absolutely, in degree as well as frequency, that remedy will cure the case. There may appear a few particulars to contraindicate, but no particular can throw out one wellmarked general. For instance, a case may present many particulars which look like arsenic, yet if "the patient" be aggravated by heat it can never cure.

Usually, however, you have only sufficient generals to bring the you, say six remedies, and here the particular and peculiar symptoms, again indicating the patient, come in, and from them some distinguishing feature is obtained which points more strongly to one remedy.

Often our best cures have been obtained by a remedy chosen solely by generals, which was not known to possess any striking resemblance to the common symptoms of the disease, doubtless due to want of further proving.

How often we find that we cure symptoms whose existence was unknown to us, and the patient coming back and asking if the medicine were intended to cure polypus of nose, or, as in a lady I had recently, a leucorrhoea of twenty-five years' duration. She thought she had mentioned the fact.

William Harding, 39 (old Hospital case, by kind permission of Dr. Epps). Blind since 1897 after meningitis. On *general and mental symptoms alone* I prescribed his remedy.

September 20, 1909. Puls. 10M, one dose, sac. lac. daily.

October 29. Puls. 10M, one dose, sac. lac. daily. Since then, till date, no drug, and *still improving*, even to selectin colours in last two weeks.

The case calls for no change of remedy - *so hands off*.

Begin to get sight back four weeks after first dose; can now read large print, tell colors, and play cards; still improving.

I hope some day to report more on the case, but it illustrates the value of treating the patient.

The results will surprise any who try, and "by the fruits shall ye know them."

In chronic disease treat the patient. This cannot be emphasized enough. We know the saying, "Take care of the pence and the pounds will take care of themselves." In homoeopathy, "Take care of the generals and the particulars *must* take care of themselves."

He [case 1] also showed the disappearance of symptoms from above downwards, the pains leaving rest of body but persisting in wrists and ankles then eventually going. This is always a good indication of cure, because going in a definite order. It is really a working of the trouble to the periphery, again from within outwards.

I once gave bryonia 10M (single dose) to an allopathic scoffer for rheumatism in the knees. In four hours he could hardly bear the dreadful aggravation, and he then felt the pain suddenly leaving the knees, and shoot down the legs as if going out at his toes, entirely disappearing the following day.

But lastly, and much the most important, it illustrates *the single remedy, in potency, in single dose.*

It is a matter of almost every-day experience to prescribe a drug in potency which the patient has been taking some time for years for some chronic complaints without much benefit, and for the potentized drug to succeed where the other failed.

Many who now use potentized drugs to 30th, or 200th still keep repeating daily and they acknowledge that their patients express feeling better at first, but soon lapsing into same old way - in reality worse by far, because they are having implanted in their system a drug disease, a thing to be more dreaded than the original trouble.

In chronic cases you must give your drug time to work. It will most likely bring back old, or indeed, new symptoms, upon which the next remedy should be based. Because a remedy is the right one to-day, that does not necessarily mean that it will suit next time, be based on the totality of the symptoms then existing. There is no other guide to it.

More cases are spoiled by too early repetition than by any other mistake. Prescribe in haste, and repent at leisure. It requires far more knowledge and confidence to know when to keep your hands off than to lay them in. Hasten slowly is a good motto, and never more so than when using potentized drugs.

Case 2. - A. E., engineer, aged 47. Well built, apparently healthy; complaining of excessive flatulence and distention of abdomen for last ten years, with great rumbling in upper part of abdomen, especially about 4 to 7 p. m., and always waking him from sleep at 4 a. m. Usually gets > by excessive escape of flatus, otherwise much pain. Causes great discomfort, as escape is audible.

Stomach. - Appetite good, but heaviness for hours after food, with very great distention; no special desires or aversions in food, though likes the taste of salt, and < pastry.

Rectum. - Bowels act fairly regularly, sometimes ineffectual urging to stool, or only small hard balls, with straining; bleeding from small haemorrhoids; itching of anus excessive when constipation, < heat of bed, preventing sleep.

Head. - Throbbing headache, begin occiput and work over to left eye; < stooping, < motion, must keep absolutely still; < lying, want to keep head erect; > warmth, as usual, shivering accompanies them; > pressure, > darkness. Excessive sweat, streaming, on least exertion.

Throat. - Tickling cough when chilled or in draught.

Urine. - Brickdust sediment very often and especially before itching anus.

Mental. - None special; very punctual; like things done in hurry.

Generals. - No marked increase from hot or cold; stand both, though preferred warmth; great desire for open air and exercise; < change weather; < stimulants. This is a general as "personal", and not any particular aggravation. Sweating on least exertion, especially head, which > him generally.

