**Silica and the fear of pins**

A case-based contribution to the development of our materia medica

by

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In the year 1834 Dr Knorre published the following strange case¹:

‘[..] hysteria bordering on insanity. An 18 year old girl, phlegmatic, torpid disposition, mind poorly developed, had suffered from her third year onwards from very moist eruptions on the head, especially in autumn and winter. Through continued inner treatment these, together with daily headaches and dry lichen on face and upper body, disappeared over time in her puberty years. But numerous disturbances of the general state remained, in particular menstrual disturbances. In autumn 1833 complains of pain in throat on swallowing; although there are no indications of any inflammation or swelling in the inner parts of the throat and upper part of the pharynx. The complaints and worries about this condition of her throat, which the patient thought were caused by swallowed pins, increased to such an extent, that they were the sole thing occupying her mind. Quiet, introverted, reticent, her questions concerned mostly whether she had swallowed pins. For hours she looked on the landing, under the tables etc. for lost pins; she would not take up any sewing work, being afraid of it; when others carried out similar work in her presence, she would constantly count the pins, and if one was missing, she thought it must be in her throat; because of the same fear she would hardly eat anything, esp. no solid food, and she carefully and anxiously examined all she ate to make sure that there weren’t any pins in there; at night, when she awoke, pins were her first thought. With that she had daily headaches, esp. in the morning, vertigo, aggravated on stooping, no appetite, emaciation, constipation, entire absence of menses, apathetic, indifferent to amusements and friends; restlessness, anxiety, solicitude, aversion to work; aggravation of the whole disease during increase of moon. After the disease lasted for many months it was cured by repeated doses of Silica 30C in six weeks.’

For contemporary homoeopaths the choice of this remedy is easy to understand: the fear with reference to swallowed pins; having swallowed pins as a fixed idea; the compulsive searching and counting of pins – all of these are symptoms, which are known from repertories and materiae medicae, esp. newer ones. Often this whole complex of symptoms is reduced to a general ‘fear of pins’². For Knorre this knowledge could not have played any part in the choice of the remedy, since no remedy in our materia medica had produced these pin symptoms in 1833/34. One also looks for them in vain in the remedy proving of *Silica*³. Neither could I find cases or repertories in which these kinds of symptoms were already being mentioned at that time. All mental symptoms to do with pins, which are later attributed to *Silica*, are presumably clinical symptoms⁴. And the case on hand seems to be the only source for these *Silica* symptoms.

This is an interesting constellation: Looking at the case from a contemporary viewpoint the choice of remedy seems easy, exactly because it is based on those symptoms which could not have been the leading ones for the then treating physician⁵. What follows is an attempt to explain this obvious contradiction.
What was a leading indication for Dr Knorre?

As is usual for the time, Dr Knorre does not explain why he chose this particular remedy. Therefore, we have to rely on our own reflections on what was a leading indication for him, meaning what was to be cured in this case and which made him choose *Silica*. This suffering affected an ’18 year old girl, phlegmatic, torpid disposition, mind poorly developed’. This is how Knorre describes the sick person, in a similar fashion as Boenninghausen would later collect information with the case relevant question *Quis* (who), which have nothing to do with that which needs to be cured. As personal details relating to sex, age, temperament, personality and constitution, they only serve to classify the disease phenomena.

That Knorre mentions the lack of intellectual abilities among these is noteworthy. If these played no further role in the list of the compiled complaints he could have just as well left them out. On the other hand he didn’t seem to have used these directly for the choice of the remedy, nor did he seem to have intended a curative effect on the intellect of the patient.

Numerous fears and fixed ideas are part of the picture of the disease. Taking into account the ‘poorly developed mind’ it is possible that the patient, given a certain lack of ability for abstraction, did indeed think that she had swallowed pins, because the pain in the throat was possibly felt as pricking as from pins. A cutting pain in the throat might have led her to believe that she had swallowed a broken piece of glass. At the same time Knorre stresses the state of mind which borders on mental confusion, so that the imaginations she complains about originate either in the character of the pain or the mental confusion, or in both. If we ignore the context, that which is obviously a crazy notion, there is a danger that we generalise the symptoms – to, for example, a fear of pins or pointed objects.

From the initial diagnosis (‘hysteria bordering on mental confusion’) one can deduce, that for Knorre it was the hysteria which had to be cured and was therefore his leading indication. This hysteria and the symptoms connected with it form the grounds for his choice of remedy. The other symptoms do not have to be discussed in detail here. Only the modality ‘aggravation of the whole state of the disease during increase of moon’, which is typographically highlighted, should be mentioned.

