

TUBERCULOSIS

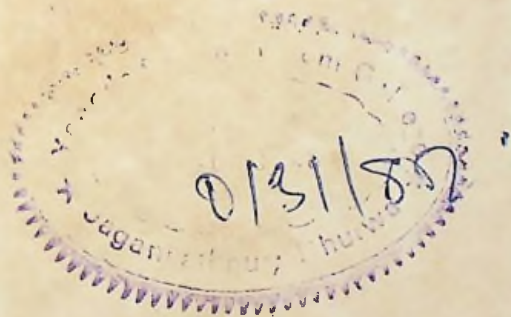
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TUBERCULOSIS

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and

by **A. NEBEL**

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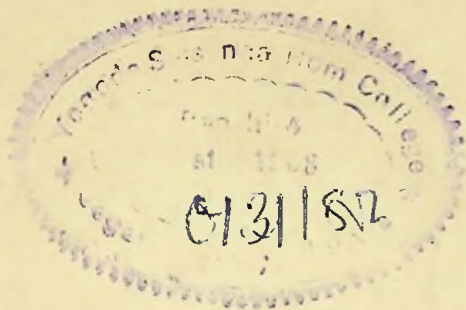
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Dedication.

In memory of my late brother
Sukumar Mukerji, M.A., C.C.

PREFACE.

I have compiled this book carefully collecting the articles from *l'Homœopathie Moderne*. The last article only is taken from the *Journal l'Homœopathie Francaise*.

Dr. Fortier-**Bernoville**, M. D., the director of the *Journal l'Homœopathie Moderne*, has, by his letter dated the 26th September 1935, kindly given me the authorisation of translating and publishing all the articles that are published and that will be published in his journal. Unfortunately Dr. Bernoville is no more in this material world—he is dead.

Dr. Leon **Vannier**, the director of *l'Homœopathie Francaise* has also, by his letter dated the 31st August 1935 very kindly given me the authorisation to translate and publish all the articles that are published and that will be published in his journal.

The fifth article of the appendix is adopted from the article "Le tuberculinism" written by Dr. Leon **Vannier**, the director of *l'Homœopathie Francaise* and which was published in that journal of 4th April 1938.

In the course of the reading of this book, one thing must always be kept in mind that the Homœopaths of France are complexists. The use of a single remedy has for them a special value. They say "try simili before similimum". This will help the readers to understand some portions of this book.

I will really be fortunate and all my pains will be compensated if this book help any doctor to save the life of at least a single patient of tuberculosis, a disease which has now become a bane for India.

RAJKUMAR MUKERJI

Chandernagore, 6th October 1940.

PREFACE TO THE SECOND EDITION

The necessity of a second edition speaks of its usefulness. We trust the reprint too, will prove its worth with the profession and students.

The Publisher.

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3. A general view of the present Homœopathic Treatment of Pulmonary Tuberculosis, No. 8, 15th November 1932.
4. Symptomatology of Koch's Tuberculin : L'Homœopathie Moderne, No. 7, 1st November 1932.
5. Medicinal Effects of Tuberculin : L'Homœopathie Moderne, No. 7, 1st November 1932.
6. A Comparative Chart of Marmoreck, Denys, T.K., T.R. : L'Homœopathie Moderne, No. 8, 15th April 1938.
7. The Three Biochemic Conditions : L'Homœopathie Moderne, No. 10, 15th May 1937.
8. Drainage & Regulation : L'Homœopathie Francaise, No. 4, April 1938.

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TUBERCULOUS STATE AND THE PSORA OF HAHNEMANN.*

Sirs,

In asking me to explain what we mean by the tuberculosis conditions, you have put before me a question which is one of the most important one in homœopathy. This problem is capital, and at the same time vast and difficult to solve, because it requires a new light. These ideas existed for hundred years of the existence of the Hahnemannian doctrine. It was very difficult to understand for a long time what exactly is meant by the term *Psora*, or *Scrofula*, or *Lymphatism*, or other states, well described by the ancient doctors, though mal defined. It was the same case with the state called tuberculinic, easy to conceive, but which was for a long time difficult to precise. Since twenty years we are beginning to have some more scientific notions on this subject, not only due to the works of homœopaths, particularly those of **Dr. Nebel** of Lausanne, but also because science has made a great progress and has begun to throw some light on this question.

*A Lecture delivered at the seat of *Homœopathic Moderne* on the 16 h May 1933.

Without the biologists, without certain officials who are occupied specially with all the questions of immunity, we would not have understood it. The works of **M. Martiny** and of **Preter** allow us to throw some more light on certain aspects of this problem.

The method of work habitually adopted by the homœopaths has its advantages and disadvantages. It consists, before all, an *incessant effort of synthesis*. Homœopathy seduces by its philosophy, by its hoard of synthetic ideas. But the followers of Hahnemann are often reproached justly, because they lack in discipline as far as studies are concerned, otherwise they would have been recognised not only as prophets or pioneers, as real renovators of the immortal principles of Hippocrates, but also as the unquestionable founder of modern medicine. Unfortunately the spirit of synthesis which may not reinforce itself along with the patience required for an incessant and continued analytical effort, embraces the facts without being able to demonstrate them in each case, in an irrefutable manner. This is why the homœopaths, including the master himself, have not always been understood when they, according to the example of Hahnemann, have traced the conception of *Sycosis* or of *Psora*. Burnett, who pursued the question through the same channel and defined the post vaccinal states or vaccinosis, that enter within the range of sycotic states, suffered the same fate. **A. Nebel** at last has given the finishing touch by the identification of the tuberculous conditions, thanks to his experimental works on Tuberculin of Koch*.

*See appendix.

1. WHAT IS MEANT BY THE TUBERCULOUS STATES. THEIR RELATION WITH PSORA OF HAHNEMANN.

What do we mean by a tuberculous patient as is understood in Homœopathy—rather, whom do we call the tuberculinics? Because, there does not exist one single state known by this name; there are some multiple tuberculous conditions.

Thus we are to solve not one single question, but a number of questions. This problem becomes naturally more and more vast and complicated.

The Pretuberculous.

The first idea that comes in mind, is that the tuberculinism of Homœopaths must be simply the predisposition to tuberculosis. We have then before us the pretuberculous state so finely defined by Hippocrates. It is the predisposition of Landouzy or the "longilligne"—better blond or red haired subjects, thin, slender, whose skin is fine and transparent, the veins are dilated, who catch cold easily, and coughs. These persons are known as pretuberculous, if they are not already tuberculous.

Among the homœopaths, Nash has given a very clear description of this type, under the term *Phosphorus*. In fact his tuberculinic is not the only one and it is not so frequent either. His case represents but a very small part of the question of tuberculous states.

The Hereditary Tuberculosis.

Does not now the question arise, that the tuberculous conditions mean only the problem of hereditary tuberculo-

sis? That possibility has been denied for a long time. Now it is admitted, because the placenta does not allow the tubercle bacilli as it is, but may, in some ultra microscopic and filterable forms. After the work of **Calmette**, we may believe that up to a certain point, the hereditary tuberculosis corresponds to the tuberculous conditions.

But it solves only a part of the question, and the beginners who try to imitate us, perceiving that in almost all chronic cases we happen to prescribe at least for a certain time the diluted Tuberculin, are inclined to admit that almost the whole pathology falls into the domain of tuberculous state. It should not be believed however that each time a patient goes out of the consulting chamber of a homœopath, he carries with him a prescription on which we may read the name of a Tuberculin or a diluted Antituberculous serum. Nevertheless in future it is necessary to consider *always* for a given patient the possibility of acting thus. *Because in reality the chronic tuberculinism is the psora and the field attributed to psora of Hahnemann, which may include other domains, seems to correspond in the great majority of cases to the tuberculous conditions.*

Intestinal Psora and Flora.

What is psora? Is it *Arthritism*? You know that since long time arthritism and tuberculosis were considered as two diathesis absolutely opposite, i.e. antagonists. It was formerly believed that the arthritic ground was absolutely inverse to that of future tuberculosis. It was believed that a person of arthritic condition will become immune to possible tuberculosis; or a person is or will be

tuberculous, if he is not arthritic. The ideas have had an evolution among the officials, as well as among the naturists. Carton has written a small book which is very appropriately named "*the Tuberculosis by Arthritism.*" The children having an arthritic constitution may very frequently become tuberculous or predisposed to tuberculosis. Now the link between asthma and tuberculosis found frequently, is admitted; so that the antagonism between arthritis and tuberculosis may no more be claimed as just. The arthritic conditions are some forms of chronic tuberculinism in which the toxins play their part only on an extra-pulmonary ground. At present an opinion inverse to the former one is upheld.

In reality the question is not still decided but we can say this much: *Arthritism is equivalent to certain states of Tuberculosis.*

We have also seen that some doctors express themselves thus : The human organism carries with it a potential space, which is the light of the digestive system. In that digestive system there exist some normally inoffensive germs, but they may become pathogenic. There exist by the side of them some microbes that are really injurious. The psora must be the simple intoxication which, as the starting point, has the intestinal flora. Following the theories of Metchnikoff of growing old due to the toxins of the intestinal microbes, the English school of homœopathy has tried, during the last years, to understand Psora. Those who have applied the nosodes of Bach and Dishington have upheld the following reasoning : We are going to define the psora of Hahnemann the day when we

will be able to realise the intoxication caused by the germs that are contained in the intestines.

That is why you have seen to appear, few years ago, in the British Homœopathic Journal, the pathogenesis of certain nosodes, *Dysentericus*, *Morgan* and other groups, related to the toxins of the germs of the dysenteric group, that does not ferment sugars. That interesting idea is only partially confirmed in practice. The intestinal flora, like all other flora, may associate itself with tuberculous conditions that existed previously, to complicate the symptomatic chart. The intestinal germs constitute some profiting parasites, and are associated to an ancient tuberculous condition.

In reality, it is necessary to study the history and the description of Psora as it was described by Hahnemann. We will find it in the works of our master, particularly in the *Organon* and the *Chronic Disease*, and those who are concerned with Psora may go over it again.

Hahnemann's Conception of Psora.

Take the volume of Hahnemann's *Doctrine and treatment*, with the *History of chronic diseases* as he has described them. It is then evident that we must fall back in the past and examine these pages taking into account specially, that this book was written hundred and fifty years ago when Pasteur did not exist and Lænnec was hardly commencing to individualise the whole Semeiology and Pathology of the respiratory organ. Hahnemann had only for him what was forwarded by Hippocrates and the authors of the middle age or of the renaissance period. Our master believed that as the basis of all diseases there existed three

states : The first was named by him as *Sycosis*; the other *Syphilis*; but the most important was in his opinion the *Psora*, of which the itch was one of the principal manifestation.

Sycosis was for him, before all, the condition that produces warts and cutaneous new growth.

As for *Syphilis*, it was then confounded with blennorrhagia, the soft chancre and all possible affections of the genital organ. It was then very badly individualised.

Last of all Hahnemann and his contemporaries thought that *Psora* was a very deep-rooted disease, existing as diathesis and deeply affecting the heredity.

The itch was often confounded with *Psora* by his disciples. Hahnemann himself never confounded it. Actually this seems to us ridiculous, because we know the sarcoptes and also we know that with a simple pomade mixed with Sulphur we may cure the itch, an affection that desolated the peoples of ancient times, and which was so frequent, that almost all the soldiers of the first Empire had it, have transmitted it in the whole of Europe, and from which *Napoleon I* suffered throughout his life. The armies of that age played a part more harmful than heroic, transmitting to the whole of Europe, and in all stages all possible diseases. Thus Syphilis was called by the French "mal napolitain" the napolitan disease and in other countries it was called "mal francais". It was the exchange of the same bad procedure. The itch was also transmitted among the armies of different belligerents. Now it seems to us ridiculous to consider it as an agent causing a diathesis. However, it is admissible that if the persons suffering during their whole life transmit that parasitosis to their descendants,

we may then note some transformation of temperaments. Even now some Polish or some Galiciens who live in very poor countries and who carry in their body multiple eruptions, undergo in the long run, including their children, some troubles of functions of the endocrines. They represent particularly a type of pigmentation. The disease that existed so frequently in East Europe and that made the skin of the head to resemble a thick and crumbling cake, the *plica polonica*, was *not* caused *only* by *itch*.

Therefore, according to Hahnemann, the itch was so to say, related to a psoric diathesis. Really we cannot consider it as such. He sometimes called Psora as: "*Gale rentree*" or "*gale interne*", because it represents a complex stage of association and of alteration between the cutaneous manifestations and all other syndromes.

Thus a man has sometimes a cutaneous eruption, or urticaria, furuncles, impetigo or above all, the eczema. He suffers from this skin condition for some days, some months and even for some years. Then he sees that, *that* eczema diminishes or cures, but in its place there appear other internal affections. There are thus always some contrary effects: *the one centrifugal, the other centripetal, that are antagonists in human organism.*

Actually for the officials as well as for us, with our classic formation, we would have at first a tendency to believe that the psora of Hahnemann is *arthritis*. But if you have sufficient patience to read the *doctrine and the treatment of chronic diseases* of Hahnemann, giving all necessary concessions to time and evolution of ideas, and trying yourself to break loose from your contemporary medical

education, you will really be surprised by the logic of ideas put forth and by precision of facts demonstrated.

You read at the beginning of that book a beautiful description of Psora. Then comes the preface: *The nature and treatment of chronic diseases*. I wished to read before you the description given by Hahnemann, with all the references of authors, and of diseases alternating between the cutaneous reactions and internal affections. But we have no time. All the authors, the most ancient, are cited. Hahnemann says, for example, when speaking of Asthma; "It is psora." Pleurisy is for him the *Psora*, as well as the collection of pus in the chest, the weakness of brain, or the ulcers of stomach etc. I am not going, naturally, to make enumerations, which would be fastidious, of the morbid states considered by Hahnemann as psoric, but certain points of this study are interesting. *Ophthalmia*, *cataract* even *erysipelas* are caused by psora etc.

After that reading, you will have a chart of all affections in which there exist simultaneously or successively some cutaneous eruptions and some internal troubles. In short, in a person who is called psoric, there must be a cutaneous trophic manifestation. What Hahnemann has observed and what the officials know not well, is that, when the cutaneous eruptions are at their highest, the internal troubles ameliorate. *This* is the grand idea of homœopathy that lies at the basis of all diseases. Is it necessary to drain out the Psora or is it necessary to make it enter into the organism by the applications of some pommades? These theories are known and classic. We are not going to insist on this point. Let us take up again the question of psora or the internal itch. Our ancestors

all suffered from this disease; consequently they could very well affect, at least to a certain extent, our constitutions. But how there may exist a relation between psora on the one hand and tuberculosis on the other? Because the tuberculosis and the tuberculous conditions, that we are presently going to describe, have always an affinity for all parasites. A tuberculous patient, as well as the psoric, allow the parasites to cohabit with him, to penetrate his skin (itch), as well as his intestines (parasites, colibacilli...). According to Hahnemann *psora* and *itch* are then intricate: According to us, the itch is but a parasitosis that evolves, when it finds a psoric ground. The psora has an affinity for all parasites. It causes parasitosis.

Hahnemann was very much mocked at because he said : It is necessary to make the itch go out. He has expressed as well as he could, at that time. Take some books even some novels, that were published in the time or after the death of Hahnemann, you will find some passages in which the homœopathic ideas were ridiculed. Paul de Koch tells, for example, the story of a woman going out for a voyage, who was suddenly attacked by a disease, I do not know what. The doctor whom she consulted was a homœopathist, as we were called at that time. "You have'nt *itch*, madam" the doctor said to the lady "I am going to give it to you and afterwards you will be all right." Naturally that lady ran away giving out a shrill cry, cursing the doctor who wished to give her a horrible disease that she had not. That history and several others, peculiar to that period, prove that Hahnemann was misunderstood at that time. *To drain out the itch* does not mean : *to give psora*, but to exalt temporarily the

parasital tendency and the cutaneous trouble in order to have amelioration of internal symptoms.

