

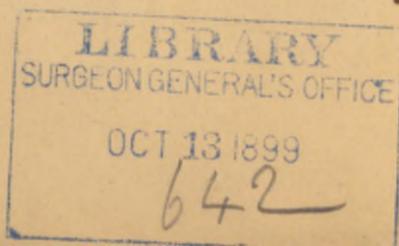
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THERAPEUTICS OF BENIGN TUMORS.

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Whether our remedies are able, generally, to remove tumors, even when benign in character, is a question not yet satisfactorily answered. While a very large majority, even of homœopathic practitioners, are probably skeptical as to such results; there are not a few who assert positively that such growths are curable by potentized drugs, and report cases in which they fully believe this has been done.

In support of this belief, it has been asserted that tumors are not to be regarded as constituting the disease or as, in their nature, local, but merely as the symptoms or local manifestations of some constitutional dyscrasia, on the eradication of which, by appropriate medication, the effects will necessarily disappear. This assertion, like many others, can neither be positively proved nor disproved in the present state of our knowledge. It may, however, be accepted as probably true of certain growths, and probably false of certain others; though where the dividing line should be drawn it would be impossible to determine. Even if this theory be conceded as universally true it does not follow that, the cause being removed, the effects must cease. On the contrary, the fact is too well recognized to require illustration, that a train of events may continue its progression indefinitely, long after the initial force has ceased to be operative. If we suppose a morbid growth to be developing under the direct influence of some morbid force, we may reasonably expect to arrest its progress if we can remove the cause; but it does not follow



that this alone would produce that retrograde metamorphosis necessary for the removal of the growth already present. Neither are we warranted in assuming that the conservative forces of nature can, unaided, accomplish such removal. On the other hand there is reason to believe that morbid growths are not infrequently sustained and fed through a purely local stimulation, resulting from mechanical irritation by the growths themselves; or from some accidental extraneous circumstance.

1. We will assume then that, of the entire number, a considerable proportion of the benign tumors we meet with arise from purely local or mechanical causes; and for these medication offers the least promise of success.

2. Of the remainder, or those which originated in some constitutional cachexia, a portion have already ceased to feel the influence of the original cause; are sustained in a kind of independent existence by local or mechanical causes; and are therefore essentially in the same category as those of the preceding class, and subject to the same principles of treatment.

3. Including all growths developing under the continued influence of a systemic dyscrasia. These should be most readily controlled by constitutional treatment. Supposing such treatment to be adopted as will eradicate the dyscrasia, we may expect one of two results. If the growth has progressed sufficiently far to enable it to maintain an existence independent of the primary cause, we shall find it assuming the characteristic of class two; while, if taken at an earlier period, the growth may disappear with the removal of the cause.

Since the sole province of homœopathic remedies is to secure the normal performance of the vital functions, we conclude that if the conservative forces of nature are not able to eliminate a morbid growth, when the constitutional disturbing cause has been removed, we can expect nothing further from medication. The reason is that a continued mechanical irritation or stimulation of a part or tissue would naturally be followed by increased activity or perversion of growth, the natural result of a perfectly normal performance of the organic functions. A mechanical cause should and must be mechanically removed.

We conclude, then, that only in a limited number of cases can we reasonably expect medicinal measures to accomplish the removal of tumors.

The selection of remedies for this purpose is attended with considerable difficulty. The pathogenesis of very few, if any, of our drugs exhibit any well-defined tumors, resulting from our provings; and since there are generally no other constant or essential symptoms found in these cases, we have no guide in the selection of remedies but occasional concomitant, disassociated symptoms; and frequently there are none of any kind. These concomitant symptoms, being, for the most part, purely accidental or entirely independent of the disease we are seeking to cure, are evidently unreliable as a basis of treatment.

The etiology of most tumors, of constitutional origin at least, is involved in such obscurity that we are left without even the clue which such knowledge would, perhaps, afford; so that, up to this time, it must be conceded our medical treatment of this class of affections has been generally empirical, and its successes can not be fairly claimed for Homœopathy, even though they may have been accomplished by potentized drugs.

Prescribing homœopathically is one thing; using drugs empirically, even when prepared in the form usually employed by homœopathic physicians, is quite another: and if we would be honest, we have no right to claim for Homœopathy the results of any prescription not based upon the similarity of the symptoms of the case to the pathogenesis of the remedy.

