Prescribing on the Basis of Allergy

Dr. Ernest L Godfery

Allergy & Immune reactions are so closely bound, the one to the another, that it is often difficult to know where the one begins and the other ends but while immunity can be considered to be a natural phenomenon shown by the healthy body, allergy may he regarded at an altered state of reaction or reactivity in a living organism to various stimuli either originating without or within the organism. This reactivity and the reagent causing it are usually quite specific.

It is an inherited defect, which is inherited along Mendelian lines by a single pair of allelomorphic genes and is manifest in the homozygotes before the age of puberty and in the heterozygotes after the age of puberty or is not exhibited at all.

The modern conception of allergy is that of an antibody or reagent reacting with an antigen or allergen. The antibodies are produced in response to the antigen and it is now conceived that these antibodies attach themselves either to the globulin, particularly the gamma globulin fraction in the blood serum, or to the tissue cells themselves and when combination of the antibody and antigen takes place in the allergic subject there is an allergic response.

Allergic Responses or Reactions

Two main types of response are recognized as taking place in allergic subjects, firstly the immediate reaction and secondly the delayed reaction.

In the immediate type of reaction the injection or introduction of the antigen, for example into the skin, results in the immediate production of the wheal and flare reaction which is believed to be due to the action of histamine or histamine like substances locally, liberated. Such reactions are found for example, in anaphylactic sensitivity, serum sensitivity and the idiosyncrasies. It is thought that many of the symptoms of these are attributable to the action of histamine causing contraction of smooth muscle and an increased capillary permeability, so that conversely they can be Prevented or alleviated, though not always completely so, by the administration of an antagonizer of histamine such as adrenaline or the antihistamines. I would make it clear, however that the role of histamine is only clear in the case of acute anaphylaxis.

The source of this histamine, in most animals, appears to be the mast cells, which are widely distributed in the connective tissue and are found in high concentration in the capsule of the liver, in the lung and in the pleura. Histamine is also present in the basophile leukocytes of the peripheral blood. Just how this histamine is released from the histamine containing cells, as the result of the antigen antibody combination is not yet fully known. It is thought that it may be due to damage to the cell caused directly by the antigen antibody combination indirectly by the action of certain proteases, which are activated by the antigen antibody reaction.

Besides histamine other substances are considered as having an action in the phenomenon, such as the slow acting histamine like substance detected by Kellaway and Trethewie in the tissues of sensitized animals and in the bronchial mucousa in human cases of asthma. Serotonin and acetyl-choline have been suggested as being concerned in the allergic reaction also.

Passive transference of sensitivity can be accomplished by the transference of the serum of a hypersensitive patient or animal to a normal patient or, animal. This suggests that antibodies are being transferred, as the substances responsible for the reaction are found to be associated with the gamma globulin fraction of the serum, secondly their production can in many cases be closely related to antigenic stimulation and thirdly, this type of reaction does occur in patients where there is a gamma globulinaemia.

The delayed type of reaction is not associated with the production of' histamine and shows itself more in the form of an inflammatory response which may be delayed for a considerable number of hours, days or even weeks. It is therefore obvious that the symptoms must be due to some substance other than histamine.

Examples of this type of reaction are to be seen in the tuberculin tests, the bacterial allergies, contact dermatitis, certain aspects of food allergy and the interesting Arthus reaction.

The delayed type of reaction may occur de novo or may follow or be associated with the immediate type of reaction.

The delayed type of reaction can be passively transformed to a non-sensitized individual not by the introduction of serum but by the transference of certain cells, particularly the Lymphocytes. The substance, which causes this reaction, is not yet known but it can be provisionally classed as an antibody as it is produced in response to an antigen.

The delayed type of reaction is sometimes produced in response to an antigen if it gains access to the body through the skin, whereas the same antigen introduced by another, route does not produce any allergic reaction whatsoever.

Clinical Types of Reaction

Firstly: anaphylaxis. This phenomenon is so well known that I shall not dwell on its manifestations**.

** **Dr.Sahni:** Anaphylaxis is an IgE-mediated, rapidly developing systemic allergic reaction. These reactions result from the direct release of mast cell meditors. Most serious reactions occur within minutes after exposure to the antigen. However it may be delayed for hours. Some patients experience biphasic reaction characterized by a reoccurrence of symptoms after 4 to 8 hrs. A few patients have a protracted course that requires several hours of continuous treatment. Manifestations include pruritis, urticaria, angioedema, laryngospasm or bronchospasm, hypotension, abdominal cramping and diarrhea. The most common cause of death is airways obstruction, followed by hypotension.

Second: The Arthus reaction. Briefly I would remind you that this is an oedematous, erythematous reaction which may go on to necrosis at the site of the inoculation of an antigen whether it be intradermal or subcutaneous.

The Arthus sensitivity can be passively transferred by means of the serum of a sensitive animal.

The antihistamine drugs are of no use in the treatment of the Arthus reaction and it therefore appears that histamine plays no part in the phenomenon.