Relation of Tuberculosis and Psora.

How can we link together the table of psora of Hahnemann as it is, that is to say, a table immense and gorgeous, a veritable virgin forest from the point of view of clinical descriptions, with what we called actually the tuberculous conditions? Let us reproduce here simply what **Dr. Nebel** has told us about them. When **Dr. Nebel** began his practice, he installed himself in a Swiss canton, specially in a very low valley surrounded by mountains. As it happens still in the present time, the inhabitants of that country lived in their soil and to tell the truth they never went out of it. **Dr. Nebel** then had to deal with a population free of syphilis (probably because the European army never entered into that valley), free of blennorrhagia and who represented only two kinds of diseases: the *tuberculosis* and the *psora* of Hahnemann, the *psoric conditions*. These people, though Swiss, belong to a robust race, living at the altitude, under the best possible conditions, were often tuberculous. The air and the sun are really excellent, of course if they are enjoyed every day; but formerly, even in Switzerland, where the population is noted for its neatness, the hygiene was much less observed than it is to-day. The peasants had the habit of living in a confined atmosphere. They often became tuberculous. Very often they nourished themselves badly; they had the habit to take, during winter, foods containing no vitamin because they wanted fresh products. Therefore, *Alimentary deficiency (carences)*. On the other

hand, they were forced, in certain period of the year, to take excess of meat when they had no other foods. Therefore, *wrong nutrition*. Tuberculosis reigned, although they were free from all other miasms.

Well, in those two cases, concerning either *tuberculosis* or *psora*, the remedies corresponding to the existing conditions, were the great antipsoric remedies of Hahnemann which **Dr. Nebel** prescribed for the amelioration of the tuberculous conditions as well as of *Psora*.

The Grand Antipsoric Medicines.

I will not advise the beginners in homœopathy to start from the beginning of their study, to read the works of Hahnemann. That would be arduous and very deceiving. It is preferable for them to read recent works on the study of *Materia Medica*. We can have good results from the reading of the pathogenesis established by Hahnemann, only when we are very well acquainted with homœopathy, otherwise it will be impossible for us to well utilise, and to hierarchise the different symptoms. But it is necessary to know that the 22 remedies studied by Hahnemann are still considered as corresponding to the tuberculous conditions, in very many cases. Naturally it is necessary to add some more to them. Here is the list of *antipsoric remedies* given by Hahnemann in his works on *Chronic Diseases* : *Magnesia Phosphorica*, *Magnesia Muriatica*, *Acidum Nitricum*, *Iodium*, *Lycopodium*, *Phosphorus*, *Zincum*, *Carbo Vegetabilis*, and *Carbo Animalis*, *Petroleum*, *Causticum*, *Conium*, *Sepia*, *Ammonium Carbonicum*, *Natrum Carbonicum*, *Kali Carbonicum*, (you see that the carbons are more in number) *Natrum Muriaticum*, *Silicea*, *Baryta Carbonicum*, *Calcarea Carbonicum*, *Sulphur* and

Graphites. We may say that all of these remedies are still great antipsorics except perhaps, *Zincum* and *Carbo Animalis*, that are rather adapted in cancerous states.

Alimentary Intoxication and Tuberculinism.

If we reckon the theory of **Dr. Nebel**, we ought to admit, and we are going to try to prove, that the chronic tuberculinism comes within the range of Psora of Hahnemann. Our colleague of Lausanne has given us an idea, very interesting, by his verbal teaching. When a subject is from the beginning tuberculinic and must become tuberculous, we may note in him some deficiency and defect of nutrition, because the impregnation of Tuberculin forces the patients to make abuse of stimulants; they then need stimulants and generally use them in two forms, to sustain themselves: *Alcohol* and *Nitrogenous food*. Formerly the peasants were in the habit of taking vegetables during the whole week and meat only on Sunday. The Tuberculous conditions and Psora were surely less frequent; but now most of the people consume more and they make more and more abuse of stimulants of all kinds. The patient that carries in him a tuberculous condition already hereditary, augmented by the life he leads, has the desire to take foods that give him as it were a lash of a whip. The drunkards, the children of the drunkards, are always tuberculinic. According to **Dr. Nebel**, the subject that has an invincible attraction for alcohol is pushed towards that habit by tuberculinism. You may verify these statements in your patients; you will be absolutely convinced.

The tuberculous patients generally make the abuse of nitrogenous foods. The antagonism between the

Tuberculosis and Arthritism is true only in this sense : *the arthritic patient never becomes a patient of pulmonary tuberculosis, because he has already a tuberculous condition, general and extra-pulmonary, and that he will never tend towards a caseation.* But that antagonism does not exist between the two conditions from the causal and etiological point of view.

In opposition to the abuse of stimulants, alcohol or meat, some tuberculous conditions, the syphilitics, have the tendency, says **Dr. Nebel**, to make abuse of poisons in the form of drugs, and hypnotics. We find very often the acquired syphilis and hereditary syphilis, in the toxicomaniacs—not only in those who are habituated to the dangerous narcotics (opium, morphia, etc.) but also in persons who have the *tendency to drug themselves.*

This explains that one of the grand polychrests of homœopathy, *Nux Vomica*, may very well be prescribed sometimes to some hereditary syphilitic patients as well as in tuberculous and tuberculinics. Because the patient whom it corresponds, makes the abuse of drugs, very often due to the error of the doctors as well as due to his own desire.

Symptomatology and pathogenic effects of Koch's Tuberculosis.

Read then, gentlemen, the old book of Hahnemann **The Chronic Diseases.** After that, read the issue of *L'homœopathie moderne* consecrated to tuberculosis and you will find the symptomatology of *Tuberculin* according to Koch. (We have given in the last pages of this book the above pathogenesis of Koch's *Tuberculin*). The symptomatology of Koch's *Tuberculin* was first published in

German magazines in 1902 and 1903 under two forms: **Dr. Nebel** has applied the *Tuberculins* to his patients, in the period when the research was on in ponderable doses; then he culled from the German literature, which is very rich on this point, the toxic effects caused by *Tuberculins*, effects so injurious and so important that the use of *Tuberculins* has now almost disappeared from the official medicine. You will have, after reading that subject, very precious indications, if you have the patience to compare it with the chart of Psora of Hahnemann. You will become surprised. Because in the symptomatology of Tuberculin of Koch, **Dr. Nebel** has been obliged to give the objective and the subjective symptoms. He has given a synthetic clinical chart in which we may make a comparison of each of the given symptoms with one or several other grand antipsorics of Hahnemann.

The *Melancholic Delirium* for example, lead us toward *Sepia*, the other symptoms, the progressive emaciation inspite of the patient eating well, give us to think of *Iodium* and *Natrum Muriatricum*. In the indications of the skin we will find the symptoms of *Urtica Urens* and *Rhus Tox* etc. The tongue may have the scarlatina aspect of *Beladonna*; suppurative tendency is often seen which is a symptom of *Hepar Sulphur* etc.

Then we must know the medicinal effects of Tuberculin* and **Dr. Nebel** has very well shown us that this product eliminates itself through three passages: the *mucus*, the *serous*, and the *cutaneous*. You will see there equally the Chart of Psora with the ancient table of Scrofula. The tuberculous poison eliminates itself through the skin

*See appendix.

outwardly in the form of eczema, urticaria, and all sorts of possible cutaneous affections.

Tuberculosis and Tuberculous Conditions.

We have studied the Psora of Hahnemann, the Tuberculinism, and the pathogenesis of Tuberculin. Now we are going to deal with Tuberculosis. We will not deal this subject at length. Then it will be very easy for us to individualise the grand Tuberculous conditions.

Malnutrition, Want of Air and Light.

Let us state from the very beginning that the chronic Tuberculinism, identifiable with Psora of Hahnemann, is a condition in which we may observe, in our opinion, a fault which should be viewed from three points (that fault may be a fault of the patient, of the doctor or of the surroundings or of some conditions whatever it may be). This fault may be seen in the three aspects :—

1. *Malnutrition due to the tendency of abusing stimulants (alcohol) or abuse of some foods having no vitamin.*
2. *Want of air due to staying for a long time in a confined atmosphere.*
3. *Want of light due to living in houses where the sun rays hardly enter.*

It may be possible that the two latter wants are primary; the want of air and of light may lead to the need of exciting foods more or less toxic, to counterbalance the diminution of vital energy.

Thanks to these three notions we now understand how some persons who are placed from the climatic point of

view, in some best possible condition, such as the villagers, and who often live in fields, however become Tuberculous because they do not take the advantage of the air and light that they have in abundance, for they live in air-tight houses, they sleep in some alcoves, in rooms having the windows shut, or live in the same room even with beasts in certain places etc...

Biochemical Constitutions of Tuberculin.

We have now come to true Tuberculosis from the point of view of biology.

On analysing the toxins secreted by the tubercle bacilli and the ingredients of their bodies, we find *three* sorts of product—some *lipoids*, some *proteins* and some *mineral elements*. The lipoids give resistance to *Koch's bacilli*. According to some, the bacilli are encapsulated in a serous coating and according to others, the lipid is a part of the protoplasm itself. From the above we must keep in our mind that there is a possible action of *salts of phosphorus* administered as in Homœopathy on the bacillary lipoids rich in phosphorus. When we search for the mineral elements constituting the Tuberculous poison we find some *salts of calcium, magnesium, phosphorus and silica*. All the salts of phosphorus in Homœopathy act on Tuberculous patients. *Phosphorus* is dangerous for the pulmonary tuberculosis, but on the contrary, it should be placed in the first rank of the antipsoric remedies for certain tuberculous patients, who will not run the risk of becoming Tuberculous. We will see that this action of

phosphorus is due to its effects upon the percentage of *blood cholesterin*, which again sharpens the defensive mechanism of the body against the Tuberculous toxins.

Magnesium acts on the nerve tissues, and on the defects of sympathetic system. As for *Silica*, it gives elasticity to the tissues. *Silicea* like *Phosphorus* is a grand remedy for the pulmonary tuberculosis, but it is a remedy very dangerous to apply. We must apply this remedy in certain suppurative parasitosis so often associated with a Psoric condition.

Similarly the Tuberculous poisons contain some proteins. Here we may compare *Arsenicum Album*. *Nux Vomica* is the Homœopathic remedy for the abuse of stimulants, drugs, and alcohol. For this reason, it is so often applied in tuberculous patients who require some "Tonics", some drugs etc... On the whole it is the remedy of *qualitative intoxication* as opposed to *Arsenicum Album* which is a remedy of *qualitative alimentary* intoxication. This mineral is our weapon *par excellence* in the case of food poisoning caused by rotten foods, specially nitrogenous foods: meat, ptomaine, fish etc... *It is also a good remedy for anaphylactic states.*

Let us note in passing that calcium exists in the Tuberculous poisons; these poisons are capable of causing intense decalcification. All or almost all psoric patients are decalcified. They may show themselves in the tissues charged pathologically with calcium, but the excess of calcium in these tissues is accompanied with a certain decalcification revealed in other regions as a kind of equilibrium. Thus the laying bare of the teeth, that signifies

a process of hyper-calcification, as for example, a patient whose teeth might have been decalcified in the infancy or in adolescence, suddenly at the age of 34 presents a modification in the aspect of teeth that become yellow and lay bare. In chemical analysis, the teeth are found to be hypercalcified but *this hypercalcification is associated with a hypocalcification of the maxilla*. The patient loses his teeth that are extirpated from alveoli one after the other like the stone of a cherry when the latter is pressed between two fingers because there is a retraction of the soft parts, the gum, on the decalcified bone. We know how the salts of calcium, particularly, *Calcarea Phosphorica*, play an important role in the Tuberculous conditions. On the other hand, if we consider the *Tuberculous* and *Pretuberculous tuberculinc*, we will find that the phenomena of decalcification are different in the two cases.

The difference is very clear, from the clinical point of view, between the *Pretuberculous tuberculinc* and the *Pulmonary Tuberculosis* in evolution.

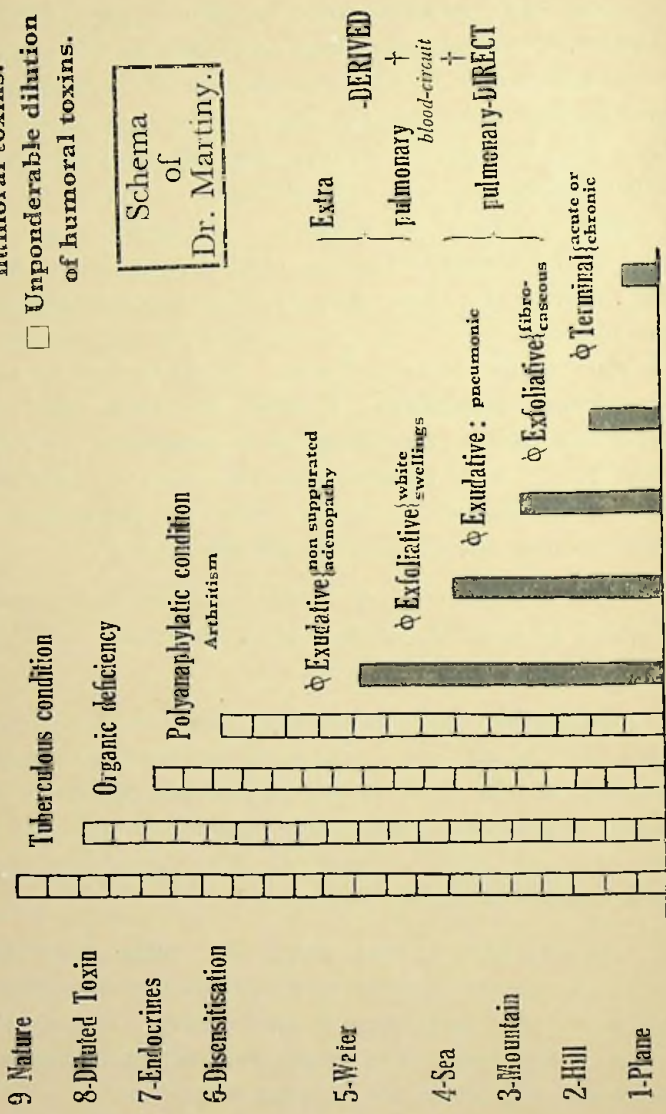
In the first case, we see some phenomena of decalcification: dental caries, the nails bearing white spots, presence of abundant precipitates of phosphates in the urine, emaciation, constipation, reaction of *vernes* often negative. All these phenomena are consecutive to a deep trouble of *calcium metabolism*.

In established Tuberculosis, the urine does not contain much precipitates of *phosphates*, the constipation disappears, the nails become hard, curved, hippocratic, without white spots. The phenomena of decalcification and reaction of *Vernes* are no more seen.

- Ponderable dilution of humoral toxins.
- Unponderable dilution of humoral toxins.

Schema
 of
 Dr. Martiny.

Phosphoric constitution



- 9 Nature
- 8-Diluted Toxin
- 7-Endocrines
- 6-Disensitisation
- 5-Water
- 4-Sea
- 3-Mountain
- 2-Hill
- 1-Plane

DEATH

9 8 7 6 5 4 3 2 1

Let us explain the schema drawn by **Dr. Martiny** and published in March 1932 in the *Annales Homœopathiques de l'Hopital Saint Jaques*. He gives us a chart, very clear, of all Tuberculous conditions and helps us to understand the necessary transitions. On the left and in the top of the schema, we find as the basis the three hereditary constitutions: *Carbocalcic*, *Fluorocalcic* and *Phosphocalcic* (or phosphoric). The last one is clearly pre-disposed to Tuberculous conditions and even Tuberculosis. We then find the habitual Tuberculous condition of infancy and of adolescence specially in towns, that condition may beside be hidden by an apparent good health. It is necessary to reveal it because it is not always evident. Here comes the question of very highly diluted poison. Then to a higher degree, we note the organic deficiency that is manifested by an endocrinal disequilibrium, which is often prudent to treat organotherapically in ponderable doses or by some Homœopathic dilutions. Last of all, we find the polyanaphylactic condition that characterises an ancient arthritism for which it is often judicious to apply a therapeutic of desensitisation.

