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"As a rule, a case defies our efforts to find the curative remedy, not because there is no remedy which would cover its symptom totality, but because we have failed to consider or to recognize this remedy. Every single substance of the mineral, plant and animal world represents a potential medicine which may be required in a given disorder. Of all these millions of therapeutic possibilities even the most encompassing of all, Boericke's *Materia Medica*, lists approximately twelve hundred. Yet even of the greater majority of those we have only a very fragmentary knowledge as far as symptoms for exact prescribing are concerned. We usually limit our prescribing to perhaps a hundred of our best proven polychrests.

It is often held that a really thorough knowledge of those polychrests is sufficient to cover every and any case we may be confronted with. After all, these drugs *are* polychrests because their nature and composition bears such a fundamental relation to the human organization that the majority of disorders requires their prescription. On the other hand we ought to admit to ourselves that, because we are more familiar with them than with the other medicines, we tend to lean upon the polychrests more heavily than is sometimes justified by the patient's needs. No remedy can ever take the place of the simillimum. Undoubtedly, the polychrests are most basis substances and of deep action. Yet, when a remedy of only a superficial sphere of action happens to be indicated by the symptoms, any other one, though of constitutionally deeper repute, will act no better than distilled water. Often we meet with references to certain drugs as "good" remedies for this or that. This way of thinking is contrary to Homoeopathy. There are no "good" or "bad" medicines, but only *indicated* or not indicated medicines. *Sulphur* or *Calcarea* may be quite "bad" medicines and some little obscure herb with but a superficial effect a "good" one, if required by the symptoms of the individual case.

It has been the writer's experience that from among every ten patients seven or eight, in the average, will actually require and satisfactorily respond to a polychrest. The other two or three, however, require a more unusual remedy, at least temporarily. From among these cases we recruit the bulk of our failures and unsatisfactory improvements. Often we assume obstacles to recovery where the only obstacles lies in our fragmentary knowledge of the *Materia Medica*.

The case presented in this paper at first defied the best efforts of diagnosis and of prescribing. Failing to respond to the apparently well indicated polychrests, this case furnished valuable, well-defined symptom material for the relatively unproven drug which turned out to be the correct simillimum.

Mrs. S., 36 years. Two years before the onset of the present illness she had lost a little son through an accident. She never regained her peace of mind. During the last preceding months she was under great addition strain, emotionally and physically, caring for her disabled parents. At the end of December, 1948, in a state of utter physical exhaustion and nervous strain she contracted a cold. A few days later, at the exact anniversary of the child's death, she was completely immobilized by an excruciating pain in the right lumbosacral area. The next day found her unable to void urine and to move her legs at all. Examination showed an area of muscular constriction along the lower spine with somewhat accentuated but normal reflexes