Third: serum sickness. This is the condition, which occurs in sensitive subjects some even to fourteen days after the injection of horse serum. Starting with an urticarial rash the condition rapidly becomes a general urticaria followed by subcutaneous odema, especially about the neck with pain and swellings of the joints and occasional glandular enlargement. There is also considerable pyrexia.

Serum sickness is believed to be an antigen-antibody reaction due to a slowly rising titer of, the antibody and a slowly falling quantity of antigen in the blood. The reaction occurs at the point when the two are in correct quantity for the reaction to take place.

Fourth: The idiosyncrasies. In this type of reaction the allergic subject shows a hypersensitivity to materials, which in the ordinary individual give rise to little or no reaction.

As this type of reaction is so important it is given the special name of atopy. The substance involved is called atopens and the antibodies are known as reagins. These latter are non-precipitating and have a marked tendency for fixation to the skin. They are thought to be heat liable, have the ability to cross the Placental barrier and therefore have been known to sensitize the fetus in uterus.

The mode of entry of atopens is usually through the respiratory tract, the intestinal tract and occasionally through the skin.

Clinically atopy is manifest in a variety of ways depending on the route of entry. If this were the upper respiratory tract it gives rise to the well-known allergic rhinitis or hay fever, while if the bronchial mucusa is the route of the entry asthma occurs. When the atopin is introduced by a gastro-intestinal tract it may give rise to multiplicity of symptoms, for example, gastritis asthma, vomiting, diarrhea, urticarial rash, dermatitis and eczema, infantile eczema, hemorrhoids and peri-anal itch, peri-oral, peri-uritherial and sometimes peri-orbital desquamation and peeling of the skin and a further large group of ill defined symptoms of disturbed health which are not easily attributed to the gastro-intestinal tract.

If the mode of entry is through the skin we get the typical contact dermatitis.

The clinical signs and symptoms of the idiosyncrasies are attributable to smooth muscle contraction and to increased capillary permeability, probably due to damage to the capillaries by the atopen-reagin reaction. As has been stated these changes are characteristic of histamine and the improvement, which follows the exhibition of antihistamine drugs, confirms the view that histamine or some substance closely allied to it plays a very important part in their production. Since the muscular manifestations are not well controlled by the anti-histamines, if at all, it is assumed that there are other substance involved in the process but these are yet have not been elicited or identified.

Fifth: Bacterial Allergy. It is interesting to consider that some of the effects of bacterial infection would appear to have a very large allergic component. The reaction may be the immediate or more commonly the delayed type.

As the antibiotics are becoming more widely used in the treatment of infections, so in my view are these allergic reactions becoming more common as I suspect that the action of the antibiotic, while extremely valuable in killing the selected bacteria, can in many individuals be the starting point of an allergic diathesis, which thereafter is shown in various ways. This allergic response does not take place at the time of taking the antibiotic, but appears at the next bout of infection and commonly is shown by a skin rash.

The tuberculin skin test is a clinical use of the delayed type of bacterial reaction since the response is of an inflammatory nature rather than a vascular one. Skin test of a similar character is used to establish the diagnosis in such conditions as brucelllosis, leprosy, soft sore, lympho granuloma venereum and certain fungal infections.

Sixth: parasitic allergy. Other antigen such as worms and the protozoal Amoeba histolytica may produce allergy. Where these infections are widespread they must always be kept in mind as the possible causes of the allergic manifestations.

Up till recently these infection have not been of much importance, but with rapid air travel and the importation of foreign grown vegetable, there is an increase in this type of infestation.

The presence of an intestinal infection such as worms or amoeba could be supportive cause to the already existing allergic state, and unless it is dealt with adequately failure may occur to obtain alleviation and cure.

The antibiotics with their effect on the intestinal flora and may be on the intestinal wall itself seem to be the cause of an increasing number of allergies, especially of the food variety. This type of sensitivity or reactivity is quite different to the sensitivity to the antibiotic or anti-bacterial drug itself and must be carefully distinguished.

Seventh: Contact allergy. Contact allergy shows itself through the skin and can be produced by a large range of substances such as the antibiotics, especially in cream and ointments form, certain plants such as Primula, Urtica uren and poison ivy, chemicals such as formalin, iodine, para-phenylenediamine, nickel and mercury, household cleaning materials of all sorts, as well as red rubber, articles of toilet use and cosmetics and whole host of industrial substances and chemical substances.

It does not need a great deal of contact to produce the response once the individual has become sensitive. The mere wearing of a metal necklace for a few hours can produce a very sensitive dermatitis, which may take days to subside even under treatment.

Contact allergy is usually of the delayed type and therefore the anti-histamine is of no value in its treatment

Eighth: chemical allergy. Many substances in the chemical group have been indicted as the cause of different type of allergy in the general population. Lead dust has given rise to asthmatic attacks; the halogens notably chlorine and bromine in gaseous form give rise to a very distressing form of reactions which may be allergic in some; boiler-fire gases have in my experience given a great deal of trouble in the case of asthmatics.