In these four degrees we cannot speak of Tuberculosis. There exists but an imponderable dilution of humoral toxins; it is the psora of homœopaths or the tuberculinism of **A. Nebel**. Then come the evident tuberculous lesions that may be due to the *ultravirus*, but that is very often recognisable by the presence of Koch's bacilli. We have then all forms of tuberculosis: extra-pulmonary or pulmonary, those that are directly perched on the blood circuit and very dangerous but in certain favourable cases a pneumothorax or a thoracoplasty

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may realise the necessary deviation. Climatic considerations come in the first plan.

This schema of **M. Martiny** will serve us as a transition for the comparison of tuberculous conditions and the conditions called tuberculous.

Thus we have studied rapidly :—

1. *Psora of Hahnemann.*
2. *The psora identifiable to Chronic tuberculinism of A. Nebel.*
3. *Tuberculosis according to the contemporary biological conception.*

Chronic tuberculinism—hereditary and acquired.

Forms of the passage between tuberculinism and tuberculosis.

We may distinguish among the patients called tuberculinics, those who are susceptible of becoming pulmonary tuberculous and others who have all the chances of never representing a localisation of evident tuberculosis.

In reality, it is certain that some patients, we treat as tuberculinics are suffering already from latent tuberculosis of whom the infection evolves in a silent and discrete way. There is a regrettable loss of precision in such case which is necessary to fight out by the examination of patients with care and taking the help of all laboratory resources. It is important only for prognosis and diagnosis because, from therapeutical point of view, the treatment will be made in the same sense, and in reality, there is no

wall that separates the real tuberculous patients and the pretuberculous. We have seen many patients in whom auscultation indicates nothing, or only some trifling signs as for example, a simple diminution of the breath-sound in the apex of a lung, the radiography may also be negative or may reveal a simple adenopathy and suddenly these patients may have one day, pleurisy. In reality, when we call them tuberculinic, they are already discrete tuberculous patients and all the transitions are possible between the two states.

Similarly, when there exist these forms of tuberculosis which are not pulmonary (exudative tuberculosis of Jousset) but generally glandular for which the mineral waters act well. All these children, bearers of multiple ganglions who have urticaria, or eczema or asthma, or suppurations (stye and furuncles) who are clearly oxygenoid and who never take weight, even when they have a good appetite, are ameliorated each time they go to live in a village, and we speak of them as if they are at the same time psoric and tuberculinic, because they represent to the highest point, the classic manifestation of Psora of Hahnemann. There are some arthritic children, whose morbid states are multiple and are cured after a treatment composed at the same time of one or several grand constitutional antipsoric remedies and some doses of *Tuberculin* or of *Diluted serum*.

But if we examine them more closely we will encounter a class of subjects so vast as would enable us to find almost all the morbid conditions that may be read in a book of pathology, and enumerating one after the other we may, in most of them, find as regards their development a tuberculous condition as one of the principal

root cause. That enumeration would be fastidious and will give us simply some typical examples of grand syndromes that we may compare, with Psora which will be indentifiable with chronic tuberculinism.

The Principal Tuberculous Conditions.

To make the question a bit clear and a bit more orderly, we will rapidly pass in review organ after organ, indicating when necessary, the reasons for this mode of dealing. Very often it is the administration of *diluted tuberculin* for treatment, often *proper drainage* and judicious *canalisation** that justifies our conception better.

RESPIRATORY ORGAN. The patients who have a tendency to *recurrent coryza*, are as a rule tuberculinic. The *spasmodic coryza* called *arthritic* requires a ground treatment with the administration of grand antipsorics (Lycopodium, Sulphur, etc.) or antisycotics (Thuya). Then comes very often the indication of *diluted tuberculin*. The same may be said of oxygenoid patients of whom the nasal insufficiency seems to be a defence against pulmonary incendiary.

In hay fever if you wish to act deeply on the patient, give him *tuberculin* in the middle of the treatment, as I have mentioned in my book on that subject (*Le traitement du Rhume des foins, Chez, vigne, Paris 1930*). I have indicated in passing, that **Dr. Nebel** has instructed me about the value of *Lachesis* of which I have spoken in that book.

*See appendix.

Naturally the recurrent *bronchitis*, *chronic bronchitis*, *the dilatation of the bronchi*, *asthma*, *pleurisy* will be justly put under *homœopathic tuberculinotherapy*. The patient attacked by one of these affections, who represents besides an oxygenoid constitution suffers often from a hidden or undetected tuberculosis. For them only it is true, as the symptoms of tuberculous condition, *the chilliness*, *rising of temperature after any work*—vesperal or inversed, and matutinal etc. wasting, that show the existence of a veritable latent tuberculous condition or a pretuberculous condition. In these cases the treatment with the serums and tuberculins will give marvellous effects, provided that the patient is well drained and that *Serum of Marmorec* *Immunising bodies of Spengler*, *Vaccin of Bossau*, *Koch's tuberculin*, any of these remedies, is not given as the first dose and before two months of the general homœopathic treatment, ranging simultaneously on the functional and morbid constitutional plan.

In certain cases, persons suffering from asthma or the dilatation of bronchial tubes, may besides represent a hydrogenoid condition for whom the appropriate *tuberculins* will be necessary *such as Denys, T.R. etc.*...*

CIRCULATORY SYSTEM. But it is necessary to suspect the existence of tuberculous conditions in many other domains.

° In our opinion, the acute articular rheumatism is a contagious affection that may not affect but on psoric tuberculous conditions, there may be seen cardiac attack or not. Homœopathy gives beautiful results in the treatment

*See appendix.

of this affection and of its consequences: When we are aware of a valvular lesion we should always think of the final administration of *diluted tuberculin* after drainage and appropriate treatment. Thus we will obtain, not only the disappearance of the constant murmurs, but a better equilibrium, necessary for the compensation of the lesions.

Mitral regurgitation, which is of a complex order, seems to be caused by the association of hereditary Syphilis and Psora or from the therapeutical point of view, of *Syphilinum* and *Tuberculinum*.

Extrasystole is the end results of complex causes, in which the incompetency of the big visceras as liver, spleen, kidney and heart is usually and primitively caused by a tuberculous condition which may frequently be proved by the morbid sequæ.

Constant arterial hypertension that ends in arteriosclerosis, seem to be antagonistic to tuberculinism. You are mistaken then, for in these conditions rather very often we find cholesterinæmia; therefore, we can say that the excess of cholesterin which gives rise to sclerosis is necessary, up to a certain point for the defence against the tuberculous toxins.

Surely the subjects representing these conditions will never have tuberculous lesions in the lung, because their tendency to sclerosis prevents them from having the same. And this is why the excellent action of highly diluted *Phosphorus* in such cases—a marvellous remedy of tuberculinic non-pulmonary and non-oxygenoid states, having no danger in its application because it fights against the degeneration and insufficiency of combustion, as well as

against the hepatic insufficiency which is one of the causes of this state.

Very often the *aortitis* and *arteritis* are due to syphilis but the latter may also be associated with the tuberculous condition the provocator of sclerosis. The patient has passed, first of all through the stage of *Sulphur* that signifies the general congestive symptom. The arterial tension may remain elevated during several years, specially if a proper homœopathic treatment has not been done. Then comes the phenomena of the diminution of the maximum tensions, unless the peripheric or renal block causes a new elevation of the maxima. It is then, in the two cases, the menace of degeneration of arterial walls indicate *Phosphorus* in high dilution. Even then some doses of *tuberculin* (T.R.) may ameliorate the general state of these patients though we may be tempted to place them as antagonistic to true tuberculinism.

As for the *affections of veins*, as *phlebitis*, *varicosity* etc., they are often caused by a tuberculous condition causing the loss of general tonus and exaggerating the hereditary atony of the walls of the veins, often in the basis of which is found the *Fluorocalcic constitution*.

URINARY APPARATUS. To treat *albuminuria* it is often prudent to apply diluted *tuberculins* specially in children. Orthostatic albuminuria falls in that category. The nephritis is caused by different interstitial or parenchymatous lesions of the kidney and in the basis of which there is sclerosis, the tuberculinism may exist. In other cases, we must suspect syphilis.

Urinary lithiasis, oxalic or uratic, some times phosphatic, indicate some modifications of the *acid-base* equilibrium with precipitation of organic salts due to the insufficiency of combustion in psoric, that is to say, tuberculinic patients.

As for *suppurations*, and infections of urethral or renal origin specially pyelitis, in which colibacillosis heads the list, there exists but secondarily an ancient tuberculous condition. This is specially true for colibacilli, that seems to flourish, in the entero-renal syndrome on a tuberculous ground, which causes constipation by either producing atony or by decalcification.

NERVOUS SYSTEM. The different neuralgias and neuritis have often for their cause a tuberculous condition, to which are associated different infections and frequently favours a hydrogenoid condition. The same may be said for epilepsy although in this case, hereditary alcoholism, head injury and specially syphilis play a very important part. But if we make a complete revision of all affections of nervous system or mental faculties we will often find the tuberculous condition preceding the appearance of different troubles in a good number of cases.

There is a disease which is a very clear example of the above: the *dementia precox*. It is now officially admitted that there is a certain relation between tuberculous factor and that affection, and we have personally observed a case, absolutely decided, in which the amelioration was obtained, and is still maintained after eight years of treatment, thanks to the alternated doses of *Silicea 200* and *T. K. 200*, inspite of the desperate prognosis.

THE SKIN. It is by studying the cutaneous affections that we will be able to understand well the close relation that ties the tuberculous intoxication and the Psora in many cases, to such a point that these two factors may identify themselves.

Acne is a parasitosis due to a '*folliculorum demodex*'. It is often found in young tuberculous patients as well as persons suffering from tuberculosis both being the elective grounds. In our opinion the acne denotes, almost in all forms, the tuberculous condition or even declared or latent tuberculosis.

The grand cutaneous affections, eczema, herpes, furuncles, impetigo, urticaria are, to different degrees, related to a tuberculous or psoric ground. We find here the intestinal or cutaneous worm tendency that are in our opinion, the characteristics of Psora. All sorts of parasitosis are found in the psoric condition—their choiced ground—which may effect a new classification of cutaneous affections in two grand categories according as there is *pure* Psora or *Psora associated* with parasitosis or with suppurations.

In *Urticaria*, we may find some phenomena of anaphylaxis for which a treatment for desensitisation is necessary. Here again comes Psora, which is chronic tuberculinism, in another form.

Digestive system. In grand syndromes of the digestive organs we will find the tuberculous or psoric conditions heading the list. *Pyorrhæa alveolaris* indicates psora or arthritism with a suppurative tendency of *cul de sac* in the gums bearing rarefaction of the maxilla as opposed to

hypercalcification of the teeth. These troubles of general mineralisation indicate a psoric and tuberculinic state, that may never evolve to a real tuberculosis.

The *dyspepsia* represents some troubles of the tonus of the visceral summit often related to a tuberculinism more or less ancient. Even in *enteritis* and *colitis* of all natures we may say the same. We have already seen that the colibacillary infection seems but secondary to premonitory tuberculous condition.

In *Hepatic insufficiency* we may find, in the basis, the psora and tuberculinism particularly in patients suffering from cholesterinœmia or excess of uric acid that leads to some diverse lesion, and syndromes. Where, as we have seen, the elevation of the percentage of urea in the blood seems to be related to a latent tuberculous condition. In *hydrogenoid* or *carbonitrogenoid* subjects, very often in the guise of the declared tuberculous lesion.

What we have spoken of cutaneous parasitosis is true also from the intestinal point of view. The patients particularly the children, carriers of *ascaris* and specially *oxyuris* are generally oxygenoid tuberculinic, having spasmodic reactions.

The susceptibility of infantile constitution for the parasites in general is a characteristic, specially attributable to Psora and hereditary tuberculous condition.

The same may be said of scrofulous children, carriers of eczema, chronic blepharitis etc... with enlarged glands. In such subjects we may observe all possible shades between simple tuberculinism and glandular tuberculosis.

LOCOMOTOR SYSTEM. Chronic deforming rheumatism has often a tuberculous form (of *Poncet*) which is classic and known. In its therapeutic we have to apply almost always a *diluted Tuberculin*. You will find often some patients who may be treated with *Thuja* and *Natrum Sulfuricum*, these patients are *hydrogenoid*. You will be able to ameliorate them very soon, but after a particular interval you will arrive at a situation from which you will not be able to extricate them without the application of a *diluted Tuberculin*—for example *T. R.* This will help you to cross over the obstacle and consequently the patient will move towards rapid cure. If we had given *T. R.* in the beginning of the cases, there would surely have an aggravation. Whatever may be the case and the defensive reactions of the patient, we must never apply *Tuberculinum* in the beginning. First of all, before immunisation, we must *drain and canalise** on the one hand, and redress the deviated constitution on the other hand.

ENDOCRINES AND GENERAL DISEASES: The diseases of endocrines necessarily require an opotherapeutic treatment, and in homœopathy we not only know to apply glandular preparations as substitutes, but also, according to the case, we know to apply the same as a stimulating or inhibiting agents, using the glandular extracts, *diluted* and *dynamised*.

It is also necessary to associate to the above homœopathic treatment for the etiology which we may obtain; thanks to the *nosodes* and *isopathic products*. Thus the *pancreatic diabetes* requires often the application of diluted

*See appendix.

Tuberculin either alone, or associated with *Syphilinum*, when a double heredity is present.

In *Basedow's disease* and *Addison's disease*, all phenomena of hyperthyroidism, of suprarenalism may necessitate the application of diluted *Tuberculin*, which becomes specially necessary in *ex-ophthalmic goitre*. It should be remembered that the different *anæmias*—*the disease of the blood*, may have the same origin.

As for gout, it is related, according to **Dr. Nebel**, to an alimentary intoxication of purely uræmic order, as it is shown by the great English homœopath Burnett.

Genital organ: Last of all, in the affections of the genitals of either sex; it is often necessary to associate the diluted *Medorrhinum* or *Syphilinum*, if we wish to have some durable results.

Thus, in *salpingo-oophoritis* it is necessary after the administration of *Thuya* and *Medorrhinum* etc. to give one or several doses of diluted *Tuberculin* successively and in appropriate intervals, to check the relapse.

In short, without running the risk of being reproached for having attributed the entire pathology to tuberculosis or tuberculous toxins, we must admit and the practice also confirms that method of dealing, that *Psora* and *Tuberculinism* are two terms expressing in different forms, the same ideas and that very often, we may take them as synonyms. It is not yet possible to give experimental proofs for this mode of viewing. We have at least the results obtained from homœopathic practice, thanks to the application of grand constitutional remedies of Hahnemann on the one hand, the diluted *Tuberculin* on the other, and thanks to

the multiple relations that unquestionably exist between them.

Is there a uniform symptomatology of tuberculinic conditions ?

After having reviewed a greater part of the pathology in order to show what are the diseases and syndromes that merit to be ranked in the tuberculinism, it is necessary now not only to warn the novices and the beginners, but also our experienced colleagues to whom some wrong ideas have been introduced, and who may believe in the existence of a unique syndrome, easy to describe, to characterise the intoxication by *Tuberculin*.

A French author has formerly described in a seducing manner for the profane persons, the symptoms of tuberculinics, but that was soon explained wrong by true clinicians. He viewed the question from only one angle, and ignored the entire biological range and to be more exact, he neglected fatally the high philosophy. After him some believed that Psora of Hahnemann was classic arthritism. To avoid that error it is enough to see the description of Hahnemann and to read the *doctrine and the treatment of chronic diseases*. The psora of Hahnemann does not mean only one of these nine syndromes so well individualised by **M. Martiny** in his schema, and we have already said that the old antagonism between the arthritism and tuberculinism may no more exist, when we find between these two concepts, all possible forms of passage, and when there exists very often in the two

cases a common basis represented by the *deficiency of foods* and *alimentary errors* etc.