Whatever of value our literature affords upon this subject is, therefore, of the character of clinical experience. Numerous cases have, no doubt, been reported from the time of Hahnemann down to the present; some of them of practical value. But as neither the time nor the facilities for making a complete digest of these reports have been available to the writer, we must content ourselves with a brief resume of what seem to be the most tangible results in the clinical experience of practitioners of our school. *Undoubtedly tenfold more, and riper, experience lies buried in the memories or notebooks of busy physicians throughout the world, than all that has as yet been published; and if this paper shall fortunately

provoke the divulgence of some of this knowledge, it will surely have subserved a useful purpose.

In a considerable proportion of the cases reported as cured by remedies, the cure has been accomplished either through the elimination of the tumor *en masse*, as in the expulsion of uterine fibroids, or of polypi of the uterus, vagina or nares; or else through the rupture and discharge of the contents of cystic growths and subsequent obliteration of the cyst by suppurative inflammation. It may well be doubted whether such cases can be fairly considered legitimate cures by remedies; whether the drugs given had any thing to do with the result. Probably a large majority of physicians and surgeons of both schools, whose credulity has not given them over entirely to the fallacy of *post hoc, ergo propter hoc*, will continue to consider such results as due solely to the spontaneous efforts of Nature, and their relation to the treatment as a simple coincidence, nothing more.

SEBACEOUS CYSTS.

*Belladonna*³⁰ cured several cases of wens of the scalp.¹

Kali brom. "Great advantage from the internal administration, given in two grain doses three times a day."²

"*Calcarea carb.* is recommended by Professor Dunham for encysted tumors of the head and neck, with fluid or semi-fluid contents."³

Staphysagria has been successful in removing sebaceous tumors of upper eyelid (after styas), and

Thuja, when arising from meibomian glands.⁴

*Graphites*³²⁰⁰⁰, rapid cure of cystic tumors of eyelids.⁵

*Silicea*³⁰. Cystic tumor of lower eyelid, existing one year, was cured by one dose every night in fourteen days.⁶

SYNOVIAL CYSTS—BURSÆ—GANGLION.

Silicia. Chronic bursitis had generally yielded to it.⁷

Kali iod. "In my experience the Iodide of potash is more

1. New York State Transactions, 1864. John Hornby, M. D.

2. Helmuth's Surgery, p. 180.

3. Helmuth's Surgery, p. 180.

4. Prof. W. H. Woodyatt.

5. Amer. Hom. Obs., 1874, p. 45.

6. Stens Sr. Allgem. Hom. Zeit., Vol. LXXXIX, p. 156.

effectual in chronic bursitis than any other medicine which I have employed."⁸

Silicea, followed by *Calcarea carb.*, cured ganglion of wrist, size of hazlenut, in four months.⁹

OVARIAN TUMORS (CYSTIC AND OTHERWISE).

*Colocynth*²⁰⁰ cured (fibrous?) ovarian tumor.¹⁰

Colocynth^{200 1000 100000} cured cystic tumor of ovary.¹¹

*Podophyllum*²⁰⁰ twice cured a tumor of the right ovary in the same patient, with an intervening period of health of fourteen years.

*Lachesis*²⁰ also removed enlargement of left ovary in the same patient.¹²

*Graphites*¹² cured tumors of both ovaries simultaneously.¹³

Platina. Ovarian tumors diminished.¹⁴

Kali brom. (crude) cured ovarian cyst.¹⁵

Apis mel. and *Arsenic.* cured one case.¹⁶

In allopathic practice, bromide and iodide of potassium, chlorate of potassa and oxide of gold have cured quite a number of cases.

The difficulty of arriving at a positive diagnosis in many cases of ovarian tumor leaves, naturally, some uncertainty as to the accuracy of many of the reported cures.

LIPOMA (ADIPOSE OR FATTY TUMORS).