Formerly it was held that allergy could only be caused by a protein or protein-like substance, but this has now, been abandoned and it is commonly agreed that almost any substance can give rise to an allergic type of reaction in a sensitive individual. It has been suggested that where no protein is directly involved, the chemical causing the allergy and usually of low atomic weight, is associated with a protein which acts as a carrier.

Ninth: physical allergy. In this type of response no material substance is involved. The individual reacts to a physical state or agent such as heat, cold, sunlight, ultraviolet rays, or trauma of a trivial character such as the pressure from the edge of a corset against the buttock.

The mechanism of the physical allergies is not completely understood yet. It may be that the physical trauma releases histamine from the tissue or the trauma may be activating some allergic substance so that the body reacts to the natural constituent of the skin.

Tenth: endogenous allergies. Although there is yet no evidence of the body becoming allergic to its own constituents, many workers are convinced that in certain individuals autoimmunization to normally occurring substances does occur and allergic diseases not as yet classified as such are produced. The cardiovascular and renal lesions, which occur in rheumatic fever rheumatoid arthritis and acute glomerular nephritis, may fall into this category. In rheumatic fever and glomerular nephritis it has been thought that an antigen produced by the Streptococcus pyogenes may have excited the allergic condition.

Whatever may be the case regarding endogenous allergy it is a fact that two separate individuals can become allergic the one to the other with the production of hay fever or asthma or urticaria.

Although not strictly an endogenous allergy, from my work in the arthritides and more especially spondylitis, I am led to believe that the lesions have as their basis an allergic response to certain food elements. It appears that these individuals have a defect in the proteolytic enzyme of the pancreas and to the proteins are not broken down to the single amino acids as normally for absorption. Short chains of the amino acids are then absorbed into the circulation where they act as antigens or irritants to the particular tissues of the joints, especially the small joints if they have been subjected to previous trauma or strain. This result in an inflammatory change such as is found in the delayed reaction and this causes the joint surfaces to become sticky and the joints to be fixed, partly by the inflammation and partly by the associated muscular spasm. Pain and disability and ensues. At first these conditions are purely function and if allowed to obtain of any length of time, then gradually structural changes occur and we have the production of the well-known syndrome of spondylitis.

Eleventh: psychological allergy. It is the case that in some individuals, once they are allergic, the response, whatever it may be, can be obtained without the presence of an antigen through psychical mechanisms.

In many cases of allergy there is a psychological component and it is useful to deal with this and indeed in my experience, it is the last battle, which the allergic subject has to win.

Twelfth: allergies due to homeopathic potencies. In our practice of homoeopathy there is a definitive risk of producing an allergy to the potencies used. It therefore behaves us to know this possibility, to recognize it when it occurs and to be able to deal with it.

It can usually be recognized by the fact that if the remedy is repeated it caused an increased reactions and aggravation. The tendency is to raise the potency to attempt to overcome this, but even this may fail to produce alleviation and may cause still greater aggravation. **

**** DR. SAHNI: In such conditions use lower potency of the used potency.**

This suggests allergy to the potency and the way to deal with is the administration of a very material dose of the substance, if this is possible. If it is not possible, it may be necessary to temporize, as with the alleviating remedy and if possible to send the patient away from the contact with the potency and to the most natural environment for his state. Here the potency often burns itself out. I must point out, however, that the treatment of homoeopathic allergy often calls for the greatest application in anti-doting the prescribing.

In the past few paragraphs I have sketched very briefly the basis of agreement on the production and mechanism and exhibition of the allergic response but I should like to draw your attention to a paper published by Zieve.

Recognizing the similarity between allergy and immunity. Zieve tried the experiment of injecting intradermally increases doses of the Group substances A and B into allergic subjects and found that as the dose was increased the individual became less sensitive. In other words as the titer of the immune bodies to the Group substance A and/or B increased, so the sensitivity to the antigens normally causing the allergy diminished.

Zieve suggests that the isoagglutinins of the blood form the natural protective mechanism against the non-self and that they ate produced in response to cells of the thymus, especially the thymolymphocytes, which acting as an antigen replenish the isoagglutinins. As these cells were present before birth, during foetal life, they are accepted by the reticuloendothelial system and are not destroyed, but being outside the blood carrier do not combine with the isoagglutinins, to which they are the antigens. However, they are capable of stimulating isoagglutinin production.

The suggestion is made that increased tolerance is produced during the long reactive phase, when immunological paralysis has set in after over stimulation of the immunological cells by the increased doses of group substances injected.

It is also suggested that the apparent specificity of the antigen is more apparent than real, for it was found that as tolerance rose so the specificity of the antigen became less apparent, and this author suggests that the reactivity and specificity which we see in allergy is a quality of the subject rather than of the antigen.

Much of what I have said in the last few pages may seems to be a long way from Homoeopathy and the treatment of the allergic diseases by Homoeopathy, but I think you will appreciate as we go along how important it is when treating an allergic subject to have in mind something of the background which lies behind the patient, his immediate presenting symptoms and the remedies we propose to use in the cure.