We have no right to form a unique and general syndrome of the tuberculous condition artificially, by accumulating the varied symptoms collected in the pathogenesis of *Pulsatilla*, of *Rhus tox*, or of other remedies which are the principal drainers of the chronic tuberculinism such as **A. Nebel** has taught us. The fatigue, the chilliness, the loss of weight, the general tendency to overwork, the matutinal elevation of temperature or evening rise of temperature, the slight rise of temperature after exertion, generalised or localised veinous congestion of the extremities, palpitation, presence of extracardiac rales etc., all these have value only in *Pretuberculous oxygenoid* patients, that is to say, as we have seen, only in a part of numerous tuberculous states which are observed in all the domains of pathology.

The schema that **A. Nebel** published twenty years ago, is always true, but it is necessary to understand it well and we must not deform or interpret it with a vulgar spirit, without being able to catch the shades, as was done by the ancient students of the master of Lausanne. This schema must be considered with a supple spirit. We must not believe, for example, that all the medicines that are indicated, some as oxygenoids, the other as hydrogenoids, may be ranked only in closed compartments. For example there exists some hydrogenoid conditions which can be appropriately treated by *Natrum muriaticum**, but in lower triturations, the higher dilutions though will suit better to oxygenoid

*See appendix.

forms which we are justified to treat with this medicine.

We must know well that each homœopathic remedy may possess three faces: *Oxygenoid*, *Carbo-nitrogenoid* and *Hydrogenoid*.* A certain homœopathic substance may be oxygenoid for some patients and hydrogenoid for others. There exist, therefore, naturally some primordial faces in certain cases (Natrium Sulph., very often hydrogenoid, Natrium Muriaticum very often oxygenoid and Iodium, Psorinum are very often carbo-nitrogenoid). Thus when we will have to treat a certain tuberculous condition, we will obligatorily get the best results basing ourselves on the Hahnemannian therapeutic, on a well understood clinic, as **Dr. Mondain** advises us to do.

But before giving you some general advice of treatment, let us indicate only some of the general characters of tuberculinics that have appeared before us after this short study of synthesis.

General Characteristics of Psoric Tuberculinism.

If it is not possible to describe common syndrome that may be suited to all states of intoxication by the tuberculin, we may at least define some general characteristics of these states. These are the following characteristics according to our personal opinion.

1. *Phenomena of alteration in time and space.*
2. *Glandular troubles.*
3. *Derangement of vagosympathetic system.*

*See appendix.

4. *Trouble of tissue tonus.*
5. *Trophic trouble of the skin.*
6. *Parasital tendency.*
7. *Predisposition to contagious affections.*
8. *Suppurative tendency.*
9. *Trouble of mineralisation.*

A Tuberculous condition will present only some of these symptoms; it is very rare to find all these characteristics together. This is why it is not possible to describe syndrome, but only some symptoms, variable according to the different pathological manifestation.

1. *Phenomena of alteration in time and space.*

These are most important. Psora is characterised by the alteration between the periods of latency and different pathological phenomena, that come often suddenly in explosive and brutal manner. That alteration exists, as regards time and site. As regards the time, the tuberculinism or the psora does not impregnate the individual only, but also his ascendance and descendance. We may see Psora during several generations by its multiple and proteiform manifestations. There is a history of asthmatic grandfather, of eczematous father, of urticarian child etc.

As regards site, so important a phenomena, which we have just described as morbid metastasis and for which **Dr. Allendy** has produced a luminous work, reveals before all—Psora, that is to say, tuberculinism in general. The hereditary factor intervences in the localisation by creating some points of attack due to the weakness in regions with the least resistance, and with organic deficiency; then by

a still more mysterious correspondence between the different regions of the human body as well as on principal organs, these succession of symptoms and morbid changes take place.

2. *Glandular troubles.*

It is unanimously accepted that Tuberculosis, after Syphilis, is the greatest causal factor of endocrinal disbalance. It is curious to note that most of the grand glandular syndromes are influenced therapeutically by some doses of *Tuberculin* judiciously prescribed. In Oxygenoid condition, and when the toxins are qualitatively and quantitatively important, there exist hyperthyroidism, increased basal metabolism and some secondary troubles related to the genital glands, the suprarenals etc.

When there is decreased basal metabolism, we may observe an insufficiency of thyroid and ovaries, as well as important troubles of the pituitary and other glands. The relations between the tuberculinism and the endocrinal troubles, that are unquestionable, ought to be precised in future. It seems to us already that tuberculinism or Psora may influence deeply the most innocent tissues of the organism, the parenchyma, for which *Phosphorus* may be often considered as therapeutic check of degeneration.

3. *Derangement of vagosympathetic system.*

Conjointly with the glandular troubles, there exists habitually and in a periodic way in the psoric tuberculinic conditions, a derangement of sympathetic system. As a rule, the derangement does not go up to a complete disequilibrium. There exists only a morbid equilibrium, more or less unstable, of the autonomous system, charac-

terised by some diverse symptoms: vasomotor troubles etc.

The spasms seem to be frequently a sympathetic reaction against basal atony. In cases of great vago-sympathetic disequilibrium, we may always note a premonitory period, often very long, characterised by an unstable and latent equilibrium, which after a shock changes into a complete disequilibrium. This may be so marked that it becomes a veritable psychoneurosis. From homœopathic point of view, it is the story of a *Pulsatilla* case changing into one of *Ignatia*.

4. *Troubles of tissue tonus, atony and spasms.*

Psora and tuberculinism seem to influence all the tissues, not only the entoderm, but also the mesoderm and ectoderm. More particularly, the connective tissues show some troubles or even some lesions. The tissues in question may be interstitial, organic, and periorganic. Here the terminal therapeutic check is *Silicea*.

It is curious to state that all the phenomena of spasms that may or may not be related to glandular troubles, seem to be always associated with an atony. The spasmodic phenomena may not exist in certain tuberculous states, they are frequent in other cases and the well characterised spasm producing affections as whooping cough, asthma, coryza etc. affect more specially the same subjects of arthritic or psoric origin representing in the iris, the ring of cramps or peripupillary concentric circles characteristic of the tendency to spasms.

Constitutional atony may be aggravated by demineralisation bearing upon *Silicata*, which plays the capital

part in the contractility of tissues, or on Calcium (decalcification by Tuberculinism).

5. *Trophic troubles of the skin.*

It is one of the most important characteristics, because it allowed Hahnemann to define psora. When the periodic phenomena are evident, there are some cutaneous eruptions, or it may be, the Psora re-enters and the cutaneous eruptions disappear, either to yield its place to an apparent healthy state, premonitory to new troubles, or to be transformed into internal complaints.

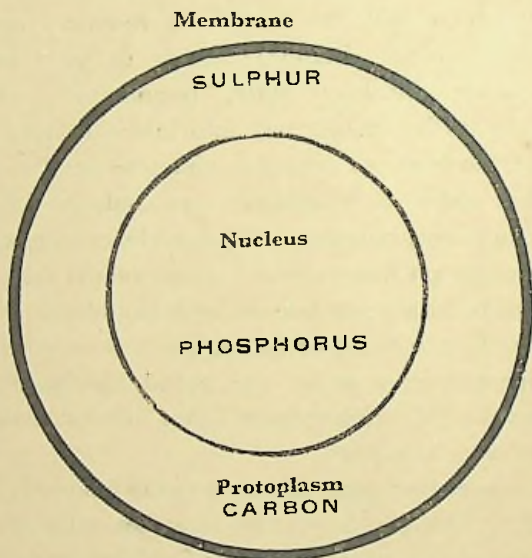
The tendency to eruptions characterises Psorism. It seems that there is a tendency not only to eliminate ponderable toxins, but, very often a tendency to change the morbid energy on some selected points of the skin, which seems to us to have some bearing with troubles of tropism.

Therefore, it is the ectoderm which is to be tried and the homœopathic remedy, the grand antipsoric and constitutional of Hahnemann that characterises the eruptive state, is *Sulphur*.

In succeeding generations, we may follow the stages indicated by the grand ground remedies. The *father of Sulphur* may give birth to a *Calcarea Child* and so on.

The schema here attached represents the three grand mineral constituents of the living cell: *Phosphorus*, that acts more electively on the soft *tissues* and on the *cellular nucleus*; *Sulphur* of which the centrifugal action is rather predominating on the periphery, acting on the cutaneous eruptions. Last of all, the Carbons that enter into composition of hemoglobin and different other constituents are to be found in blood as well as in all tissues and their protoplasms.

To be complete, we ought to add with carbon, the *Silicata*, which lies in the basis of all the connective tissues, and with Phosphorus, the compounds of *Nitrogen*, that form the main constituent of nucleins.



Schematic and elective action of PHOSPHORUS, of SULPHUR and of CARBON on the living cell.

Psora or Tuberculinism affects, sometimes, the nucleus of the cells, sometimes the protoplasm and on some other times, the peripheral part. This may be said of the whole organism, (which this schema symbolises) and its three main tissue constituents, *the ectoderm, the*

mesoderm and *the entoderm*, as well as the living cell required for synthesis.

The Carbon enters into the constitution of all the tissues, in all biological combinations as carbohydrates, grease or albuminoid. In particular, it combines with all sorts of bodies to form the various salts constituting the connective tissues. It plays a part in all the functions allotted to the blood and from the physiological point of view, in all combustions.

Carbo Vegetabilis and *Carbo animalis* act in grave conditions found in the end results of long continued diseases that have used up the vital heat.

Sulphur, on the contrary, is the fire of the exterior as opposed to *Phosphorus* which is the interior fire. *Sulphur* is found abundantly in the skin. *Sulphur* will be the remedy *par excellence* for centrifugal action and will act on the cutaneous eruptions either to bring them out in cases where *Psora* has entered in the system, or to check them when their presence is of no interest to the body. In oxygenoid patients, tuberculinic or tuberculous, where the dangers of *Phosphorus* are never existing, *Sulphur* should however, be prescribed prudently (must not be applied above 30th) or should be replaced by *Psorinum* or *Sulphur Iodatum* according to the symptoms present.

The gravity corresponding to the three remedies is: *Sulphur*, *Phosphorus*, *Carbo vegetabilis* in an ascending order. The schema given above is of some value for it is capable of symbolising the general action of these three substances.

6. Parasital tendency.

It is necessary to mention the general tendency to

parasitosis which is one of the characteristics of the Psora. We may find it not only in different tuberculous conditions but also in tuberculosis.

I have observed the frequency of intestinal parasitosis in Phthisical patients, in whom the troubles of assimilation are very much aggravated. At the same time, the general power of resistance is diminished, by intoxication and by nervous breakdown. Very often the parasital states of children play a predisposing or annihilating part in cases of tuberculous meningitis.

Acne exists almost always in Phthisical patients.

To resume, whether it is the question of intestinal or cutaneous parasitosis we may take, on principle, that their presence characterises a psoric ground, that is to say, tuberculinic, even if there does not exist, and this is frequent, a latent tuberculosis.

As for itch, it is very often contracted by the patients of *Sulphur type*. In the *Materia Medica* we have as a characteristic of *Sulphur*: "The patient does not like to wash himself". Does that not indicate an instinctive predisposition to parasitosis ?

The frequency of parasitosis in children seems to be principally due to an elective ground, psoric or tuberculinic. The parasital swarming seems often periodic or cyclic, not only because of the habitual cycle of reproduction of germs, but also because of the influence of meteorological or austral causes, or because of an organic periodicity of parasital ground.

7. *Predisposition to contagious affections.*

But if we consider the *Tuberculinism* or *Psora* in a

more general way, we must come to believe that it predisposes, not only to the animal parasitosis, but also to different infections. Is there then a necessary *symbiosis*—the diminution of the general power of resistance of an organism, under the influence of tuberculous toxins, compensated or replaced by the parasital or microbial virulence? Whatever it may be, to parasites are superadded the bacteria and in many cases, the cutaneous eruptions of psoric order become infected, or even are primarily infectious. To acne, is added the pustulous acne, the furuncles, impetigo, etc.

It seems to us that, in many of the cases the epidemic nature cannot exalt itself without some psoric grounds to receive it, notably in influenza. After the influenza the tuberculous conditions are pushed to such a point that real tuberculosis may appear. Even the principal infantile epidemics viz. the eruptive fevers, appear in subjects in whom the hereditary Psora or the tuberculinism is more or less evident, associated or not with other hereditary taints—*syphilis*, or sycotic condition etc.

The diseases, measles, grippe and whooping cough, which are more or less apt to lead to tuberculosis cause aggravations of the psoric ground, if they are not flourished freely with complete elimination of toxins.

Last of all, in the anaphylactic condition, it is necessary (very often) to admit that the tuberculinism has preceded the observed accidents, and the immunity is sometimes obtained by the association to specific therapy, one or several doses of diluted *Tuberculin* (some

cases of asthma, hay fever, urticaria etc.). It seems then that the tuberculinic impregnation opens the way to different infections, according to the different mechanism still unknown.

8. *Suppurative tendency.*

The same may be said of suppurative tendency, which we may associate with a parasital tendency and sometimes even with predisposition to contagious affections.

We know that certain patients have unhealthy skin, and every scratch is easily infected. This is found in *Calcarea Carbonica*, *Hepar Sulphur*, *Sulphur*, *Silicea* and other remedies, that are notably antipsorics.

The suppurative tendency often goes hand in hand with swelling of lymphatic glands and the leucophlegmatic tendency, as in *Calcarea Carbonica*.

9. *Troubles of mineralisation.*

Last of all, the troubles of mineralisation are found in all degrees in Psora, in the different tuberculous conditions and in tuberculosis.

It may be aggravated by wrong feeding. Though perhaps it is not biologically proved that vegetable acids may cause by their ingestion a modification of acid base at least, sometimes it is found that clinically it exaggerates a process of decalcification and above all meat causes surely a diminution of the alkali reserve, as well as demineralisation. After all we admit with **Dr. Nebel** that tuberculinism often causes the desire for stimulants and the abuse of meat. Here we find the relations of arthritism with tuberculosis.

In arthritis we may detect a hypercalcification when we note the yellow teeth, falling out progressively, but that exaggeration of dental calcification is accompanied by a rarefaction in the maxillæ and the decalcification of the bones balances or helps the demineralisation in the "phaneris". In other bones we may often note the same process.

In arthritism, we may find along with generations the relations between alimentary intoxication, the tuberculinism and the consecutive demineralisation. After a long and healthy ascendance of sober cultivators, habituated to vegetables, the easiness and the sedentary habit on the one hand and a tuberculinic infection still slight on the other make vulnerable to the descendants to alimentary faults that were urecretion to their forefathers, and arthritis is seen as: Urticaria, rheumatism, asthma, biliary lithiasis, pyorrhœa alveolaris. The arthritic phenomena aggravates with each generation, if the patient impregnated with it does not like to live in open air, to stop all physical exercises, follow a strict dietetic and a very strict alimentary regime etc. In other cases, the direct tuberculinic intoxication leads the patients towards tuberculosis, which may end also in psoric, arthritic or asthmatic condition.

As for the troubles of general tonus, we may still explain them partly, by the troubles of mineralisation, bearing either on *calcium* or on *silicata*. The metabolism of *silicata* lies in the basis of contractility, or elasticity of the tissues of support and of interstitial tissues. Hypercalcimia is the generator of sclerosis, which is often a process of defence against *Atony Ptosis* or *Distensions*.

CONCLUSION.

How to treat the tuberculous conditions.

If now we treat the question from the practical point of view, the following corollaries are obtained.

1. *Necessity of individualisation.*

Different conditions necessitate different treatments. Psoric or *Tuberculinic* states are polymorphic and pliomorphic. Each patient should be individualised. He should not receive a routine treatment, but should be closely adapted to the symptoms he presents. Without this we may risk the displacement of the psoric manifestation, or even make it enter into the system.