From Knorre’s words we can conclude that the disease of many months standing, which had appeared last, was cured. All those symptoms connected with the hysteria must have disappeared. Also those ‘pin symptoms’ which were until then not known to belong to *Silica* must have disappeared in the course of the cure (otherwise Knorre could not have spoken of cure). Those complaints relating to the general state or the menstruation, which have been there for a long time, must have continued, because they did not belong to the picture of the disease of months’, but of years’ duration. And one can safely assume that also the poorly developed mind, which was always present in this limited state, remained unchanged.
From case to materia medica

The fact that the cured symptoms of this case can today be found in different materiae medicae as well as repertories, cannot be ascribed to Dr Knorre. The first step took Theodor J. Rüeckert, who published the second volume of the series ‘Clinical experiences in homoeopathy’ in 1855. This is a ‘collection of all recorded cures and practical comments from the years 1822 to 1850, which appeared in German or were translated into German’. In the chapter ‘hysteria’ (p.283pp) we also find the above case, slightly shortened, under those cases which were cured with Silica. At the end of the chapter Rüeckert summarises the contributions relating to the cure of hysteria and arranges the symptoms in a kind of head-to-foot-schema – in such a way as if these should now be added to the materia medica.

From ca 1880 onwards the editors working on the ‘Guiding Symptoms’ used Rüeckert’s comprehensive collection of cases (and therefore clinical and clinically verified symptoms) as a source for compiling this materia medica. In this way the symptoms of the above quoted case found their way into the materia medica. On the other hand, the ‘Guiding Symptoms, respectively Knerr’s ‘Repertory of Hering’s ‘Guiding Symptoms of our materia medica’ (Philadelphia 1896) served and still serves as the source for the enlargement of Jams Tyler Kent’s repertory and its derivatives. Authors of materia medicae have always fallen back on the ‘Guiding Symptoms’ as a rich fund of information.

By putting marks of different strengths and numbers in front of the symptoms Hering wanted to indicate the importance of them. When reproducing the case the editors have indicated next to the whole symptom complex that this has been ‘more frequently confirmed’. After collecting all the available information we can safely say that this has been a misjudgement.

When an author mentions the mental ‘pin symptoms’ s/he usually does it without mention of their origin or historical context; in case analysis and materia medica studies they are placed indiscriminately next to all the other Silica symptoms. Their original connection to hysteria, throat pain or limited mental capacity is usually not mentioned, and has therefore got lost over time in more contemporary publications. In this way practitioners are advised to abstract from these once clearer defined symptoms to a general fear of pins and pointed objects, and therefore to consider Silica indicated in cases of general fear of injections and taking blood samples. But is this permissible?

Fear of pins and Silica

As explained, it is problematic to look at the ‘pin symptoms’ of the above mentioned case in isolation as ‘fear of pins’ and ‘counts pins’. A fear of injections and taking blood samples, which shows a superficial similarity with the case in hand, becomes dissimilar when one takes into consideration the historical context of the case, because it then becomes clear that the delusional character is totally lacking. Equally there is no connection with a throat complaint. But it is exactly these factors – hysteria, respectively
confusion and throat complaint –, in conjunction with the limited mental capacity, which in my opinion, give the fear of pins their actual meaning. In my own practice I have not come across a case where a patient lost for example his/her fear of syringes after taking *Silica*. In my early years in practice this symptom led me to some prescriptions of *Silica*. I cannot remember any significant successes. But I do no want to withhold the following by John Henry Clarke, which reports a cure. He writes: ‘Fixed ideas: that patient thinks only of pins, fears them, searches for them, and counts them carefully.’ This symptom enabled me to make a rapid cure of post-influenzal insanity in the case of a man of bad family history, one of whose sisters had become insane, and had drowned herself, another sister being affected with lupus. The patient’s wife told me one morning that ‘he had been looking everywhere for pins.’ *Sil.* 30 rapidly put an end to the search and restored the patient to his senses.”xvi

Obviously, the leading symptom in this case was the fixed idea concerning needles. The overall state of the patient impressed, as in the Knorr’s case, with a high degree of mental confusion. As hinted at before, this seems to be the key to the adequate understanding of the ‘classical’ fear of pins of *Silica*.

### The value of clinical symptoms

Finally, an interesting question is how things stand in general with clinical symptoms and their value for our materia medica. Competent contributions concerning this issue already existxvii. Also the inaugurator of the ‘Guiding Symptoms’, Constantin Hering, had an opinion on this: ‘Those symptoms which were cured by a remedy, are often only sequels which disappeared once a circumstance, which conditioned them, was removed.’xviii In other words: Only because a symptom disappeared after the use of a remedy, does not mean, that this symptom could have been produced with certainty by that remedy (in the sense of a primary action). When the simile ‘touches’ the characteristic, similar disease symptoms with its own symptoms, and thus starts the curative process, then all pathological phenomena inevitably disappear; also those which do not belong to the remedy.