The allergic state may be entirely asymptomatic unless the subject enters those conditions, which allow it to become manifest, and yet the allergic subject is a sick person in need of our help. He is almost always psoric and usually sycotic and occasionally syphilitic, to use the terms of our Chronic Diseases.

Hahnemann has postulated the idea of the acute disease with the chronic lying behind it. In no other field in medicine is Hahnemann's theory more clearly illustrated than in the field of allergy, nor has it to be kept in mind more constantly if any success is to be obtained in the relief and cure of the allergic subject.

The allergic subject is born so and therefore our treatment has to deal with the very nature of the person. We are confronted with a disorder of the gene substance itself and it has always been my contention that in Homoeopathy we have a possible method of acting upon the gene structure, so that when it is disordered we can by the homoeopathic potencies change these disorders into order and bring relief to our patients.

It may be that the disorder is of such a nature that its restoration is not possible in the short lifetime of the single patient. Time is, however, usually sufficient to allow enough to be done to improve very considerably any individual who is the seat of the allergic disorder. In many what is apparently a complete cure can be affected, while in others the cure will advance up to the point at which treatment is ceased.

Treatment

In strict homoeopathic prescribing it is usual to seek for the exact simillimum and to administer this remedy, but in the treatment of the allergic state this rule has been found not to be of universal application. It is frequently necessary to deal with the presenting symptom due to the antigen-antibody reaction first and then to proceed to the treatment of the case on the totality of the symptoms. Therefore, the treatment of the allergic state can be divided into three main considerations and studied thus under these headings:

1. First, the treatment of the presenting symptoms complex.
2. Second, the treatment of the chronic disease or systematic disease as evidenced by the genetic disorder which is the basis of the allergy, and
3. Thirdly, such adjuvant procedures as are necessary to permit the treatment to progress successfully.

Treatment of the Presenting Symptom Complex

Here we have to deal with two distinct possibilities, either separately or in combination. The case may be either show the effect of histamine or/and inflammatory changes as a result of the allergic response and suitable methods must be adopted to deal with both.

If the response to the antigen is so severe that life itself is threatened, e.g. the glottis being so swollen as to completely cut of the air supply and death being imminent, immediate treatment may have to be surgical at well as medical (allopathy) whichever is indicated.

In these emergencies where life is threatened, the first consideration is to preserve the vital spark. Every other provision can then be given its full weight.

The body's own means of defense, being inadequate at this moment need supplementing and boosting, thus treatment is called for to antagonize the histamine by the administration of adrenalin, an antihistamine or an enzyme antagonize, while at the same time the dynamic nature of the homoeopathic potencies can be made use of to contribute their own unique assistance to the overcoming of the detrimental allergic reaction.

In anaphylactic shock, I have used such remedies as aconite where the restlessness was the factor. Ferrum Phos and Carbo Veg where the prostration was extreme; Arsenic for the sighing breathing; the Strontia Carb where surgical shock was in evidence; Rhus Tox and Apis Mel where shock and swellings of the mucus membranes were features and so on, the list could be extended into all our acute vulnerabilities.

There is no time for deliberation in these cases and the quicker the assessment is made the quicker the patient is safe and the quicker is the physicians relived of strain.

In my mind there is no doubt that the use of the antagonizer and the homoeopathic remedies in combination give the best possible chance of success.

The acute emergency often stalls for the use of corticosteroids if life is to be saved and they may need to be given by injection. This will be more fully dealt with later in the paper, but they are mentioned now for the completeness. Again, they are not foreign remedies or drugs, but naturally occurring substances tailored for the use we are making of them and only not available to the body because the cells are unable to make their proper contribution, so devastating it the chemical on slot.

Where the reaction to the antigen is not overwhelming as to threaten life e.g. in a condition such as allergic rhinitis and the usual delayed type of idiosyncrasies, there is more time to obtain the exact symptoms and to determine treatment and its character so that it may be the most appropriate to the case.

In eliciting the symptoms certain rules should be followed. The patient should be left to give the story in his own words and a careful record made of what is said. The subjective observation is unique and often gives more insight into the sufferings of the individual than a whole set of confusing questions. If the patient is made to feel that he is at perfect ease with the physician and that he is all-important as a witness of his own symptoms much will be gleaned and much time will be saved.

Once the patient slows to the close of his recital a general picture will usually have been built up of the allergy, which has to be dealt with, and also the type of patient in which it occurs. Now, will follow the usual systematic questions which are needed for the sure founding of a proper prescription and these will fill in and round off the subjective story which the patient has already given. In addition, however, to this systematic questioning the physician will be directing his attention to the possible immediate exciting cause of the allergy and by his questions attempt to get from the patient those factors which may have a bearing on the determination of the antigen involved. At the same time the question will be considered as to whether the reaction is of the immediate type, the delayed type or a mixed type and their sphere of activity will be circumscribed.

The physician will also be determining as to whether the case can be successfully treated by the exhibition of a homoeopathic remedy by itself, which may act both as the acute and the chronic remedy or whether desensitization to specific antigens will have to be undertaken as a first procedure. This is determined by considering the symptomatology. Very acute symptoms call for desensitization while the more sub acute or chronic symptom aligns with general non-related symptomatology suggests the chronic remedy.