2. *It is necessary to treat the patient on different spheres.*

It seems to us preferable to take recourse to a habitual homœopathic plurotherapy, if we wish to avoid the metastasis, and morbid changes and also we wish to cure him by acting deeply. First of all we must give to the patient one of the excellent antipsoric remedies of Hahnemann, the real ground remedy that characterises the morbid constitution of the patient, associated with one or more functional remedies. The *drainage* will be effected on different spheres from mental to the most inferior one through excretions and secretions. The *Canalisation* will avoid the medical aggravations and will weaken the morbid energies.

3. *It is necessary to choose the appropriate Tuberculin.*

When the organism is well drained and the constitution redressed it becomes necessary to prescribe a *Tuberculin* or a *Diluted serum*.

It is necessary to note at first, to which of the three biochemic constitutions of Grauvogl : *Oxygenoid*, *Hydrogenoid*, or *Carbonitrogenoid* the patient belongs.

The frank tuberculous patients suit to *Bacillinum* (Pulmonary tuberculosis), *Aviary* (Tuberculosis of the pleura and of the glands), *Spenglar*, *Bossan*, *Vaudremer*, and if applied with prudence *Marmoreck* or T. K. (Residual tuberculin of Koch).

The same remedies specially T. K. suit the *oxygenoid tuberculinics*.

Hydrogenoid tuberculinics : *Denys* or T. R.

Carbonitrogenoids : T. R.

But the question is not yet settled. It will become so within few years, if some of our colleagues take the troubles to make trials with this treatment in their daily practice.

In tuberculinics with impaired defensive mechanism, particularly the oxygenoids, we will try to find out if there is a rise of temperature, every day in a particular time, either in the morning, or in the noon or in the evening.

In other patients, no matter to which constitutions of Grauvogl they belong, there may remain an ephemeral or slight rise of temperature. In many cases the temperature chart and the weight chart will prove the value of the specific treatment (*traitement de pierre de touche*).

Frequently and according to the cases, *endocrinotherapy* (in ponderable doses and in homœopathic dilution) and the specific remedies of the desensitisation will follow the treatment by *Tuberculins*, or will precede them. We

must always take into account *the general hygiene and appropriate diet.*

4. *Choice of the time of prescribing the Tuberculins.*

To individualise the patient under treatment and to act on his organism on all the necessary spheres will not end the matter. After having selected the appropriate *Tuberculin* it is necessary to prescribe it in the most suitable moment.

Hahnemann and Kent have taught us that it is necessary to prescribe an appropriate antipsoric, such as *Sulphur*, an antisycotic, such as *Thuya*, a remedy of syphilis, such as *Mercurius* every time when the corresponding "Miasm" is suspected; or every time when the well indicated remedy does not act.

In the same way we will give the *Isopathic* remedies when we face an obstacle or a check of amelioration *Syphilinum*, *Medorrhinum*, *Psorinum*, or a *Diluted Tuberculin* in each corresponding case.

As a general rule, we will abstain from giving *diluted serum* or a *tuberculin* before a lapse of time of at least two months, which is essential for the treatment of the ground and for the drainage.

We will also *avoid the repetition of the diluted tuberculin*, and we will wait, say two months, before giving the patient a second dose. In the interval we will take up again the treatment of drainage and the treatment of the ground.

On the other hand, **Dr. Nebel** has described some special objective symptoms for individualisation of the prescription of *Tuberculins*. These symptoms will be

useful here. Last of all, we will search out, naturally, the pathogenetic symptoms of *Bacillinum*, *Tuberculinum* etc.

It is in this way we ought to take up the study, the capital question in homœopathy, of *Psora* and of the tuberculinic conditions.

Such conception may seem extraordinary and the part that we attribute to tuberculinism may be exaggerated. Personally we have adopted it after a long reflection, after having researched the value of such a generalisation in our daily practice. First of all, we ought to understand separately the reactions of *Psora* and Tuberculosis before accepting the opinion of **Dr. Nebel**.

It is possible that in future one may detect in the *Psora* of Hahnemann other entities, clearly distinct of chronic tuberculinism, as say our numerous brethren.

Whatever it may be, and even if the argument of good results that we have obtained by the duluted tuberculins, is not a proof of the specificity of troubles they are capable of curing, but it is no less true that, according to us, as we have verified by our proper experience, the indentification of *Psora* and Tuberculinism, leads to a fecund therapeutic, while if we take them separately that will lead us to a treatment more sterile.

THE TREATMENT OF TUBERCULOUS CONDITIONS.

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We have much hesitated before writing these pages. Our aim was to indicate a series of therapeutic sketch, that the readers may themselves develop. We cannot give here all the necessary explanations that our Homœopathic brethren require. A simple lecture in trice, without preparation, would be fastidious and without great interest, because we ought to condense our thought as much as possible. I hope that I will be excused by the readers if I am forced by circumstances to pass in review the principal chapters of pathology. It is a question of a general consideration; the first effort of synthesis may not be useful if the readers have not a flexible spirit. We must know beforehand the guiding ideas of our modern school in order to pluck out advantages from this study.

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Above all we must not jumble anything. To speak of the treatment of tuberculous conditions does not mean only to study the application of *Tuberculins*. In the first place the law of similars will always be our guide. The few names of remedies cited do not mean the dispensation of the study of *Materia Medica*, and the symptoms indicated for each remedy. Hahnemann has, on the other hand set an example by studying with such profoundness

and genius the great antipsoric remedies. Because here lies the sphere of Psora. The principal antipsoric polychrests of Hahnemann will almost always be remedies of "Ground" or of "Morbid constitutions", of tuberculous conditions. They should first of all be prescribed according to their proper indications as well as their satellites generally after two months at least, we will begin complementaries of drainage and canalisers. In the second stage generally after two months at least we will begin to prescribe *in optimum doses* and *in long intervals* (rarely repeated) the diluted *Tuberculins* and other products of the like etiological order viz., nosodes and anti-tuberculous serums. To bring back again the normal equilibrium, drainage must precede the effort of immunisation.

In acute stages, as a general rule, the *Tuberculins* are not applied and yield their places to classic remedies, prescribed strictly on the observed symptoms. But during convalescence, and to cut short the troublesome after-effects, distant complications, and *sequelæ*, we will prescribe anew *Marmoreck T. K.* etc., and thus by making a preventive treatment we will avoid the natural effort of equilibrium of the intoxicated organ.

Before commencing our study let us recall, what in our opinion, are the general characteristics of tuberculous conditions.*

1. Alternation in time and space.
2. Gland troubles.
3. Derangement of vaso-sympathetic system.

*See page 35.

4. Troubles of tissue 'tonus'.
5. Cutaneous troubles.
6. Parasital tendency.
7. Predisposition to contagious affections.
8. Tendency to suppurations.
9. Troubles of malnutrition.

A tuberculous condition will represent only a few of these nine characteristics. It is rare to find them together. For this reason it is very difficult to give a syndrome, but only some symptoms, changing with the diverse pathological manifestations.

Let us now indicate the plan that we are going to follow in practical and therapeutic study of tuberculous states.

Let us consider the pathology in general, divided according to the classical fashion into great syndromes corresponding to the organs in question. As for each definite category we will indicate each time when necessity arises.

1. *Osseous Constitutions*: Persons pre-disposed to the affections of bones according to the conception of **A. Nebel**. (*Carbo-Calcic*, *Phospho-Calcic* and *Fluoro-Calcic*).

2. *Biochemic Constitutions*: According to the classification of **Grauvogl** (Oxygenoid, Hydrogenoid and Carbonitrogenoid).

3. *Physiological Constitutions*: According to the method adopted by **Dr. Allendy** (Atoni-plastic, Toni-plastic, Toni-aplastic, and Atony-aplastic).

4. Derangements caused on the sympathetic system and endocrinal glands and their therapeutic consequences.

5. Homœopathic treatment will only be sketched: Indications of only some special remedies, of some drainers and satellites and tuberculines.

To be complete, it is also necessary to link our conception of therapeutics of *Psora* or of *Tuberculinism* with that of morphology. Actually our competency does not extend sufficiently to that domain. We will try to link our conception with that of the morphological school which will be established in future. It is a capital point for the triumph of our doctrine.

Similarly, it is necessary to take on scientific basis the study of medicinal types *and their relations with the temperaments* of Hippocrates and their influence in the genesis of diseases. There lies the drudgery of science. The more we advance and the more we obtain the long desired objects, the more we find new fields for investigation.

Let us now handle the practical study of the tuberculous conditions and their treatment. Some very simple schema will fix our ideas on the principal series of remedies and their medicinal relations.

Circulatory System.

1. THE CARDIACS.

(a) *Acute Articular Rheumatism*: It comes only on psoric, tuberculous ground. The valvular attack that may occur out of it does not modify the subject, that will not be immunised against new attacks but by a treatment with diluted tuberculines, or products of the same nature.

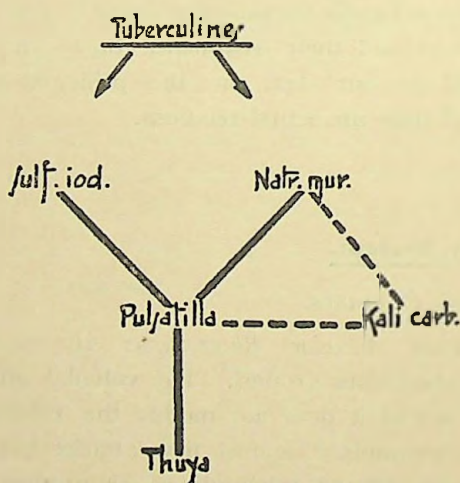
Typically it is the question of a young boy, a child or an adolescent, or an adult, *Oxygenoid* type, with hypotension if the lesion is mitral.

Often the Osseous Constitution is *Phospho-Calcic* or *Phospho-Fluoro-Calcic* (*Calcarea Phosphorica*, and *Calcarea Fluorica*.)

The temperament is *atoniplastic* or *toniplastic*.

For the constitutional treatment, the ground remedies are: *Sulphur Iodide* or *Natrum Muriaticum* and *Thuja* (High dilutions.)

The venous circulation of the extremities is sluggish, the general conditions, the symptoms noted on the nails (absence of moons, rose pale or violet colour), chilliness, and amelioration in open air indicate the habitual drainer of *Oxygenoid* tuberculines: *Pulsatilla* (30 K*).



*Korsakov.

We must take care to remineralise the patient (*Calcarea Phos.*, *Kali Carbonicum*, *Alfalfa*, *Avena Sativa*, etc.). Preferably *Tuberculins* or *Ante-Tuberculous* serums should be applied : *Marmoreck*, *Spengler*, *Aviaire*, *Bosson*.

(b) *Mitral Regurgitation* : It is of the same order, but the ground differs. Syphilis and Psora may be associated. (Luesinum + Tuberculinum.)

Nanism may be seen, or late development (*Mitral Nanism*). We will think of *Baryta Carbonica*, complementary of *Luessinum* and of *gland extracts* (Hypophysis).

The constitution is *Fluoro-Phospho-Calcic* or *Fluoro-Calcic*.

Oxygenoid temperament.

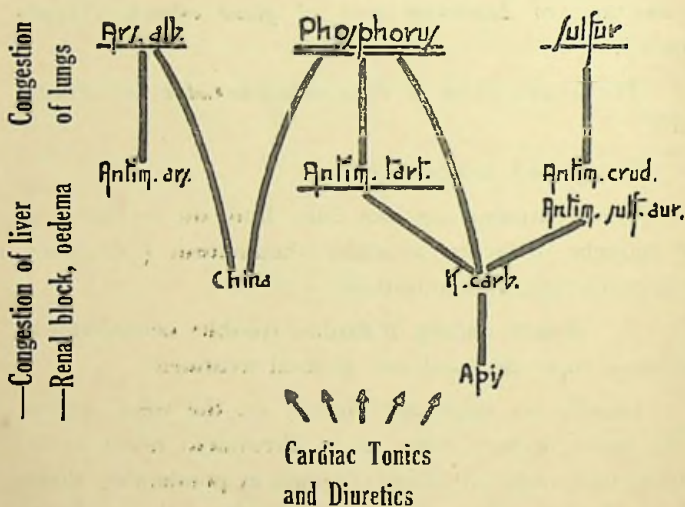
The treatment does not differ from the treatment of the sequelæ of acute articular rheumatism (drainage, remineralisation, immunisation).

(c) *Asystole* ending in cardiac troubles necessitates at the same time the local and general treatment.

Locally we must act directly on the weak organs, e. g., heart, kidney, liver, etc. Treatment necessary by cardiac tonics without abuse (*Digitalis* in ponderable doses, *Adonis Vernalis*, *Convallaria*, *Strophanthus*, *Iberis Amara*, *Prunus Spinosa*, *Apocynum Cannabinum* etc.). The external means and all palliatives for the re-equilibrium will also be prescribed (alimentary regime, ventouses etc.). The Homœopathic diuretics will act in this sense. But the Homœopathic treatment simultaneously directed on all the plans will give much more rapid result, deep and durable.

Constitution and temperament pass to the second plan. The law of similars regorously followed will indicate the following remedies: *Phosphorus* (Asystole of the right side of the heart), *Arsenicum Album* (both sides), sometimes *Sulphur* (left side).

The satellites will be *Antimonium Tartaricum*, *Apis*, *Aurum Metallicum*, *Aurum Muriaticum*, *Kali Carbonicum*, *Spigelia*, *Senecio*, *Prunus Spinosa*.



When the attack of asystole will cease, when the organic equilibrium will be restored, the general tonus is augmented, only then we can treat the Psora, the deep cause, adding with other medicines the *Tuberculins* (*Marmoreck*, *Denys*, *T. R.* according to the case).

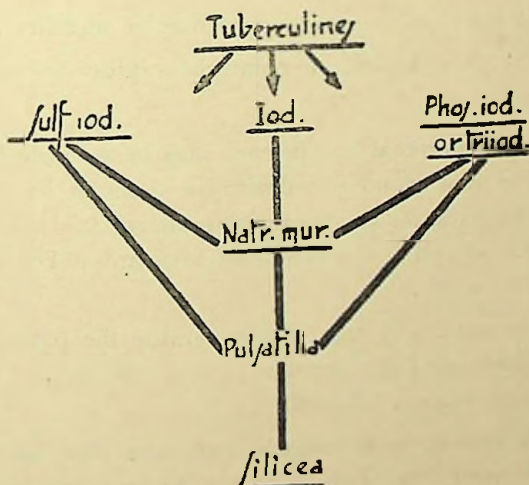
2. THE VASCULARS.

(a) *Arterial Hypotension* is the result of different causes: Depression of the vago-sympathetic system, gland troubles etc. Psora or Tuberculinism is always in the basis of the persistent hypotension.

When the patient has been treated by some antipsorics according to the symptoms represented and his constitution, some doses of diluted Tuberculins or some like specific substances will bring back the forces and elevate the tension.

The patient may be an Oxygenoid type of *Iodatum*, *Natrum Muriaticum*, *Sulphur Iodatum*, *Phosphorus Iodatum*, or *Triiodatum*, and *Silicea*.

The Tuberculinism is evident:



The patient may sometimes be a Hydrogenoid (ænemic, greasy subject) corresponding rather to Thuja or Natrum Sulph. or Graphites or Calcareo Carbonicum, or *Phosphorus*.

And last of all, he may be a *Psorinum* type or the type of *Arsenicum Album* or *Silicea* etc.

But we must remember that each polychrest may correspond, according as the cases, to the Biochemic conditions of Grauwogl.

Example : There is a kind of Sulphur Oxygenoid (who has burning sensations and is lean), a Sulphur Hydrogenoid (fat or infiltrated) and a Sulphur Carbonitrogenoid (Pre-Urimic with or without cutaneous eruptions).

But in the case with which we are interested (arterial hypotension) the indication of Sulphur is rarer than in hypertension.

All the possible osseous types may be seen here.

The physiological temperament is rather atoni-plastic or atoni-aplastic.

The suprarenal insufficiency may be set right by the extract of that gland in substitutive doses or by diluted Adrenalin in lower dilutions. Suprarenal 3x (trit.) will be useful, as well as the extract of Myocardia (Ponderable doses 1x or 3x).