The discussion about the value of clinical symptoms could be a topic or an independent study. At this place I would just like to stress: **A symptom or sign, which has only been cured once and has never been produced before has to be considered as uncertain (for the remedy), until it has been confirmed either through a repourcing or a cure.** The same applies, of course, to proving symptoms (or elements of the same), which have only been noted down once. No other form of therapy is more dependent on the safeguarding of its own material - the remedy symptoms - than homeopathy. It can have severe consequences, if symptoms are wrongly attributed to certain remedies, esp. if these are then elevated to leading symptoms. On the other hand: If we do not document the clinical symptoms and publish the same in order to facilitate possible verificationsxix, we rob ourselves of an important possibility to safeguard symptoms. But to allow symptoms into our materia medica uncritically and indiscriminately produces errors, which could remain for centuries, as we have outlined in the Knorre case and the falsely transmitted *Silica* symptoms.
Through conscientious documentation of cases, where we especially consider and mark those symptoms, which have only been cured and those which have been verified, we can over time achieve the safeguarding of our materia medica. Up till now such a procedure is not custom, though. On the contrary, this is often counteracted in current homoeopathy when, for example, some authors and teachers include into the so far fragmented picture of the remedy their own interpretations of the personality of those patients who have been treated with this remedy, in order to compensate for the lack of an extensive remedy proving. In this way they ‘enrich’ the materia medica not only with unreliable material (which did not occur in a proving), but also with indications, which are not even pathological.

**Conclusion**

Whoever deals with the materia medica of *Silica* these days, will in all probability come across the symptom ‘fear of pins’ in the different materia medicae. Since, according to the repertory, there are only a few remedies, which have this symptom, and since *Silica* is among these in a high grade**, and since it is also a mental symptom, it is likely that the status of a leading symptom will be ascribed to it. But research into the origin of this symptom has shown that not only the grading is wrong, but also, that it is obviously not verified. According to our current knowledge we have to assume that a fear of pins, as we might encounter it in a person, who does not like to receive injections, is not at all an indication for *Silica*. Unfortunately, the qualifying context and the clinical character of the symptom are being ignored when handing down this symptom.

*(Translated from the German by Ralf Jeutter, UK)*

The original article appeared first in: *Neues Archiv fuer Homoeopathik, Band 1* (2006), p.27-34, Kwibus Verlag, Muelheim, Germany.
The case was published originally under the title: Beobachtungen nebst Bemerkungen aus der homoeopathischen Praxis vom Dr. Knorre, in: Allgemeine Homoeopathische Zeitung 5 (1834). [The italics in the text were highlighted by Dr. Knorre in the original]. Parts of the translated text can be found in Hering’s Guiding Symptoms, Vol. 9, p. 365. The rest is here translated for the first time.


A clinical symptom is a symptom, which was cured in a case of disease after the remedy was given, without having appeared before in a remedy proving.

For this phenomenon the here presented case is just one example, of which it would be easy to find more.

In this case he would have certainly listed this under the picture of the disease.

Pricking pains are characteristic for Silica, as we can see from many proving symptoms.

The first volume was published in 1854 under this title.

Compare Rueckert, p. 289.

Under the heading ‘The following list of symptoms alerts particularly to the individual remedies’, he also lists symptoms from the Knorre case: ‘Apathetic, indifferent, [...] anxious, despairing mood, [...] restlessness, fear, sadness [...], fixed idea, thinks she has swallowed pins, [...] vertigo, esp. when stooping, [...] constipation, [...] absence of menstruation, [...] aggravation at increasing moon, Sili.’ (Rueckert, p. 292-294)

Constantin Hering [et al]: The Guiding Symptoms of our materia medica, Vol. 1-10, Philadelphia 1879-1891 GS). Constantin Hering, who is generally named as the author of the Guiding Symptoms, died in 1880 while working on the third volume. Later on the physicians C.G.Raue, C.Mohr and C.B.Knerr (Hering’s son-in-law) took over the completion of the project. They included also purely clinically observed symptoms from cases into the symptom list of the remedy. An important basis for this was Rueckert’s already mentioned collection.

GS 9, Philadelphia 1890, p. 362-426.

S 1, p. IX.


Translated from German, see: K.-H. Gypser: Herings Medizinische Schriften, Vol. 3, Goettingen, 1988, p. 1018. - Hering’s viewpoint contradicts clearly the way the editors proceeded from vol. 4 onwards.

In the same way that Hahnemann has also published his unconfirmed proving symptoms.