Desensitization

When it has been determined that desensitization must be undertaken as the first step to the cure to the patient, the initial problem is to determine the antigen to which to desensitize. The patient may have no knowledge whatsoever as to what the antigen is and questioning may not have elicited anything but the most general information as to where the antigen is to be found. Thus great ingenuity has often to be exercised in discovering the offending substance. I have spent up to a year and more before I have been able to pin down certain of the botanical antigens, when the particular bush of tree or flower was either not in bloom or not in the garden of my patient whom I was testing but some distance away. **

**** Dr. Sahni:** Now a days, sophisticated skin sensitivity tests are available by which one can come to know easily about the allergic antigen / substance.

Having circumscribed the antigen or antigens involved, it is mercenary to carry out desensitization by one method or another.

The orthodox school clings to the view that this can only be carried out by the use of parenterally introduced increases doses of the antigen in the hope of raising the titer of the antibodies in the blood, with the idea of, as it were, trapping the antigen before it reaches the tissue cells. This hope is not always born out in practice, as many cases will not desensitize with the material dose of antigen however great this is, while the activity of the extract can be a point of error in itself. If the method is used, however, it may be necessary to commence with very small doses in very sensitive persons.

The antigen is administered by injection either intraderma1ly or subcutaneously, where sensitivity is very great the intra-dermal route is to be preferred at the reaction can be more readily controlled.

In the case of antigens or atopens which come into contact with the respiratory tract desensitization by the injection and increasing dose, method has been found to achieve the desired result in many eases, but in the case of the food antigens desensitization by this method has proved very ineffective and in the case of the metal allergies it is almost useless.

Early in my work upon the problem of desensitization I came upon the failure of the increasing dose method and I began to cast about for the cause of failure and conceived the idea of using the potencies rather than the material dose. This was in accordance with the established principle of similars, for what is more similar to the original than the original.

The small dose soon showed up as being effective in producing desensitization, even when given by mouth. Kolmer had shown in his laboratory work that antigens by mouth may insight antibodies as well as those introduced by the parenteral route. It would be surprising if this were not so when antigens by the mouth can produce allergic reactions.

In my early experiments I began by making low potencies of the various pollens, proteins, foods, metals and began to try these as my desensitizing materials. The experiments were successful beyond my expectations but I also soon found that while it was relatively easy to desensitize to the pollens and the inhaled antigens of a vegetable nature it was very difficult to obtain a lasting effect from the food, animal or inorganic substances. I also found that the desensitization was in phases and needed repetition at proper intervals to enhance the effect. Further, it was at this stage I began to see that desensitization was not an end itself but the first step in the cure of the patient, albeit a most necessary step without which I could not go on. What was needed to continue the cure was the exhibition of the properly chosen chronic remedy to deal with the systematic disease, which was lying behind the sensitivities, which I had now removed at that time we knew nothing of genetic disorders.

The "Correct Potency" is therefore not a single one but is multiple. There is, however a threshold below which one cannot go. This threshold can be in the range of the material dose-a- dram or more of the crude substance. The reason for this may at first glance be obscure but I think, the explanation is to be found in a combination of the, Armdt Schultz law with the phase effects, so that when the small dose has produced over stimulation or sensitization then the large dose is needed to swing the phase back to normal.

Desensitization when carried out by this method is found relatively easy if the atopens are those of the vegetable kingdom but in case of the foods it is very much more difficult. Desensitization to, say, the pollens has a curative effect which may be permanent, last many weeks, months or years, where as desensitization to, say, the foods may have to be repeated at a period of a few days to few weeks. The desensitization seems to depend on the frequency and quantity of the antigen. Hence avoidance of the offending article of diet or avoidance of contact with, the antigen has often a lot to recommend it while treatment is being given.

It is possible that by the use of the group substance a better and more complete desensitization may be effected with greater tolerance but this must be a matter for future test. The effects of the group substances in potency ate as yet quite unknown.

The use of the metals in potency to desensitize is very variable in the case of the lighter metals, but more reliable in the case of the heaver metals. As the greater, number of cases shows allergy to the light metals it is just these cases, which are difficult to treat. It is always worth while attempting desensitization as in my experience it can be the key, which unlocks the door for the chronic to enter and do the cure. My experience is that the metal allergies need more time to desensitize than do the foods or inhalants.

The Order Of Desensitization

During the course of the investigations I found that it was most important to carry out the desensitization to the various antigens in a specific order. If desensitizing is not carried out in this specific order it is difficult to obtain a complete clearance of the allergy.

It was while I was working in this field that I discovered that while group of antigens would produce a certain degree of clearance every now and again it was necessary to desensitize specific antigens. Investigation showed that the antigens were roughly divided into two large groups, which were mutually antagonistic, and thus it is that nature protects us against multiplicity of antigenic bombardment. If the groups are mixed then the desensitizing antigens will be rendered useless and one has to start again with the single antigen and give them their proper order.