We must take care to remineralise the patient (the three *Calcareas*, *Kali Carbonicum*, etc.) and to act on the venous circulation (*Pulsatilla*).

As soon as the drainage is well done and amelioration obtained, the *Tuberculins* are to be prescribed. In

Oxygenoids : *Marmoreck, Splengler, Aviaire, T. K.* In Hydrogenoids : *Deny, T. R.* In Carbonitrogenoids : *T. R.*

(b) *Arterial Hypertension* : Arteriosclerosis, Arteritis, or Aortitis, have different causes: Syphilis, Psora, or Sycosis isolated or in combination may be found as the main cause.

Practically the association is of Psora-Syphilis, a double heredity or the psoric heredity is associated with acquired syphilis.

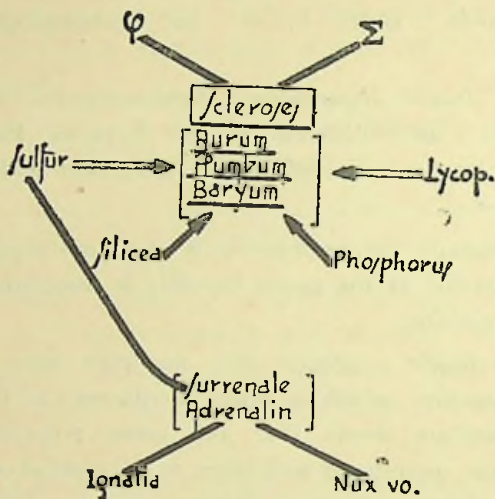
The psoric condition does not play here a role purely secondary which is often attributed to it. The law of similars shows that the great polychrests of Hahnemann correspond well often to the morbid constitutions of these patients : *Sulphur, Silicea, Lycopodium, Phosphorus, Graphites, etc.*

The classic Homœopathic remedies : Gold, Baryum or Plumbum and their compounds suit rather the tendency to the sclerosis of *syphilitic origin*.

The osseous constitution is variable but very often Carbo-Calcic, (*Calcareo Carbonica* the grand antipsoric) or *Fluoro-Calcic*.

The physiological temperament of Allendy is tonic in the beginning : *Toni-plastic* or *Toni-aplastic*.

We must not omit the endocrino-sympathetic plan : Suprarenal and Adrenalin in high dilutions (200 and 1,000 Korsakov) with *Sulphur* (acting on the suprarenal-cortex), *Ignatia* or *Nux Vomica* (that acts electively on the degradation of energy). High dilutions are more active.



The nosodes of Bach, Wheeler and Dishington may act also on the infectious elements of intestinal origin. *Dysenterycus*, *Gaertner*, *Coli Mutabile*, (different *Coli*), *Faekalis*, *Morgan*, *Proteus*, etc. (If the readers are curious to use these medicines that act admirably no doubt they may write to Pharmacie Homœopathie Moderne, 68, Boulevard Malesherbes Paris 8.)

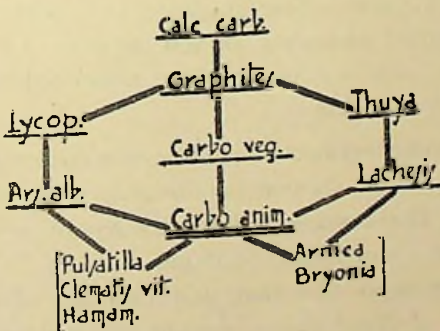
Last of all to stabilise the results obtained and to obtain immunity, we will give to the patient the nosodes of etiological order in question : *Luesinum* or *Medorrhinum*, and the diluted *Tuberculin* (very often T. R.) as the case may be.

(c) *Troubles of Veinous and Capillary Circulation, Varices, Phlebitis, etc.*

The Tuberculinism clearly dominates these chapters of pathology. In all ages may come the troubles of venous or capillary circulation.

In patients with violet and cold extremities *Pulsatilla* and *Thuja* suit the hydrogenoids as well as the oxygenoids.

In patients of advanced age, the troubles of capillary circulation indicate, according to the case, *Thuja*, *Sulphur*, *Carbo Vegetabilis*, *Lycopodium*. It is still actually difficult to affirm the respective part played by each of the remedies towards the symptoms observed by stasis, either in arterial capillaries or in venous capillaries. *Thuja* dominates the group. Sycosis is associated with the Psora. In varicose ulcers, consequences of varices and trophic changes of the skin over them we find *Thuja*, *Lycopodium*, *Carbo Vegetabilis*, with *Graphites*, *Calcarea Carbonica*, *Psorinum*, *Lachesis*, *Arsenicum Album*, and rather *Carbo Animalis*. Some satellites such as *Clematis Vitalba*, *Hamamelis*, *Pulsatilla*, *Arnica*, *Bryonia*, will also be precious. The biochemic constitution will often be Carbonitrogenoid especially in advanced age.



The physiological constitution tends towards aplasticity; toni-aplastic or atoni-aplastic. Acute phlebitis, endothelial inflammation and the formation of thrombosis will indicate either some vegetables of rapid action such as : *Belladonna*, *Bryonia* or some poisons and some medicines of animal origin : *Hirudo*, *Bothrops*, etc. In these cases the diluted *Tuberculins* are contra-indicated, except in convalescence and for the sequelæ.

On the contrary in all troublesome chronic conditions of venous circulation we must use the *Tuberculins* : *Marmoreck*, *Denys*, *T. K.*, *T. R.* according to the age, the resistance of the patient and his biochemic conditions.

1. *The Naso Pharynx* :

Psora and Sycosis, associated or not, are in the bottom of all morbid states of the naso-pharynx.

There are repeated Coryzas or Spasmodic Coryzas (troubles of tonus) of so called neuro arthritic origin, therefore psoric or tuberculinic, of whose treatment in this sense will give sure results: Constitutional remedies choiced from among the Hahnemannian antipsorics, followed by satellites of drainage and of local action—afterwards by diluted *Tuberculins*. Note in these cases the “polarity” in two regions : naso-pharynx and the liver or intestine or kidney etc. The Sycosis is often associated with Psora (indications of *Thuya*).

The same treatment should be administered in rhinopharyngitis with chronic, continued and intermittent discharge. The continuity indicates Sycosis,—the periodicity is the characteristic of Psora.

There exists also that vast category of *Respiratory Insufficiency of Nasal Origin*, pseudo tuberculosis that are

surely tuberculinics. The respiratory insufficiency some times ameliorates the oxygenoid constitution.

These patients also suffer from chronic *Tonsillitis* (Psora, suppurative tendency).

Thus some cases have been clearly influenced by our "touch stone" treatment : Antipsoric + Tuberculins.

2. *Larynx and Trachea :*

Psora and Sycosis are often found associated in laryngeal troubles—acute or chronic.

The tendency to spasms is in our opinion the characteristic of Psora or chronic Tuberculinism. Whooping cough is the type of contagious infantile affection that flourishes always on a spastic psoric ground. For this reason, the value of *Sulphur* (constitutional remedy), added with the remedies of spasms (*Belladonna, Drosera, Ipecac,* etc.) and with the specific nosode (*Pertussin*), is undeniable. Same etiology is to be found in false croup or *Stridulus Laryngitis*, in the spasms of glottis, and in almost all cases of acute or chronic laryngitis, when we have eliminated the two Hahnemannian factors : Sycosis and Syphilis.

Rumex Crispus, a sure remedy of tracheitis, acts specially well in tuberculous conditions.

3. *Bronchii, Lungs and Pleura.*

It is evident that when dealing with the extreme parts of the respiratory system, we will very often find ourselves in the sphere of established tuberculosis or in pretuberculous conditions. The patient is of Oxygenoid type, having repeated bronchitis, or having enlarged tracheo-bronchitic lymph glands, or suffering from pleurisy.

In these cases *Pulsatilla*, *Rhus tox* and *Nux Vomica* are useful.

It is useless to try to confirm the tuberculous condition by some symptoms seen in the iris in the domains corresponding to bronchii and lungs in patients whose diagnosis can be found out by some questions. These iritic symptoms can after all be found with variable clearness, in 90 p. c. of the eyes of chronic patients. That generalisation shows to what extent Psora impregnates almost the totality of the organism.

Whatever may be the age, the sex, the basic constitution or the osseous constitution, the same profound cause will be considered. The Phospho-calcic and Oxygenoid types are more predisposed to cross the threshold of pulmonary consumption. The Oxygenoid will be emphysematous or rather asthmatic. In emphysema and bronchial dilation, the hereditary syphilis may also be a cause, while Psora causes the suppurative or catarrhal tendency. In Asthma tuberculinism is constant. Typically hydrogenoid patients have (*Thuja*, *Natrum Sulphuricum*) manifestations previously called arthritis; the asthmatic represents at the same time the tendency to bronchial spasms and are ameliorated by the treatment: *Antipsorics* + *Tuberculins*. The same treatment should be administered in cases of hay fever associated with anaphylactic condition and sensibility to pollens, of which the cause is also tuberculinism.

Urinary Organs.

1. *The Nephritics:*

The nephritics, specially young patients, are psoric-tuberculinic. The general treatment of remineralisation will either ameliorate or cure them if the local lesion is not definitely established. (Treatment of this nature : *Natrum Muriaticum* 200, followed by *Kali Carbonicum* 30, *Pulsatilla* 30, *Serum d'anguille* 3x, then *Marmoreck* 30 after two months.) The plasticity is evident (atoniplastic or toniplastic of Allendy.)

If on the contrary the renal condition passes in the first phase it is necessary to adopt a therapeutic measure : those having a selective local action are to be considered, as in all cases of nephritis acute : (*Mercurius corrosivus*, *Arsenicum Album*, *Serum d'Anguille*) or chronic : (*Phosphorus*, *Arsenicum Album*, *Silicea*, etc.) The biochemic and physiological constitutions are variable.

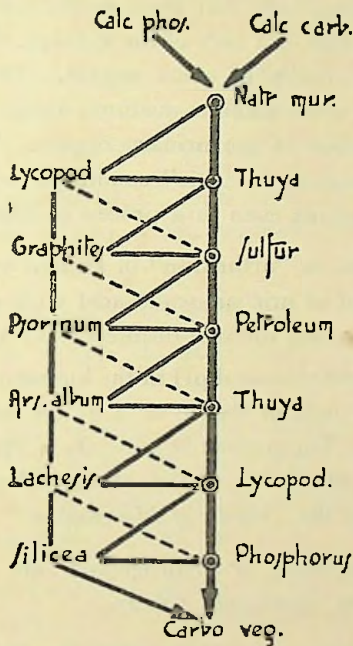
In long standing chronic cases, we must settle strictly around the kidney, liver and other organs. The patients suffering from Bright's diseases must be taken up after a complete laboratory examination, added with clinical observations. Aplasticity dominates ; (toni-aplastic or atoni-aplastic).

The humoral condition may also furnish some therapeutic indications. The biochemic remedies follow the corresponding polychrests: *Cholesterinum* is in our opinion a satellite of *Phosphorus*, *Adrenalinum*, *Sulphur*, etc.

In patients suffering from uremia the treatment will be the same. *The therapeutic value of diluted tuberculins*

diminishes as the patient advances in age, when the lesions of sclerosis are established. It will be always important to choose the remedies considering the passed incidents. But it will hardly be possible to go up to the deep rooted causes.

Roughly the history of the patient is that in his adolescence he was a patient of *Natrum Muriaticum* after an infantile stage of *Calcarea Phosphorica* or *Calcarea carbonica* (decalcified, tuberculinic, Oxygenoid). He passes often through *Thuya* (for example a gonorrhœa, or a revaccination, troubles of capillary circulation, etc.), then through *Sulphur* (violent cutaneous reactions) or *Psorinum* (the patient of Sulphur who has lost the heat of Sulphur). Then the skin is blocked; it is the stage of *Petroleum* (aggravation in winter). The carbonitrogenoid condition may result directly from *Natrum Muriaticum*. A second stage of *Thuya* may be noted (renal blockage, tendency to fibrous neoformations, hydrogenoid condition). Then it is uremia and the insufficiency of liver comes into the arena : *Lycopodium* (Carbonitrogenoid) and the degeneration of the parenchyma commences (liver, kidney) with *Phosphorus*. *Uremia* supervenes. The ultimate stage comes with *Carbo Vegetabilis* (loss of all vital heat).



It is needless to say that in this series of remedies, there may appear the stages corresponding to *Sepia*, *Graphites*, *Arsenicum Album*, *Gausticum*, *Silicea*, etc. We put the above as schema only to keep in view all the necessary questions.

3. *The Lithiastic :*

We know how favourably the Homœopathic treatment acts in renal lithiasis. We possess some more valuable weapons during the crisis than those used to change the diathesis that causes the formation of stone as well.

It may be the question of precipitation of urates or oxalates or phosphates, but there exist as the basis some functional troubles, not only of the kidneys, but also of the liver and secondarily of other organs. The phosphatic stones, formed in an alkaline medium, are often associated with the infection of the urinary organs. They are the results of a chronic "Arthritic" condition, therefore psoric, and ends sometimes even in a process of demineralisation.

The psora, or "arthritism" of ancient authors is seen in stone formed of uric or oxalic acid with a sure hepatic insufficiency, causing the mal-disintegration of proteins.

To preserve a normal pH in the humors, the organism neutralises the uric or oxalic acid at the expense of the alkali reserve. The patient is typically a *Psoric Carbonitrogenous*. The periodicity of the attacks characterises the psora as well as the *Troubles of Malnutrition*.

The oxygenoid or hydrogenoid are very rarely revealed in the biochemic sphere.

The osseous constitution may be *Phospho-Calcic* or *Fluoro Calcic* and very often *Carbo Calcic*. *Calcarea Carbonica* in all dilutions, specially in high dilutions, is an excellent remedy that balances the metabolism of Calcium and acts in renal stone, even in acute stages.

Physiological temperament may be *Toni-plastic* (in ripe age).

Morbid constitutions: *Thuya* (urinary insufficiency of the capillary veinous circulation). *Calcarea Cabonica* (already cited), *Calcarea Phosphorica* (phosphatic lithiasis), *Sulphur*, *Graphites*, *Lycopodium*, *Phosphorus* etc.

The three corresponding acids: Uric Acid, Oxalic Acid, and Phosphoric Acid will be useful in corresponding diathesis.

Here the drainage is very important: *Pareira Brava*, *Urtica Urens*, *Magnesia Borocitrica* in uratics; *Nitro Muriatic Acid* in the oxalics, and in phosphatics, *Berberis* for all.

The *Tuberculins* are of secondary importance, except *T. R.* in very clear demineralised carbonitrogenous patients.

4. *The infections of urinary tracts.*

The psora is here characterised by the tendency to *Suppurations*.

For all sorts of infections, we must remember that tuberculinism is as a rule the first thing to be thought of. The constitutional weakness, or the acquired weakness of the urinary apparatus makes the rest.

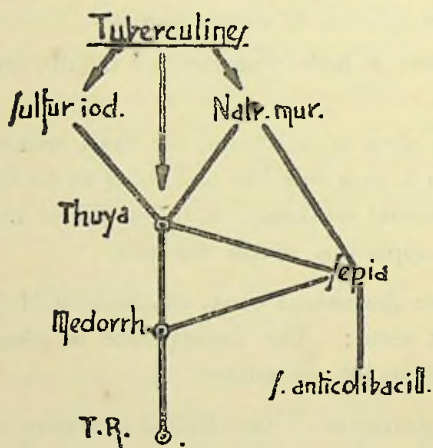
But here the second great diathesis of Hahnemann, the sycosis is seen: The consequence of *Gonorrhœa* or genital infections of all nature.

Let us distinguish some clinical examples which will fix our ideas.

A young tuberculinic patient of *Sulphur Iodatum* or *Natrum Muriaticum* type is infected with gonorrhœa. He becomes very often a patient of *Thuja*: *Psora* + *Sycosis*. If the venous congestion of the perineum hinders the complete cure, the symptoms of *Sepia* are seen to appear, the other grand antipsoric, fixed in its double polarity, to the two extremities of the portal vein: Liver and the organs of the lower abdomen.