and undisturbed skin sensorium. However, the patient was in a state of frenzied restlessness, screaming and crying with pain, unable to lie still, yet aggravated by any motion. There was no urge for stool whatsoever and urination could be induced only by pouring warm water over the perineum. The temperature was between 99.5 and 100. An orthopaedic specialist ruled out a slipped or ruptured disc, though an incipient caries remained a remote possibility. The modalities were: worse at night; very chilly, yet better open air; tearful disposition; restlessness; and the fact that the last period had been extremely scanty, almost completely suppressed. Rx *Pulsatilla* 200. Relief moderate and short-lived. *Pulsatilla* 1m followed by a temperature rise to 101; for a day the pains became somewhat more tolerable. The paralysis, on the other hand, increased. The possibility of a myelitis was considered now, and neurological consultation was requested. The neurologist, one of the best men in his field, at first leaned towards the diagnosis of a myelitis, then learning about the emotional background was more inclined to consider it a conversion hysteria. Since the family was extremely alarmed, he suggested immediate hospitalization for a diagnostic "work-up". Before she was taken to the hospital the symptoms were reviewed again. Additional features, now, were an extreme drum-like distension of the abdomen, loud belching, nausea, loss of appetite, at times brownish vomiting, a great thirst for cold water which was taken in little sips, an aversion to sweets, an offensive odour from the mouth, and a feeling of heaviness and oppression on the chest. Still tearful with indefinite fears. The pain now cramping and shooting in waves like labour pains. *Phosphorus* 200. Upon arriving at the hospital the next day the pain was somewhat easier and the bladder function gradually became normal but the inactivity of the rectum remained. The patient remained in the hospital for about six weeks with all diagnostic and therapeutic attempts unavailing. She returned home unimproved and without definite diagnosis. However the homeopathic study of the case could be resumed again. Because now a state of utter exhaustion dominated the picture and in view of *Phosphorus* having done relatively best, though failing upon repetition in the same as well as in a higher potency, *Phosphoric acid* 200 and later 1m was given. For several weeks the patient improved and became able to rise from her bed and move about, slowly and with support. However, the pains were still almost unbearable, particularly during the night, after the first sleep, and with every change of weather towards rain or electric storms. Mentally also she was not better. After a few weeks *Phos. acid* did not elicit any further response. Additional symptoms, were flushes of heat and an inability to concentrate on any thoughts. *Lachesis*, *Sepia*, *Mag. carb.*, and *Rhus tox.* gave absolutely no response.

Now, two months after the first onset of her illness, *Latrodectus mact.* 200 was given. There was such an immediate and gratifying relief of all mental and physical symptoms that there can be no doubt but that *Latrodectus* was indicated from the very beginning. Within a few days the patient moved and walked freely and had only slight distress at night. Within two weeks she became practically normal.

Four weeks after this, a sore throat occurred with desire for and better from cold drinks. *Merc. sol.* 200 given with little improvement; 1m improved the throat but brought back the backache with the patient generally worse. *Latrodectus* 200 again removed the whole of the disturbance including the throat. Four and a half months after the onset, heart palpitations, hot flashes and chilliness, back pain on bending, sore throat and clogged up nose, soft bleeding spongy gums, ravenous appetite and thirst again responded to *Latrodectus* 200.

Subsequently, the toxicology of *Latrodectus mactans*, the black widow spider, was studied. It was rather embarrassing to find that even the crude toxicological symptoms, as far as they are known, represent a perfect replica of this patient's condition. From the very beginning, even from the toxicological picture, the remedy would have been indicated had this picture known then to the prescriber. Unfortunately, however, *Latrodectus* had been mentally associated with angina pectoris and nothing else, a very unhomeopathic mental attitude indeed!

The symptoms observed in clinical cases of spider bite, which were also outstanding in this case and removed by the potentized drug, should be added to our symptomatology of *Latrodectus*, thus enlarging the scope of its use.

The following is a digest of this material which so far does not appear in any of our *Materia Medica*s, to my knowledge.

Latrodectus mactans

The leading and determining features are:

Extremes of *tension*, *spasticity* and *constrictiveness* and *prostration*.

They manifest themselves in the *mind*, the *chest*, *abdomen*, the *lumbar spine* and the *lower extremities* in the first place.

The modalities are worse during the night, worse during damp weather and change of weather, worse before a thunderstorm, restless, tossing about but worse from motion and exhausted by every effort, chilliness, lack of vital heat but flashes of heat. Syphilitics and alcoholics are hypersensitive to *Latrodectus*; alcohol especially aggravates all of its symptoms, thus suggesting alcoholism and constitutional syphilis among the general indications for *Latrodectus*.

Mind: Extremest restlessness, constantly tossing about, fear, depression, hysteria, unrestrained and causeless crying in usually emotionally stable strong men.

General: Extremest prostration, every effort is too much. Perhaps ill effects of overwork, etc. Muscle spasms with twitching, knotting, tremor, hyperactive reflexes and excruciating cramp-like unbearable pains, coming and going in waves like labour pains. Muscles sore to the touch. Worse motion, yet patient so restless that he cannot lie still.