I have now divided the antigens into two groups and used them as two groups, by which means I am able to effect desensitization to groups and have less use for the specific antigens; but every now and again a patient turns up who needs a single substance desensitization, so it suggests that there are subgroups to the groups.

This division into groups is not a new concept. Many workers have postulated this, notably the late Dr. Boyd, but the importance was not borne upon me till I started to do this work with the antigens.

Although desensitization to the foods is not very successful in the case of spondylitis, I have found it absolutely essential to attempt dramatization to the foods, at the same time, where indicated, administering Pancreatic Extract so as to rest the pancreas and allow it to pick up its function again.

That spondylitis has an element of the immediate allergic reaction in its make-up is seen by the fact that the exhibition of antihistamines occasionally produces quite a dramatic improvement in the pain and disability, which the patient is suffering from. On the whole, however, the reaction in spondylitis is that of the delayed type and it has to be treated as such.

You will observe that in considering the immediate reactions we have been dealing with the circulating antibodies in the blood and it is obvious that our potencies are in some way or other disturbing the ability of the antibodies to combine with the antigen to give rise to symptoms of acute allergy or the potency has produces a marked rise in the antibody titer to that the antigen is help and cannot produce the histamine. This point is not yet clear and suggests that research might be of value. I am inclined to the first suggestion as I cannot see antibodies being produced almost instantaneously and yet the disappearance of symptoms takes place so rapidly that it could almost be said to be immediate. Whatever is the true explanation for the disappearance of symptoms, it is a fact that the low potencies are usually the most effective and further I have pointed out how important it is to obtain the correct potency, as then the maximum interruption appears to take place.

As the acute reaction has been traced to the production of histamine or a histamine like substances in the tissues, it would appear natural to assume that the desensitization of the body to histamine might produce a beneficial reaction, but I have, made repeated tests along these lines and found that desensitization to histamine is rarely needed and if it is attempted sound indication confers no benefit on the case. It is apparently a purely chemical reaction. Histamine is not a common antigen.

The use of antihistamines to deviate histamine is logical and for acute relief they are to be used as is adrenalin, theophylline, ephedrine etc.

The Treatment Of The Delayed Reactions

The delayed reactions as evidenced in the bacterial allergies, contact dermatitis and food allergies and perhaps in certain forms of arthritis are in the main, a reaction akin to that of ordinary inflammation and require treatment along the line of all inflammatory lesions. It is not a toxic reaction and therefore the four classical signs of inflammation are not always present. Often only the swelling and pains are there as evidence of the inflammatory response. Even these can hardly be distinguished as being signs of inflammation in the case of the rash in streptococcal sore throat, which is usually an allergic rash on in the skin lesions of contact dermatitis.

I have already drawn your attention to the fact that the delayed type of reaction may be secondary to the immediate type of reaction, especially if the antigen is introduced via the skin and this is becoming more common with the increasing use of ointments and creams of the antibiotic variety as well as the use of detergents and polishes and cosmetics. Chemical dermatitis is a comparative rarity outside industrial practice; allergic dermatitis is unfortunately becoming more and more common.

It is my experience that the delayed type of reaction is the result usually not of one but of a fairly large number of antigens working in unison or in cycle. Great patience is therefore required in the determining of the antigens, which are at work, the cycle in which they are appearing, the method of their desensitization’s and the repetition of the doesn’t.

The treatment of the delayed type of reaction requires adequate desensitization where possible, removal of the patients from the offending environment while treatment is undertaken, local attention to such lesion as are obviously pf danger or morn than a little discomfiture to the patient, and the exhibition of such supportive measures as the case may call for to allow the curative treatment to proceed and finally the use of the chronic remedies.

As adrenaline and the antihistamines were found of value in treatment of immediate reactions, so a serotonin deviator such as Deseril is sometimes found of value in delayed reactions. In my experience Deseril is of the greatest value in the treatment of certain cases of allergic migraines headache where no progress can be made until the cerotonin is deviated. This is inline with the deviation of histamine.

The peculiar type of allergy, which I have mentioned in the production of piles, is the effect of an allergic response in the blood vessels of the rectum and anal canal. Till this particular type of allergy the offending article is usually not single but multiple and the allergy only appears when the foods are eaten in combination.

In passing I would like to draw your attention to a peculiar headache, which follows electrical shock of severe character and keeps on recurring if the individual remains in an electrical environment such as would be experienced by a radio repairer or an electrical engineer. This is a kind of allergy to electricity. The headache is very intense and appears in the left temple, coming and going for no apparent reason. It. has no other related symptoms, but is so severe that in one of my cases suicide was contemplated. The usual suppressant drugs except codeine have little or no effect on its course. Spigelia proved the exact simillimum and has cleared up the cases I have come across.

The Arthus Reactions

This particular type of delayed reaction, which until recently was thought of only in connection with the injection of horse serum, is now thought to be of much greater occurrence. Particularly it is thought to occur in the insect bite.

Where I worked the spider bite was a common place and I saw the Arthus reaction on several occasions. I found that these were best treated with Tarentula Cubensis aided often with Ledum. The usual remedies alleviated the pain and distress, which were often quite considerable.