*Crocus*²⁰⁰ cured fatty tumor of scalp with hemorrhage of dark stringy blood, with feeling as something were alive in the tumor.¹⁷

*Baryta carb.*²⁰⁰ It has been my good fortune to treat quite a number of cases. I have uniformly used *Baryta carb.*²⁰⁰, and have not yet failed to cure a single case.¹⁸

7 Mr. Pope, Discussion in British Hom. Congress, 1871.

8 Helmuth's Surgery, p. 506.

9 Hermann Welsch, Allg. Hom. Zeit., No. 24, 1874.

10 Carroll Dunham, N. Eng. Med. Gazette, 1869, p. 211.

11 J. G. Gilchrist, Med. Investigator, 1873, p. 632

12 Wm. Gallupe, American Institute Transactions, 1869, p. 328.

13 Dudgeon, Brit. Jour. Hom., 1873, p. 183.

14 M. B. Jackson, N. A. Jour. Hom., Vol. XXII, p. 93.

15 T. Black, Brit. Jour. Hom., January, 1869.

16 Helmuth's Surgery, p. 1181.

17 J. C. Morgan—see Helmuth's Surgery, p. 183.

18 T. S. Hoyne, U. S. Med. and Surg. Jour. July, 1873, p. 425.

Prof. Chas. Adams reports having as uniformly failed with Baryta in several cases, upon which he has tried both the carbonate and the iodide.

FIBROUS TUMORS.

This class, undoubtedly, includes a large number of cases diagnosed as scirrhus, especially of the breast, and reported cured by remedies, or operated upon as cancer. Probably few physicians of experience have failed to see several such cases. A smooth, rounded, dense tumor, from the size of an almond upward, is found in the breast. It is usually movable, not very sensitive, enlarges slowly, with some slight lancinating pain, often aggravated before the menses.

*Conium m.*² Hard, round, movable tumor of the breast cured.¹⁹

*Conium*³⁰⁰ cured, in two months, a tumor of the breast, size of a walnut, resulting from a bruise.²⁰

*Silicea*²⁴. Hard, nodular tumor of breast ("scirrhus"?) cured in two month's.²¹

*Conium*⁶ ³⁰. Same kind of tumor as the preceding, size of hen's egg. *Silicea*²⁴ had no effect.²²

*Conium*¹⁰⁰⁰. Hard and painful lumps in the mammæ reduced.²³

*Conium*³ cured a small painless tumor in the breast, near the nipple.²⁴

Belladonna (plaster) relieved a painful, indurated tumor of the breast.²⁵

*Silicea*²⁰⁰ ⁶⁰⁰ cured a tumor of the breast (in a man) 1½ inches in diameter and ½ inch thick.²⁶

*Silicea*²⁰⁰ ⁶⁰⁰. Scirrhus (?) of breast improving.²⁷

Conium and *Calc. carb.* I have found the most efficient remedies for fibrous tumors.²⁸

19. W. T. Helmuth, New York State Transactions, 1870.

20. J. G. Gilchrist, Med. Inv., Vol. VIII., p. 8.

21. Zeit. f. H. Kl., No. 12, p. 91.

22. Zeit. f. H. Kl., No. 12, p. 91.

23. North Amer. Jour. Hom., Vol. XXI, p. 553.

24. J. H. Nankivell, Hom. World, Vol. VIII., p. 79.

25. New York State Transactions, 1864, p. 112, Dr. B. F. Bowers.

26. J. B. Bell, New Eng. Med. Gazette, 1869.

27. J. B. Bell, New Eng. Med. Gazette, 1869.

28. Helmuth's Surgery, p. 189.

*Conium*³ dec. To the above I can add my own testimony as to the efficacy of this remedy, having three times used it successfully for tumors of this class. The testimony seems abundant to prove the value of *Conium* in fibrous tumors of the breast and other glands, especially in lymphatic subjects, and connected with menstrual disorders. This simply corresponds to the pathogenesis of the remedy.

UTERINE FIBROIDS.

Ustilago madis. Sub-serous or interstitial fibroid much diminished under use of this remedy.²⁹

Ustilago madis.³⁰ Similar case, similar result.³⁰

Kali hyd.^{30 300} cured several cases of intra mural uterine fibroids.³¹

Kali hyd.³⁰⁰ removed thickening of posterior wall of uterus.³²

Calcar. iod. has, in at least one instance in my own hands, greatly reduced and relieved a large intra-mural fibroid of the uterus; the influence of the remedy being most marked in relieving the severe menorrhagia, for which it was originally selected. In several other cases it has been used, in conjunction with other remedies, with excellent results; sufficient, at least, to warrant careful trial in similar cases. I have usually used Nichol's preparation, putting about five to ten grains of the crude into four ounces of hot water and giving a teaspoonful of the clear, supernatant fluid, three or four times a day. I have not used the medicine in triturations because it is very unstable; decomposing very readily on exposure to light and air.