Chest: Angina pectoris; constrictive pain spreading to left shoulder and back; feeling of oppression; laboured respiration with an uncontrollable expiratory grunt. Palpitations of heart.

Abdomen: Rigid as a board (*defense musculaire?*); distended like a drum. The distension is only slightly relieved by passing flatus. The whole picture most closely simulates an acute surgical emergency like perforated gastric ulcer, ruptured appendix and incipient peritonitis. (The temperature is sub-febrile in the poisonings.)

Spine and back: The lumbar area shows the greatest degree of constriction; shooting cramping pains; feeling as if the back were broken. Feeling of icy coldness from the hips downward. Paralysis of all function associated with the lumbosacral nerve plexus (genitals, urinary, rectum, and lower extremities).

Extremities: Paralysis, increased reflexes, spasticity, inability to lift legs because of spasm of the extensor muscles of the hips. Tenderness of the calf muscles upon palpation, tingling sensation and numbness in hands and feet. Burning and stinging of the soles of the feet, as if they were on fire. Swelling of ankles.

Head: Headache (worse lying, better sitting?) probably congestive; tendency to apoplexy. Stuffiness of the nose.

Digestive: Dry mouth, sore throat, great thirst for cold water which betters the throat, continuously drinking. Loss of appetite or ravenous hunger. Vomiting of bitter brown matter. Extreme gaseous distension. Absolute inactivity of the rectum.

Female: Menses suppressed, scanty, delayed.

Urinary: Retention of urine, paralysis of the bladder, better warm application and pouring warm water over perineum.

Circulatory: Flushes of heat followed by chilliness; apoplectic tendency, elevation of blood pressure; heavy perspiration.

The restlessness and constriction is shared with *Tarentula*; the coldness worse from dampness, worse night and the neuralgic tendency with *Aranea*. However, *Aranea* has diarrhoea and profuse menses; *Latrodectus* has suppressed menstruation and constipation.

Latrodectus presents itself as a medicine with very characteristic symptoms of broad range and deep effect upon the vital force. It probably deserves an important place in our therapeutic armamentarium. We should consider it in acutest emergencies and neuralgic syndromes which conform with the mental and general symptoms thus far elicited."

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(Edward C. Whitmont, M. D., Polychrest versus less frequently used remedy: additional symptoms of *Latrodectus Mactans*. Read before Bureau of Clinical Medicine, I. H. A., June 22nd, 1949. *The British Homoeopathic Journal* 1950, p. 173-176)

1953 - *Aristolochia clematitis*

"This paper introduces a drug into our English Materia Medica which deserves a place foremost among our polychrests. *Aristolochia* is one of the oldest medicinal herbs. It has been used in ancient Egypt, in medieval Europe, as well as by the aborigines of the Americas, particularly against snake bites. The name which the Egyptians gave it is "anti-snake". The name *Aristolochia* is supposed to have been introduced by Paracelsus and means "excellent for labor," thus referring to its relation to the female genital function. It also has had widespread use in popular medicine as a vulnerary. In animal experiments carried out by Madaus in Germany, it proved effective against experimental gas gangrene infection. This effect seems to be due to an increase of the defensive forces of the organism, since no bacteriostatic action *in vitro* could be demonstrated. Toxicologically, it causes menorrhagia, abortion, hemorrhagic nephritis, gastroenteritis, fatty degeneration of the liver and internal massive and capillary hemorrhages; it also affects the central nervous system, producing nausea, dizziness and convulsions.

Systematic provings upon healthy individuals were carried out by Julius Mezger of Stuttgart, Germany. The complete Materia Medica of the drug is published in his book *Gesichtete Homöopathische Arzneimittellehre* (Sifted Materia Medica), Karl Haug Verlag, Stuttgart, Germany.

The following presentation is based upon Mezger's symptomatology. Some amplifications are added based upon my own clinical experiences with the drug. Wherever they occur they are specially marked as such by asterisks.