There are no very marked symptoms, general or mental, except the < from stimulants and the sweating so profusely; but the particulars are very striking, so markedly that the aggravation from 4 to 8 p. m. becomes a general, and must rank high. This, together with the flatulence, and especially the amelioration from passing flatus, also the brick-red dust deposit in urine, makes one think of Lycopodium with Nat. mur. close behind.

January 10, 1910. Lycop. 10M (Skinner), one dose.

January 12. Itching anus, without the usual constipation.

January 13. Flatulence so excessive as to give great pain; this continued for two days, and the patient, not knowing what drug had been prescribed, said, "I should have taken lycopodium for this." He is a very intelligent lay homoeopath, and had been taking lycopodium 3x on and off for years at intervals.

January 19. Return of headaches, very severe; lasted two days.

January 23. Began to have rheumatic pains in left leg, which kept him awake for three nights - so severe that he wired to know if he might take rhus or bryonia. He was advised to keep his hands off, as the pain would likely pass off in a few days. He very wisely did. Had similar rheumatic pains in same leg twelve years ago, but had been perfectly free in the interval.

January 25. Left wrist suddenly became very sore and weak; could not hold anything, nor yet bear weight of arm resting. He experienced this same feeling twenty years ago, then due to a bad twist. Had to give up work for two years. It was massaged and rubbed with every kind of liniment then known. This very sore for the time, but > 27th.

So here we have a man not exposed to any risks or conditions which usually bring on his complaints, and indeed having forgotten of their existence, being suddenly attacked with a return of old troubles in a very definite order, the more recent appearing before what happened years ago, and all reappearing in the "reverse order of their coming," which is the proper order, if the drug is the true homoeopathic simillimum, and is a good prognostic sign. Again, this returning of symptoms shows the drug to be still acting, and must, therefore, not be repeated.

This is his first experience of high potency, in which he had no faith, but he declares it has fairly shaken him up, and made him feel better generally than he has done for twenty years.

The following are the direction of symptoms during cure:

(1) From within outwards, i. e. from the deeper or more vital parts to the more superficial. Hence the amelioration first in the loves or hates before the more gross symptoms.

(2) From above downwards.

(3) In the reverse order of their appearing.

Kent writes, p. 31., Philosophy: "You would naturally expect if it is the interior of the man that is disordered in sickness, and not his tissues primarily, that the interior must first be turned into order and the exterior last. The first of man is his voluntary, and the second of man is his understanding, the last of man is his outermost; from his centre to circumference; that is, *from above downwards, from within outwards*, from the more important to less important organs, from the head to the hands and feet. Every homoeopathic practitioner who understands the art of healing knows that symptoms which go off in these directions remain away permanently.

Moreover, he knows that symptoms which disappear *in the reverse order of their coming* are removed permanently. It is thus he knows that the patient did not merely get well in spite of that treatment, but that he was cured by the action of the remedy, because if the disease were allowed to run its course, such a result would not take place. The progression of chronic diseases is from the surface to the centre."

These facts can be verified almost daily on your patients. In fact, I invariably warn them of its possible occurrence when taking on a new case, and tell them that in proportion as the old symptoms are thrown back upon the surface so is their recovery. Complaints of the inner parts, heart and chest, must in recovery be accompanied by manifestations upon the surface, in the extremities.

Take a case of rheumatism of heart getting better - often accompanied by the knees or feet becoming rheumatic, and they feel annoyed. And if the doctor does not know or appreciate what is taking place he prescribes for the superficial manifestations, only to drive it back again into the system, with disastrous results.

This explanation to the patients is only their due - it saves much worry to both patient and doctor. How often do we find those who want immediate relief despite the explanation, and it takes all the grit and confidence of the medical attendant to withstand the appeal; but we are standing for principles, and the man who yields does so to the hurt of his integrity and his success - because out of apparent chaos order quickly comes, and he earns the confidence and respect of the patient for having borne them through a critical period. On the other hand, you may lose your patient. I lost two new ones last week because they were not prepared to have return of old trouble brought to the surface. They will try other means, and when that fails I expect to see them back. If they want to be cured they must face it.

I mentioned at the beginning that he was apparently healthy or strong. This is important as a guide to the potency. As he remarked to me afterwards, "What would have happened to me if I had not had a fair constitution to withstand it all?" - a very pertinent question. It is here where physical examination and a knowledge of pathology are absolutely essential. Where deep tissue changes are present, e. g. old phthisical condition of lung, kidneys, or liver destroyed, we must be careful, as such aggravation often cannot be recovered from. Many such have been prematurely sent to their graves, and where tissue changes are known, it is better to go low - to say 200th than risk a 10M.

It seems strange that a patient should express himself as feeling very well, indeed, without any marked diminution in symptoms, but the innermost part is telling that change is going on. "I don't now why it is, but I do feel better." You have got the right drug - keep hands off, and soon the symptoms will go. You are clearing your house in proper order - get the source clear, and what springs from it must of necessity be pure."

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