This complex affection will be cured by the judicious administration of the series of remedies: *Thuya*, then *Medorrhinum*, then *Sepia*, then *T. K.*

Other case: The B. Coli infection in its entero-renal syndroms. Colibacilosis is influenced by a previous tuberculous condition. The series of remedies is: T. R. with *Serum Anti-Colibacilosis of Vincent*, followed by *Thuya*, *Sepia* or other constitutional remedies.



Other example: The hydrocele. This serous affection reveals very often a discrete tuberculous process analogous to that of sero-fibrinous pleurisy. The hydrocele fluid (*Lyocèle*) that we apply in all sorts of psoric affections is an excellent nosode.

We should think of Psora in all cases of suppurations of all ages. Even in old men, the principal treatment

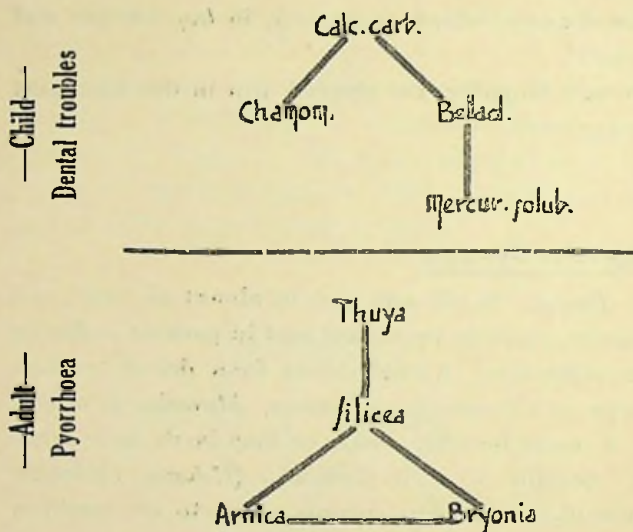
consists of doses of diluted *Tuberculin*s, prescribed naturally *after drainage*, when it is necessary, in long intervals and rarely repeated.

Urinary Isopathy, the choiced arm in this case, acts in the same sense.

The Digestive System.

1. *Dental.* In all ages and in almost all cases, the tuberculinism plays an important part in patients suffering from dental diseases. A child suffers from dental troubles—the type of *Chamomilla*, *Belladonna*, *Mercurius*, is a little patient of psoric heredity whatever may be its basic constitution, specially if it is *Carbocalcic* (*Calcarea Carbonica*, the constitutional remedy corresponding to its satellites of acute state: *Belladonna* and *Chamomilla*).

The suppuration of teeth and gums and dental infection are psoric (arthritic), he may suffer from *Gingivitis* (Psora + sycosis: *Thuja*) or from *Pyorrhæa* (sinus suppuration—psoric: *Silicea*). The tuberculinism calls for the acute and chronic suppurations.



The more he advances in age the more the possibility of the transformation of psoric tuberculosis becomes remote. The young patient suffering from the troubles of dentition is *Oxygenoid*; the aged patient suffering from pyorrhœa is a *Carbonitrogenoid*.

From physiological point of view the young patient is *Plastic*; the patient, ripe in age, is *aplastic* and his disease is localised.

The patient that suffers from repeated dental neuralgia is a tuberculinic. Same is the case with the patient who has a *Hypersensitiveness of the enamel* of the teeth.

As for *Dental Caries*, it represents a typical tuberculous condition, with decalcification, mostly in young patients who are of oxygenoid temperament. On the

contrary in more aged patients suffering from pyorrhœa, the decalcification of bones (maxillary) is opposed to hypercalcification of teeth (yellow teeth with oozing gums). Chronic psora, with *Carbonitrogenoid* condition hides previous tuberculinism.

This schematisation of diathesis may seem puerile and incomplete for the competent brethren, the stomatologist the dental surgeons. I pray them to excuse me. It is the result of our loyal effort of synthesis justified by the practical results obtained from the application of *antituberculous substances* and *tuberculins* in all these cases: *Marmoreck, Spenglar, Vaudremer, Denys, T. K., T. R.*

2. *The dyspeptics and the gastralgics.*

Psora and sycosis are found in dyspeptic and gastralgic patient. The following characterises the gastric troubles :

- (a) *Derangement of the Vagosympathetic excitations.*
- (b) *Troubles of the Gastric motility.*
- (c) *Troubles of secretion.*

These three factors are found at the bottom of general tuberculous psoric manifestations, as well as the phenomena of alternation and periodicity, so frequent in the digestive disorders.

At first, hyperfunction of secretion and motor activity predominate (hyperesthesia, spasms, hyperchlorhydria) in patients who have still power of resistance, which is invested later. Thus ulceration in the first stage opposes the cancer.

The clinic gives us numerous examples and shows how it is relatively easy to obtain rapid success in the

treatment of gastric affections by the help of the Hahnemannian method.

Let us give some examples :—

Aerophagia, in which atony and spasms are seen together: Typical treatment: *Thuya* (constitutional remedy, sycosis), *Kali Carbonicum* (atony), *Ignatia* (spasms).

Ptois of the stomach (or vertical dislocation) with *Sepia* or *Thuya*, *Kali carbonicum*.

In *Gastric cramps* caused by vagal or sympathetic hyperexcitability: *Nux Vomica*, *Gratiola*.

In *Burning in the stomach* due to hyperchlorhydria: *Sulphur*, *Lycopodium*, *Graphites*, *Robinia*, *Sulphuric Acid*, etc.

In *hypochlorhydria* with *hypotonia* of cancer or in pre-cancerous stage : *Hydrastis*, *Condurango*, *Carbo animalis*.

Gastric Troubles.

Tonus	Tonus	Secretion	Secretion
+	—	+	—
Cramps	Ptois	Hyperchlorhydria	Hypochlorhydria

Types of treatment.
Functional R. Constitutional R.

Nux vom

Thuya

Lycop.

Carbo anim

|
Gratiola

|
K. carb.

|
Robinia

|
Hydrastis

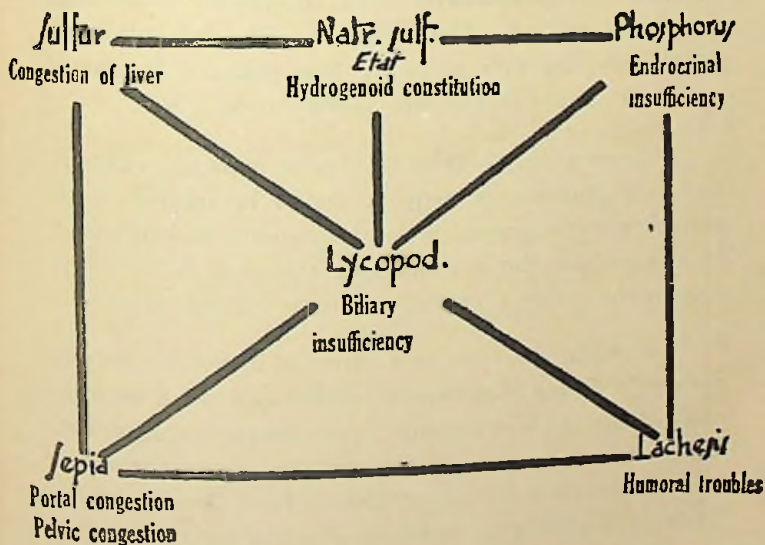
Different osseous and biochemic constitutions are seen in each patient. Physiological constitutions are: Toniaplastic and very often atoni-aplastic.

Association of troubles due to hepatic insufficiency or other glandular troubles must not be forgotten.

In almost all cases, except cancer and specially to give tonus to the stomach, to augment the weight and to check the relapse, we must end the homœopathic treatment three months after the cure with *Tuberculin*: *T. K.* or *T. R.*

3. *The hepatics and pancreatics.*

We think that the treatment of *Hepatic insufficiency* is dominated by six grand remedies of morbid temperament: *Sulphur*, *Natrum Sulphuricum*, *Phosphorus*, *Lycopodium*, *Sepia*, *Lachesis*.



Anorexia, perversion or diminution of appetite and thirst call for *Lycopodium* or *Sepia* and their satellites. Infantile anorexia called mental anorexia, that is cured by these remedies is related to hepatic insufficiency in which luetic heredity seems to predominate tuberculinism.

But in most cases of hepatic insufficiency that leads to *Sulphur*, (congestion of liver) or to *Natrum Sulphuricum* (hydrogenoid constitution, infiltration) or to *Phosphorus* (degeneration), the psoric tuberculinism, although very often hidden and not apparent, can be discovered as the prime factors.

However in these cases, specially in adult or in old where the liver troubles are very ancient and have some change, only constitutional antipsoric remedies with their satellites, complementaries and remedies of drainage should be applied. The indication of *Tuberculins* will not be seen, for that stage is long passed. Functional and local glandular troubles predominate.

Cholecystitis, cholangitis, chronic hepatitis, cirrhosis, and even jaundice as sequelæ should be treated closely according to the general or local symptoms be it localised, be it glandular, be it concerning tissues or be it purely topographic, with constitutional remedies and satellites.

When in clinic we find ourselves in the presence of persons suffering from hepatic insufficiency with or without increase of blood pressure, a pre-uremic stage, or from Cholesterinemia with or without gall-stone, we are reluctant to consider them as tuberculines. It is, however, true. Their hydrogenoid or carbonitrogenoid constitution, their

physiological tonioplasic temperament, to which is added a hepatic weakness, condemn them to all tuberculous manifestations. But they are some ancient tuberculinics and in treatment there is no necessity of *diluted Tuberculins*.

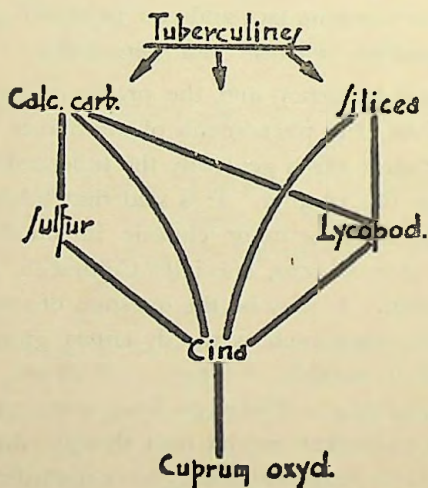
The same thing may be applied in case of pancreatic affections, dominated by *Iodium* and *Phosphorus*, the grand ground remedies. From etiological point of view the diabetes, specially *in children* and in young patients seems to be in relation with the association of *Psora + Lues*. The first factor is constant and the relations that unite diabetes and tuberculosis are known (the diabetes weakens and allows tuberculosis to develop very soon). As for the luetic element, constitutional lesions of most of the endocrinal glands are responsible. Well manipulated symptomatic treatment, applied with constitutional treatment with some doses of *Luesinum* and *Marmoreck* (young patients) or of *T. R.* (aged persons) give some undeniable results. This is a true fact and can be shown in practice.

4. *Intestinal infections and parasitosis.*

Parasital tendency and the predisposition to contagious affections, the phenomena of alternance and periodicity that characterises generally the tuberculinism, are to be studied in this chapter. It is said that tuberculinism is a starting point of acute or chronic infections. It may comprise of enterococcus, specially *Colibacilli*, as we have recently studied. It may be the question of some germs of much less frequency such as the dysentery group: *Morgan*, *Dysentricus*, *Coli mutabile*, *Gaertner*, *Faekalis* etc., on which Drs. *Bach*, *Wheeler* and *Dishington* have given much stress. Our English co-workers might have thought that in discovering their threapeutic value they have identified in them

the psora of Hahnemann. In reality they discovered a consequence of psora or tuberculinism, which prepares the bed of ultimate infections.

As for the intestinal parasitism, whatever may be their types, they seem to be always linked with constitutional psora, that is to say to hereditary Tuberculinism. This is particularly true as regards *Ascaris* and *Oxyuris*. Constitutional remedies are *Sulphur* or almost always *Lycopodium*; sometimes, *Calcarea Carbonica*, *Silicea*, *Cina*, *Granatum*, *Teucrium*, *Spigelia*, *Cuprum oxydatum*, *Ipecac* are the functional and satellite remedies. In psoric children, the parasitism affects with such tenacity that it leads to an unquestionable fatality. That fatality may be cured by, *Sulphur*, *Lycopodium*, then *Marmorek*, *Spenglar* or *T. K.*



In chronic enterocolitis, the Sycosis is associated with Psora. *Thuja* or *Natrum Sulphuricum* are the first to come in cases of patients suffering from constant diarrhœa. But some doses of *T. R.* are very often prescribed in order to guard any relapse.

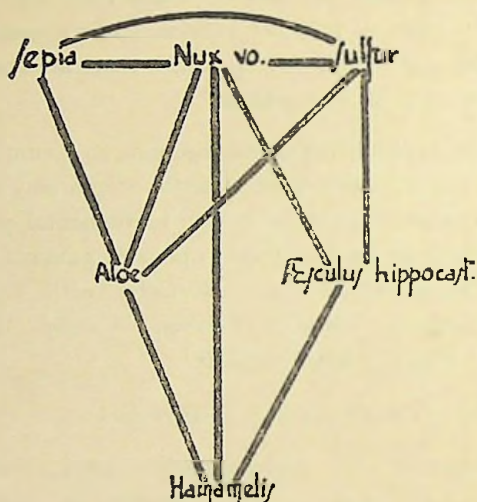
As for appendicitis, in our opinion, in young patients, it realises the highest degree of acute or choronic accident, infectious localisation secondary to fundamental psora. As for prescriptions in our young operated patients, we must think of *Marmoreck, T. K.* associated with *Lycopodium, Calcarea Carbonica, Sulphur Iodatum, Natrum Muriaticum* and other constitutional remedies.

5. *The Constipated and Hemorrhoids.*

Derangement of vagosympathetic system, troubles of intestinal tonus (atony, spasms) troubles of mineralisation are some characteristics of Tuberculinism that one may call upon to explain.

The basal *Constitution* may be different. The *Phospho-calcic* is still more demineralised than the *Carbocalcic*. The biochemic constitution may also be different according to the cases: *Oxygenoid* in young patients, *Hydrogenoid* or *Carbonitrogenoid* as the sequelæ. The physiological constitution indicates rather atonic condition (atonyplastic or atony aplastic), in most cases of constipation, save and except when there exists antiperistalsis.

The hemorrhoids due to the *Abdominal congestion* associated with a local veinous infection are treated with *Sepia, Sulphur, Nux Vomica, Aloe, Aesculus Hippocastanum, Hamamelis* and other remedies.



Psora is its principal cause, specially in *Sulphur* type (bleeding hemorrhoids, amelioration by bleeding). Here the glands, liver, pancreas may naturally play a part : both in enterocolitis and in constipation.

In very decalcified tuberculinic oxygenoid patients, the constipation disappears after the application of tuberculins as the treatment and the regaining of weight is manifested. Sometimes the modality : *Amelioration when constipated* (*Calcarea Carbonica*) showing the part played by troubles of mineralisation in the constipation.

In hepatics also, the constipation is often a defensive mechanism where a overworked liver has no time to manufacture bile that it ought to secrete which again is

used normally to accelerate the intestinal transit resulting the obvious delay.

The ground remedies are often the grand antipsorics of Hahnemann.

In constipation we must compare the remedies that have the like symptoms: *Ineffective urging* (*Nux Vomica*) with those in which there is absence of the desire to go to stools (*Bryonia*, *Opium*). Similarly with remedies that have an excessive contraction of anal sphincter (*Lycopodium*) with those whose greatest characteristic is atony (*Alumina*) of the same.

Whatever it may be, very often the etiological psora is easily evidenced. The *diluted Tuberculins* will not only allow a long standing amelioration, but also a sure cure.

Genital Organ of Man.

Sycosis often becomes the dominating diathesis of the affections of genital organs of man. It is often associated with psora.