The main directions of action of our drug are:

1. *Urinary tract* (irritation, inflammation, cystitis, pyelitis, polyuria).

2. *The female genital tract* (ovarian pathology, amenorrhea, oligomenorrhea, hypomenorrhea, delayed menarche, menopausal arthritis, pregnancy, labor, sterility).
3. *Male genitale tract* (prostatitis and epididymitis, G.C.); similar to *Pulsatilla*.
4. *Gastrointestinal tract* (colitis, diarrhoea with tenesmus and feeling of unfinishedness); similar to *Mercury*.
5. *Vulnerable* (infected wounds, blisters from mechanical causes - rowing, riding, etc.).
6. *Skin* (chronic and acute eczemas, dermatitis, infections and ulcerations).
7. *Veins* (varicose veins, phlebitis).
8. *Nose and sinuses*.

The medicine strikes us as a hybrid of *Sepia*, *Pulsatilla* and *Arnica*, if it is permitted at all to express something new, different and unknown in terms of something already familiar. This should not cause us to use the drug as a combination medicine, so to say, when we fail to differentiate between *Sepia* and *Pulsatilla*; remembering those related medicines may help us to grasp the spirit of the new substance by relating it to something already well known. The physical symptoms bear a striking resemblance to *Pulsatilla*. The mentals and the personality type seem nearer to *Sepia*.

Mentals and personality type. In some provers there was depression; in other instances, an existing depression became markedly improved and yielded to a rather cheerful mood, particularly before the menstruation. Among my own patients observed so far, the striking observation was the prevalence of extremes of moods, namely either a marked depression or a rather forced or unreasonable exhilaration and cheerfulness, even in alternation. Also found were extreme states of extroversion or introversion in the same person. We may be tempted to classify the *Aristolochia* type as characterized by emotional instability of the manic-depressive kind. Tearful depression, fear of people (rather than the active spiteful aversion of people), easily offended, hypersensitive, lack of self-confidence, complaints of anticipation (?). They are not easily comforted as *Pulsatilla* but rather inconsolable and cross when in the depression, yet not actively aggravated by consolation like *Sepia*. Depression improved with return of suppressed menstruation (after hysterectomy).

General symptoms. Extreme chilliness not better by external heat. Insatiable hunger. Great tiredness and exhaustion alternating with unusual activity and ability to perform - again the manic-depressive response pattern. Great exhaustion with dizziness and chilliness not relieved by outer warmth. Extreme hunger in spite of indigestion. Tendency to cold extremities and bunions. *Amenorrhea, oligomenorrhea, suppressed menses*, weak and short menses. Poor circulation and local congestion (venous). "Venous type." The *modalities* show a close similarity to the pattern of *Pulsatilla*. The patient is extremely chilly, and most local symptoms are better from local heat and worse from cold (particularly the facial neuralgia, toothache and cough). However, the headache and coryza are better from cool air and cool applications. In turn the patient desires and is better by cool air, better from motion, better from onset of any discharge; worse before menses and better with onset of menses; the general aggravation is in the morning upon rising and at 2-4 a.m. (sleep, cough).

Head. Headaches better open air, cool applications, worse before and *after* menses, better beginning of coryza, worse bending forward.

Eyes. Sensation of scratchiness, burning, lachrymation, worse reading, strong light.

Ears. Tinnitus with otalgia and headaches. Promotes epithelization after radical operation of middle ear. Acute otitis media.

Nose. Coryza with stuffy nose and headaches, better in cool, open air. Violent headaches better with onset of coryza. Watery coryza with much sneezing, worse 8-9 a.m. Nasal polyps with secretion, congestion (local application). Hayfever,* anosmia (?).

Face. Facial neuralgias.

Mouth. Cracked corners of mouth. Herpes labialis. Toothache, apical swelling, worse from cold food, better from warmth.

Throat. Dry throat, sore throat. Yellow coating of tonsils, hoarseness.