POLYPOID GROWTHS.

The reports of cases of various kinds of polypi have generally been so vague as to make it impossible to determine the precise character of the growths—whether mucous, fibrous or fibro-cellular.

Sanguinaria. A decoction used as an injection, per vaginam, removed two uterine polypi by absorption.³³

29. W. H. Burt on *Ustilago madis*.

30. E. M. Hale, American Institute Transactions, 1870, p. 475.

31. Professor Charles Adams.

32. Professor Charles Adams.

33. H. C. Spaulding, New Eng. Med. Gazette, March, 1873, p. 126.

Conium^{16 30} was followed by expulsion of five polypi of various sizes with uterine contractions and profuse hemorrhage.³⁴

*Calcarea carb.*³ was followed after fifteen days by the expulsion of two fibrous polypi of the upper portion of the vagina. Thuja¹ had first been given to check profuse serous discharge.³⁵

*Thuja*¹⁸. In a case mentioned by Dr. Petroz, caused in eleven days, the detachment of a large and very distressing fibroid-polypus.³⁶

*Calcarea carb.*²⁰⁰. Eight doses cured a severe case of polypi of both nostrils, of two years duration, after the failure of *Teucrium*²⁰⁰ during six weeks.³⁷

*Calcarea phos.*³ cured large polypus of left nostril (internally and topically) after it had first been considerably reduced by local use of *Sanguinaria*.³⁸

*Calcarea carb.*³ dec. and *Phosphorus*³ dec., alternately, prevented redevelopment of frequently recurring cysto-mucous polypi of nose.³⁹

*Phosphorus*³⁰, *Sulphur*³⁰ and *Calcarea*³⁰ at long intervals, cured nasal polypi.⁴⁰

*Calcarea carb.*⁶ had reduced polypus of the velum fully two thirds when last examined.⁴¹

*Teucrium*³⁰ dec. cured mucous polypi of both nares in about four months, boy aged eleven.⁴²

*Teucrium*³⁰ cured mucous polypi hanging out of the nose, a year or more, boy aged fifteen.⁴³

"The best medicines are undoubtedly *Calcarea carb.*, *Teucrium*, *Phosphorus* and *Sulphur.*"⁴⁴

"Dr. John E. James speaks highly of freshly powdered *Sanguinaria canadensis* root, blown through quill or other

34. North Amer. Jour. Hom., Vol. XXII., p. 62.

35. S. M. Alvarez, N. A. J. H. v. XXII., page 62.

36. J. H. Woodbury, American Institute Transactions, 1870, p. 474.

37. W. P. Wesselhoeft, N. E. M. G., February 1873, p. 49.

38. W. F. Hocking, O. M. and S. R., 1873.

39. Med. Advance, September 1873, p. 401.

40. S. M. Alvarez, N. A. Jour. Hom., Vol. XXII., p. 350.

41. Prof. J. S. Mitchell.

42. William Gallupe, American Institute Transactions, 1870, p. 451.

43. William Gallupe, American Institute Transactions, 1870, p. 452.

44. W. T. Helmuth—see Surgery, p. 864.

cylindrical tube over the whole polypus. In many, if not in most cases, three applications, at intervals of from three to seven days are sufficient, to effect a radical cure; and should the polypus be so large as to necessitate forcible removal, the application once or twice will make a temporary relief a certain cure. Dr. Thos. Bryant, after an experience of three or four years, also speaks highly of the use of Tannin, in a similar manner."⁴⁵

"Dr John Pattison, has used successfully a snuff of powdered rad. *Sanguinaria canadensis*. Professor Dunham reports cases cured with *Calcarea carb.*, *Teucrium* and *Staphysagria*."⁴⁶

*Sanguinaria*³ dec. I can also testify to the efficacy of this remedy, having several times cured mucous polypi of the nares, one case being of a very obstinate character under other treatment, by the internal use of the 2d. dec. trituration of this drug, conjoined with the insufflation of the 1 dec. trituration.