Just how specific these insect toxins are illustrated by a case, which came to see me with an Arthus reaction due to a spider bite while in the Congo. Although the spider had been actually seen to bite, the exact identification was unknown and despite repeated trials with various spider toxins available to us no success was obtained and despite trial of various methods nothing seemed to be of any avail. We did not at that time hare the advantage of the modern steroids and no that patient was unhappily sent away very much as she had come.

Once effective means have been taken to deal with the offending antigens, treatment of the body of its systematic diseases becomes possible and important.

Hahnemann postulated the presence of vital force. This force has no counterpart in allopathic practice or theory but with the elucidation of the cell and its complicated mechanism we are starting to see more clearly what may be the seat of this vital force. With the knowledge which we have today of the deoxyribonucleic acid and ribonucleic acid and of the far reaching effects they have in the production in the various patterns and enzymes which carry out the biochemical processes, we start to get the glimpse of where vital force is to be sort or atleast where it has its controlling effect.

After all a person is as their DNA and as their genes and when the particular coding which makes up the individual is altered, the illness takes place and it must be our endeavor to correct the change which has taken place in the DNA.

I would point out that a DNA has been produced as a homoeopathic potency, but I would warn you against using it discriminately, as in my experience it could have very deep and long lasting effects, not always beneficial.

It would be invidious of me to start detailing to you all the chronic remedies which are required in the treatment of allergic remedies because it is only by the complete study of the individual that one is able to determine, the chronic remedy which has to be used, and here again, in the exhibition of the chronic remedy, experience has proved that it is very rarely true that one chronic remedy is all that is required to restore the individual to health.

It seems to me that the state of allergy is the result of repeated gene trauma over a long period of phylogenetic time and each of these separate traumatic experiences leaves its own mark.

The reversal of this process requires the use of similar set of corrective remedies related to the traumatic origin and further that these corrective remedies must bear a similar successive time relationship to one another as the original trauma. Luckily, however, the body will accept the remedies much faster than the original time rate, but it will only accept them at a certain rate if the full use is made of this then the correction can be carried out in a reasonable length of time, considering the years which have passed since the original trauma.

I do not consider ten years too long to bring the really difficult cases under control but the usual time I find that one can expect satisfactory results is certainly not less than eighteen months to two years, except in very occasional simple cases.

I would briefly remind you that the symptoms displayed by the particular patient whom you are treating are not necessarily the complete list of symptoms. It is for this reason that it is so necessary to interview and to consider the diseases, which occur in the immediate blood relations of the patient as well as those which are determinable as having been present in his grandparents.

In the treatment of the allergies the axiom that the mental are the most important feature of any case, is illustrated with extreme clarity, because allergy is a condition, which can undoubtedly be profoundly influenced by the person's psychical makeup.

Almost all types, of allergic response are greatly affected by the individual's attitude to life and to the disease from which they are suffering, but conversely it must not be lost site of that the attitude of the patient to life is a result of a disease process, thus we have a vicious circle which often has to be broken if the psychical component is not to continue to act as a trigger to the allergy long after the antigen has gone. The chronic remedy chosen must therefore suite the person mentally if it is ever to be successful.

In the careful selection and exhibition of our chronic remedies, with this in mind, we can do much to help the psyche of our patient and to restore it to a more normal balance.

Remedies such as *Aconite* with its intensity of feeling, *Arsenic* with its fussiness, *Ignatia* with its chronic, *Nat Mur*, and their worries and fears, the panic of *Phosphorous*, the excitability of *Stramonium,* the irratibility of *Nux Vom,* the laissez-faire of *Sulphur*, which of course also has the reveres, the complete prostration of *Veratrum Album,* the tenseness of *Zinc,* the impaired mental activity of *Halogens,* the weakness of strong acids and the sluggishness of *Silica*, are but pointers in the correct direction. Like yourselves I have used all these remedies and a dozen more in the cure of chronic mental's, fitting exactly the remedy to the individual, as far as possible, by the use of the MM, the Repertory etc., and also attempting to correct the remedy to the exact requirement of the case.

Where more than one remedy is required it is usually necessary to start with the antipsoric, but this is by no means an, invariable rule. Later the antisycotic begins to show up and thereafter there is an alteration between the chronics.

During the, treatment with the chronic remedies reactions will occur which closely mimic the allergic responses to antigens. When this is the case it is important to avoid giving the desensitizing antigen mimicked, as this will interfere with the chronic and temporarily slow up the case.

The method of determining if an antigen is required or not is usually by questioning the, patient closely to see if the antigen could have been the exciting cause of the symptom return, and if it can be elicited that there is no possibility of the patient having in contact with the antigen, then it is clear that the response is an dynamic one and does not require treatment.

The chronic remedy must of course be given plenty of time to expand its action. This may be completed in a few minutes or it may take months. Once a remedy has ceased to act there is no, point in waiting as valuable time is thus lost and the use of the next remedy can be proceeded with at once.