Gastrointestinal. Ravenous appetite or loss of appetite. Feeling of squeamishness with empty stomach: faintness, dizziness forcing to lie down. Intense nausea with chilliness. Sour, bitter vomiting; vomiting after sauerkraut, better after milk. Gastritis. Ineffectual desire for stool. Diarrhoea with sudden call, so that toilet is barely reached. Virus enteritis with tenesmus; evacuation of mucous without stool. Tenesmus causing rectal prolapse not even better by evacuation of mucous. Chronic enterocolitis with constant rectal pressure soon after evacuation. Diarrhoea after each meal. Neurospastic intestinal states.* Emotional,* anticipatory enteritis* and colitis.* Constipation with much flatulence (improved during proving). Bleeding hemorrhoids. The intestinal symptoms are attended by much freezing and chilliness.

Respiratory. Asthma bronchiale.*

Urinary. Frequent desire for urination with pain in bladder and urethra. Painful, frequent urination worse at night. Involuntary dribbling of urine. Enuresis nocturna, cystitis, pyelitis from exposure to cold (soldiers). Sudden pain in kidney area. Albuminuria. Whitish sediment in the urine.

Male genitals. No proving symptoms, but clinically in prostatitis, epididymitis worse from cold. G.C.

Female genitals. Abdominal cramps before menses. Heaviest dysmenorrhea. Amenorrhea, oligomenorrhea, etc., delayed menarche. Restores menstruation which is too weak or suppressed, even in cases after amputation of uterus. General symptoms better as menses appear. Amenorrhea due to confinement in prison, camps, flight or travel ("*Lager amenorrhea*"). Amenorrhea of lactation. Menses weaker and shorter. Too early menopause. Leucorrhoea, mucous brownish before menses. Mentals and generals worse before menses. Sensation of pain and hardness in left breast. *Voluptuous itching of vulva and rectum. Eczema. Swelling of feet and ankles before menses.*

Extremities. Tearing-sticking pains of joints, better at onset of menses or mucous bloody leucorrhoea; worse from sewing or knitting. Menopausal arthroses. Upper arms painful upon pressure. Legs feel heavy like lead. Excessive swelling of the extremities before menses, better onset of menses. Cold extremities.

Varicose veins. Congestion and varicosities of pregnancy. Feeling of tension in varicose veins.

Skin. Pimples and vesicles at various places. Acne* worse before menses; furunculosis.* Extensive dry eczema on neck, arms, etc., itching-burning. Crusty eczema of scalp, labia, vulva, around navel* with intense itching. Erysipeloid eruption on trunk. Dry cracked skin.* Weeping eczemas. Poorly healing skin. Poorly healing wounds; infected wounds. *Blisters from rubbing shoes, rowing, garden work, horseback riding, etc.* Infected blisters from marching (soldiers). Also external injuries from rubbing, pressure and contusions. Chronic ulcers and suppuration of hands and feet. Phlegmon, infected ulcers, dermatitis (10% ointment or 1-2 tablepoons of tincture to 500 cc water. For the more acute infections or inflammation rather the watery application).

Prevents infection of fresh wounds and promotes granulation. Painful contusions, burns, frozen extremities. For external application it seems to be superior to *Calendula*. All sorts of suppurations, septicemia (??).

Temperature regulation. Chilliness over the whole body. Nightsweats. Chilliness during menses. Fever with tonsillitis. Cold extremities. *Excessive flashes of heat with perspiration** (menopause).

In routine office work, first consideration is to be given to *Aristolochia* before any other remedy (unless definitely indicated) in any case of *suppressed or deficient menstruation* (such as usually associated with *Pulsatilla*), as well as in the average case of *cystitis*. As a vulnerary, it seems to be superior to *Calendula*."

(Edward C. Whitmont, M.D., *Aristolochia clematitis*, *The Homoeopathic Recorder* vol. 69 (1953), p. 74-78)