Teucrium, *Sanguinaria* and *Calcarea iod.* have been found useful in aural polypus.⁴⁷

Lycopodium, has cured conjunctival polypus.⁴⁸

Lycopodium and *Calcarea* for polypus of the conjunctiva. "The remedies have been given at long intervals and in high potencies, and the result is thus far very satisfactory."⁴⁹

TUMOR OF THE GUM.

*Nitric acid*⁵⁰ and *Silicea*⁵⁰ cured a case (probably one form of epulis).⁵⁰

ADENOID TUMORS.

Bronchocele is so generally amenable to our treatment that it seems hardly necessary to quote examples. Most practitioners could probably give reports from their own experience as to the efficacy of Iodine and the iodides; also of the preparations of lime. From my own experience I should say, that

45 W. T. Helmuth—see Surgery, p. 864.

46. W. T. Helmuth—see Surgery, p. 185.

47. Prof. W. H. Woodyatt.

48. Prof. W. H. Woodyatt.

49. T. F. Allen, American Institute Transactions, 1871, p. 412.

50. C. G. Slocumb. N. E. M. G., Vol. 5. No. 10.

nearly all cases, if taken early, can be controlled by Iodine⁵¹ to ⁵². Occasionally Spongia, Calcarea, Calcarea iod. or Mercurius iod. may prove more serviceable.

Egg shell (Calcarea carb.) "A man who had been afflicted many years with a goitre and had taken Gastein water for five years, and also Iodine without success, had been advised by a neighbor to take the shell of an egg, cleanse it well of the skin within, and pulverize it. Then take of this powder every morning as much as there lies upon the point of a knife, during the decreasing moon for fourteen days. This he had done and the goitre was gone."⁵¹

*Iodine*⁵² cured a case of very long standing in a man of 58, after the ineffectual use of Spongia⁵⁰.⁵²

*Calcarea carb.*³ Goitre, sanguine temperament, etc.⁵³

Salix niger. "I cured one case of goitre in October 1874, of a Miss, twenty years old, in eight weeks with *Salix niger*. The goitre was large, standing out as far as the chin, was heavy and caused pain when swallowing. I gave in all sixteen ounces of the first decimal attenuation of *Salix niger*."⁵⁴

*Silicea*⁷ to ⁵⁰ cured cystic goitre (right lobe) in about three months, girl aged seventeen.⁵⁵

Helmuth credits Natrum carb., Calcarea carb., Staphysagria, Eycopodium and Spongia with curative powers; also the iodides of mercury, both internally and as an ointment; but says Iodine⁵⁰ is the principal remedy in the treatment of this disease.⁵⁶

Generally, we may feel confident of removing all recent cases of this kind, especially of the simple or adenoid variety.

*Prussatilla*¹³ and *Conium*⁵⁰ cured a case of recent sarcocele.⁵⁷

*Mercurius biniod*³ of course removed syphilitic sarcocele.⁵⁸

We have but little to add to these reports except to refer to the almost absolute control which our remedies exercise over

51. G. Proell A. H. Z. vol. 89, p. 176.

52. Dr. Schepens, Rev. Hom., 1874, p. 143.

53. A. Elblein, Proc. H. M. S. Pa., 1873.

54. J. S. Wright, Med. Inv., April, 1875, p. 326.

55. Dr. H. Welsch, Allg. H. Z. No 24, 1874.

56. See Surgery, p. 940.

57. Jno Hornby, N. Y. St. Trans., 1864, p. 122.

58. A. Cricca, W. H. Obs. Vol. VII, No 10.

vascular tumors of the rectum. Hemorrhoids should very seldom require surgical treatment with such remedies as *Æsculus hip.*, *Hamamelis* and *Nux vomica* within our reach. There is no doubt, that with added experience and skill in the selection of remedies, conjoined with greater care in diagnosis and a more scientific pathology, the operating case will be more frequently put aside in favor of the medicine chest. However, it seems at least questionable, if science, humanity, or the true interests of our patients, will always be best subserved by occupying weeks or months, and perhaps years, (subjecting the patient meanwhile to lingering suspense and inconvenience, if not pain) to accomplish by drugs what might be safely and painlessly accomplished by surgical measures in a few moments, and probably at much less expense.

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