Adjuvant to Treatment

During the course of this short talk I have mentioned the use of adrenaline, the antihistamines, theophylline, ephedrine, the anti-asthmatic drugs and deseril, the serotonin deviator as adjuvant to our homoeopathic treatment.

In the last decade or so there has been placed in our hands a great deal of knowledge of how the body defends itself against inflammation and of the action and secretions of the endocrine glands.

Allergy is a type of antigen antibody reaction and in the delayed type especially is closely allied to inflammation. As one of the body's principal methods of controlling inflammation is by use of the steroid elaborated by the suprarenal glands-the cortico-steroids - it is obvious that these are going to have a large part to play in the allergic reactions.

Clinical experience has shown that if the body is fundamentally deficient in its mechanism of resisting disease or the allergic trauma, then no amount of the administration of the most carefully chosen remedies will restore what it is lacking or missing. Therefore it is necessary every now and again to exhibit some of the missing material, which will enable the organism to start off with its full compliment of chemicals, and by allowing time for the glands to rest will give the mechanism a chance to recover so that glandular secretion may again be established.

If the corticosteroids are deficient and the body cannot be stimulated by suitable treatment to manufacture a sufficient quantity of them, then it has been my experience that it is absolutely necessary to give these materials before the full response can be obtained from any other treatment which is in use. It would appear as if the organism was in debt to itself and if the debt is made up artificially by the administered steroid then the mechanism can be set in motion gain and order restored. Some individuals remain constantly in debt and require constant administration of the steroids. Other the large majority requires the steroid for a comparatively short apace of time. This space of time is usually much shorter than is often thought possible and the dose are also usually very much lower. I have frequently used the steroid for but forty-eight hours in doses of 10 mg of prednisolone with perhaps 5 mg on the third day. This has been all that was necessary to break the vicious circle of the lack of steroid.

If the steroid is not used, then the cure, if obtained at all, can be very protracted and the patient suffers great deal of unnecessary agony.

The character of the steroid is of some importance and as we get more and more of the analogues of the original it behaves us to use them carefully and intelligently.

The average daily dose I find necessary ranges from 5 to 10 mgm of predniaolone or 2-4 mg of triamcinolone, up to 200 to 300 mg of predoisolone in conditions where life it urgently threatened. These later large doses are usually only required on two or three occasions, after which I find that either the doses can be materially reduced or even rapidly withdrawn. I personally have not had any ill effects from the withdrawal of the steroids, probably because the dosage I use and which I find perfectly effective, is very much smaller than the average recommended, and secondly the period of time over which I use them is so much less, but I repeat the point that without their use the treatment of

allergies of the intractable or the life-threatening type can under certain circumstances be rendered almost impossible if not dangerous.

From the medico-legal angle it might be difficult to refute a charge of malpractice if the steroid is not used when circumstances demanded it.

Finally, under this heading must also be included the treatment of the psychological conditions which occasionally are the direct cause of an allergic response. Here, proper psychological investigation is required with probably the exhibition of some psychotropic drug.

Most cases of allergy, however, do not require such drastic treatment, but it has been my experience that the allergic patient has to make a conscious effort to overcome his dependence on the allergic state as a method of escape. We would be failing in our duty as physician if we were not in a position to properly instruct our patients as to how to overcome their own psychological difficulties. We have therefore to make a careful study of our patient psychologically and to advise him what steps to take to counter these defects in his character, which are responsible for his lack of adjustment to his environment.

In this short study of clinical allergies I have attempted to cover the field from the genetic start of the disorder through till the correctness of the gene disturbance and to show that there should be a definite plan in mind as to how to tackle the problem. Hahnemann with his establishment of the theory and practice of the similar modem science with its concerns with actual mechanism of the bodily functions, coupled with products of the chemical researches have combined to put us in a knowledgeable power so that with application and industry we are able to master one of the greatest scourges of the sick organism, the allergic response.

It seemed to me that it would be worthwhile trying desensitizing by using homoeopathic trituration of the offending substances. I have not heard or read of anyone else doing it. A short series of cases has confirmed the idea and they are presented here in the hope that others will be able to cote similar cases.

1. A boy aged four years was so sensitive to hen's egg that he developed eczema if he ate only a little egg. Even if was only a constituent of a bun or a cake or a pudding. Unfortunately I have no record of the age at which this activity developed, but it seems reasonable to resume the developed when he was first given egg in his first year. I prescribed third decimal trituration of hen's egg, to be taken three times a day for five or six days. A week later he was given spoonful of boiled egg as a test, and had no eczema after it. After another week he positively enjoyed a whole egg. His mother did not consult me on his behalf again. The family left the district a few months later, and I am sure I would I heard if he had relapsed before then.

2. A boy aged two years had a rash on his chin from time to time ever since he was first given tomato juice at the age of twelve months. He had often developed “wheat spot” (popular urticaria) on his chest and back when he became over heated. I prescribed 3rd decimal trituration of tomato, three times a day for five days. His mother reported that the rash and the spots began to fade within three days, had disappeared in a week and have not returned in ensuing years, during which time he has been fed liberally with tomatoes.

Dr. N. J. Pratt.