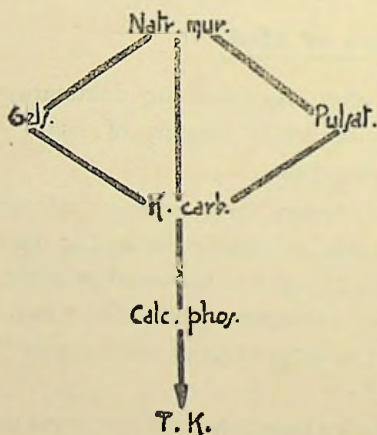
Sycotic diseases are urinary infections, specially balanorrhœa and its sequelæ, including the remotest one. *Thuya* tops the list of constitutional remedies, but after a well conducted treatment with *Thuya* and *Medorrhinum*, we should prescribe a dose of *T. R.* in order to have a complete result.

On the other hand, we must not forget the tuberculous localisation not excepting even the discrete one of genito urinary tract, which may affect testicles, epididymis, the protective serous (hydrocele), the seminal vesicles, the

prostate etc. In these cases, the *diluted Tuberculins*, after a drainage will help us to get some success.

From arthritism, that is to say from constitutional psora or tuberculinism come out different eruptions localised on the genital organ; Herpes, eczema, while condylomata will signify Sycosis and call for *Thuya*, *Nitric acid*, or their satellites.

Let us give stress on the *Seminal losses and sexual weakness*, that in young patients, when ophoterapeutic treatment has failed, are remarkably ameliorated or cured by a general treatment directed on tuberculinic condition, for example : *Natrum Muriaticum* 200 followed by *Gelsemium* 30, *Kali Carbonicum* 30, *Pulsatilla* 30, *Calcarea Phosphorica*, then *T. K.* 200.



The biochemic constitution as well as osseous constitution vary in all these cases. Sycosis leading to

hydrogenoid, the tuberculous or psoric constitution manifest an oxygenoid, and in old persons there is a tendency to carbonitrogenoid constitution.

Physiological constitution will indicate aplasticity, provocation of local lesions, specially when the patient advances in age (toni-aplastic, atoni-aplastic).

Genital Organ of Women.

We will make this chapter as concise as possible.

The constitutional remedies having relation to psora or to tuberculosis are constant and hold a place of first order in Metritis, Salpingo-ophorites, Dysmenorrhœa, hyper and hypomenorrhœa, leucorrhœa, frigidity, sterility, pregnancy and the sequelæ of labour. As in men the sycosis and the psora are very frequently associated.

Here is a schematic representation.

In accidental amenorrhœa (by cold, fatigue etc.) *Sulphur*, the grand antipsoric and the grand ground remedy which is prescribed with its drainers and satellites. Example—*Sulphur* 200 followed by *Kali carbonicum* 30 and *Pulsatilla* 6.

Then we will search out the deep cause of accidental amenorrhœa, and very often the *diluted Tuberculins* are prescribed.

The same thing is applied to hypomenorrhœa and amenorrhœa in young patients. *Thuya* (sycosis, troubles of vaccination) and *Sulphur* (psora) is in the top of the list with *Tuberculin*.

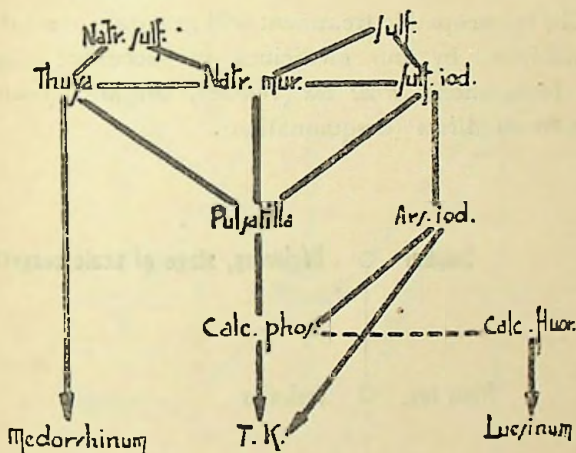
A good example of typical prescription (of course following the law of similars), which is often met in menopause : *Lachesis* 200 (Korsakov) followed by *Glonoïn* 6 or 30 (flushes of heat) and *Ignatia* 30 (nervousness, paradoxal troubles).

Let us cite now the extreme frequency of leucorrhœa in young tuberculous girls, rather oxygenoid, that disappears easily after a treatment of the general condition. Type: *Natrum Muriaticum* followed by *Kali Carbonicum*, or *Kali Bichromicum* and *Pulsatilla*. In these cases *Marmoreck*, *Spengler*, *Bacillinum* or *T. K.* will bring afterwards the complete cure of the constitutional deviation.

In pregnancy, it is necessary to prescribe systematically a general treatment ranging on the grand diathesis and particularly on psora or tuberculinism. The remedies will do some good to the pregnant woman and also to the child that she carries. Antenatal treatment : We will prescribe, for example, for the treatment of constitution: *Sulphur Iodatum* (tuberculinic oxygenoid), or *Sulphur* (carbonitrogenoid), *Natrum Muriaticum* (demineralisation) or *Thuya* or *Natrum Sulphuricum* (sycosis, hydrogenoid) and as complementaries: *Pulsatilla* (drainer of the venous circulation), *Calcarea Phosphorica* (to recalcify) etc. We will moreover prescribe one after the other: *T. K.*, *Luesinum*, and sometimes *Medorrhinum*, always taking into account the etiology and the Law of Similars.

In neuroarthritic women, with derangement of vagosympathetic system, if the vomiting is incoercible, we will prescribe *Ignatia* 1,000 (Korsakov) or *Arsenicum Album* (same dilution) with their complementaries

Cocculus, Tabacum, Moschus, Asafoetida etc. The sympathetic troubles lead towards other psoric manifestations.

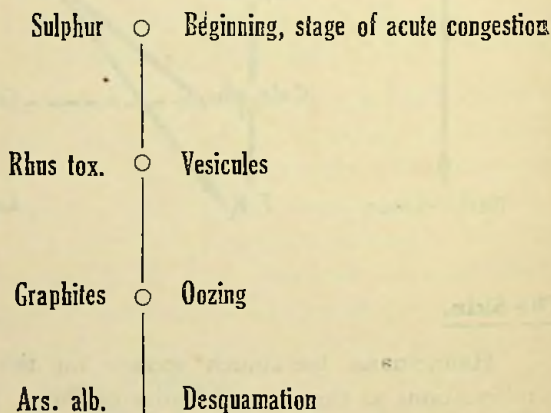


The Skin.

Hahnemann has much spoken on the cutaneous manifestations as the characteristics of Psora, so we have no need to dwell upon it any more. The table of classic Psora or Tuberculinism of **A. Nebel** (but without the habitual evolution towards pulmonary tuberculosis), covers all possible eruptions, infected or not. We must not forget that the parasital and suppurative tendencies characterise the *Psora*. The same statement may be made about Impetigo, Furuncle. Acne is the greatest characteristic of Tuberculinism (frequency of acne in tuberculinic oxygenoid and in pulmonary tuberculosis).

Eczema that is now considered as a dermatitis of infectious origin, is a psoric affection par excellence with its periodicity, aggravation by the use of pommades that make them "get in".

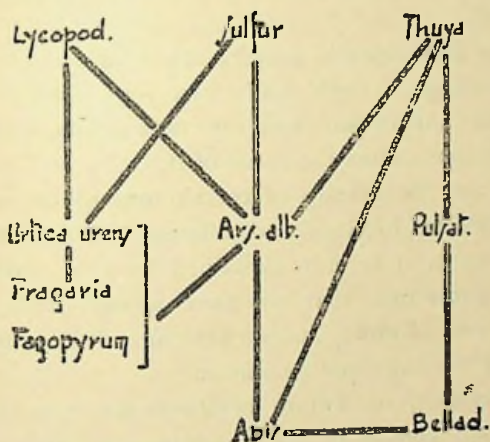
The homœopathic treatment will gravitate around an axis established by four medicines, in successive stages: *Sulphur* (congestion), *Rhus tox* (vesicle), *Graphites* (oozing) and *Arsenicum Album* (desquamation).



The milk crusts of children (impetigo) claim for *Calcarea Carbonica*, *Mezereum*, *Antimonium Crudum*. Heredity indicates psoric tuberculinism, associated or not with Lues in (*Mezereum*).

In Urticaria, the functional trouble of liver and attenuated tuberculinism creates the anaphylactic con-

dition. The ground remedies: *Sulphur*, *Lycopodium*, *Thuja*, will be followed by *Arsenicum Album*, *Apis*, *Belladonna*, *Fragaria*, *Urtica urens*, *Fagopyrum*, *Pulsatilla* etc.



It is necessary to make great research of synthesis in dermatology, but it is premature to attempt it before proving the value of our conceptions. But actually it is not possible to explain the mechanism of the appearance of cutaneous symptoms. Why these trophic troubles of the skin? We do not know them. Let us say only in a general way that if Sycosis causes to appear the warts and some other benign tumours of the same type, the Psora is at the root of chronic eruptions, either alone, or associated, with syphilis and all the secondary infections or parasital infections.

To know them exactly it is necessary to search with care the antecedents of any acute or chronic patient. We may discover, for example, the ancient tuberculinism in a chronic erysipelatous patient, who during erysipelas will need *Arsenicum Album*, or *Apis* or *Arnica*, and after the convalescence, he will turn towards *Sulphur* then *T. R.*

The same remarks may be made for the affections of the appendages, (teeth, nails, hair) of which the fall or lesion marks 'Arthritism' and the 'demineralisation'. Psoric tuberculinism is often the cause of it.

As for the affinity of certain organs to parasitosis (easily affected by: itch, and different pustulous eruptions in children), it is only explained by that tendency of general parasitosis, that we have already indicated as characteristic of psora, and we have already commented in this sense the intestinal parasitism.

Therefore, on failure of *Tuberculins* the treatment will always consist of the constitutional antipsorics of Hahnemann.

Infectious and general diseases.

Our method of searching the hereditary or personal antecedents of the patients, the linking of the successive diseases and the perusal of the pathological stages thus discovered, give some paying results. If every homœopathic worker proceed along this line, valuable statistics will be obtained. The forecast of certain diseases, and their preventive treatment by redressing the temperaments will in that case be perfected. These are experiences that we have acquired by our own researches.

1. There exists a *General tendency to spasmodic manifestations*, having relation to psora, which causes some incongruous affections such as *Whooping cough, asthma, tachycardia, chorrea, tic, dysmenorrhœa with cramping pains* etc. The general sign of this is the presence of *rings of spasm* (concentric circles of the pupil) in the iris.*

2. *Acute infantile affections and the eruptive fevers* seem to have relations with hereditary antecedents specially with Sycosis and above all with Psora, as if their epidemic genesis influences either in a good way or in a bad way, the subjects contracting them. It is bad, if they are latent, torpid, of *atypical* evolution; it is good if their evolution is frank and classic: eruptions that come out plainly.

Specially after the diseases that leave the patient in a tuberculous state: Influenza, etc. the deep rooted tuberculous condition should be treated by *Sulphur, Sulphur Iodatum, Natrum Muriaticum* and *Tuberculin*s.

3. As for *chronic rheumatism* we have already shown its relation with chronic tuberculinism.† Gout is a different thing because it is related according to Burnett, with intoxication of alimentary system due to hepatic troubles. But that insufficiency of the liver is not itself a psoric condition.

* The tissue of iris folds itself sometimes under the influence of some violent nervous excitations and represents some circular grooves in the pupil they are called the rings of spasms. The more they are numerous, deep and clear the more the spasms are marked and violent (P. 15. Introduction a l'etude de l'iridiologie scientifique—F. Bernouville).

† See l'Homœopathie Moderne 15 April 1934.

4. In *Plethora* and *obesity* same thing may be said. The patient is either hydrogenoid or carbonitrogenoid, or carbocalcic or fluorocalcic. The psora is present, although it plays an indirect part by the intermediary of the glands (thyroid and *pituitary*). Lipemia may also be found out, against which *Phosphorus* may act with *Graphites*, *Calcarea Carbonica*, or *Capsicum*, associated with glandular extract and alimentary regime.

5. In the affection of the *Spleen* and of the *Blood*, the etiology is still obscure. *Arsenicum album*, *Amanites phalloides*, *Ferrum Metallicum* etc., will act in anæmia, with glandular treatment (extract of liver and spleen). But we will be helpless in leukemia because we do not know how it is produced.

6. Last of all in the diseases of endocrines, it is necessary to search out the deep etiology (tuberculosis, syphilis) and to prescribe the appropriate nosodes after a constitutional treatment and an opotherapeutic treatment.

Classical homœopathy will not suffice in these cases, while a treatment ranging on different plans give some magnificent results. Our principal effort will be directed to the affected gland.

Example : In Basedow's disease, the ground remedy: *Natrum Muriaticum* (200 korsakov), followed by *Lycopus virginicus* 6, *Spigelia* 30 and *Pulsatilla* 30; the amelioration will increase tenfold if a pinch of powder *Thyroidea* 200 or 1,000 is given (once a day, towards the noon after meal). The immunity will be obtained in the last place, and the cure will be consolidated by *Marmoreck* or *T. K.*, *T. R.*, etc.

Mentality, Nervous System, Organ of Senses.

Syphilis and psora are the two entities most frequently revealed in the affections of the mind and nerves. However we must not forget Sycosis, specially neuralgias and neuritis that are suited to *Thuya*.

It is not possible to discuss here all the diseases of the sensory organ or of the nervous system to determine with precision the respective role played by morbid temperament in the production. That question is not still well studied and will drag us towards some very hypothetical considerations. We know that the remedies, in order that they may act in the mental plain, must be applied in very high dilutions. Only in these cases the unicism gives some superior results because on the mental sphere, the drainage is no more a necessity and the subtilty and the observed simplicity of the prescribed dose tallies well with the troubles that concern but one sphere, the mind.

The specialists may ask to what point the tuberculinism or psora, enters in the affection of sensorial organs.

Even our competency stops on the threshold of *Psychopathies*, of which the homœopathic treatment needs a proper plan. Let us cite the success that we have obtained in three cases in *Dementia precox* thanks to the application of *Silicea* (followed by *Pulsatilla*, *Calcarea Phosphorica*, *Natrum Muriaticum*) associated with T. R.

In Psychoneurosis, the results are more easy to obtain. But the infection in question may itself be a consequence of ancient tuberculinism. Thus the Psychoasthenias are treated with Vincent's *diluted anticolibacilli*

Serum (30, 200, 1,000 korsakov) and ameliorates some patients as well as *Thuya* prescribed afterwards. But does not *B. coli* flourish on patient, having a tuberculous ground?*

Dr. Allendy has particularly well studied in the journal the effect of tuberculous toxins on psychism.

CONCLUSION.

The reader will be tempted to believe, that we play a very good part in tuberculinism, indentified with the psora of Hahnemann. We persist in our opinion. After having rejected for a long time we have adopted it; our daily experiences have confirmed it.

Besides one must not ask, whether proceeding in this way, one may discover the essential truth. What is only necessary, is that the principles must give some tangible things as results that will allow their application.

Let us repeat once more: The practice of the treatment of tuberculous conditions does not necessarily mean the application of *diluted tuberculins*. The constitutional antipsoric remedies of Hahnemann prescribed according to the *Law of Similars* may suffice. In many cases however the complete cure is hardly obtained by the application of *nosodes* and *immunising specifics*. The schemes that we have embodied in this study are but some very superficial guid. *They are deliberately incomplete* and indicate nothing but some relations of medicines. All combinations are possible. The reader must himself discover them always applying the advice given for *Drainage and Canalisation*, that we publish unceasingly.

*L'Homœopathie moderne 15th Octobre 1934.

To draw benefit out of this study it is necessary to be a bit ripe in Homœopathy. The beginner will get no profit out of it, he must know first of all to apply the grand polychrests of *Matéria Médica* alone before trying to follow in practice the *diluted tuberculins*.

Personally, for three years only we have begun to apply the general directions contained in this article. We have got good results, and realised the improvements so much so that we have ventured to publish this work, though it is not absolutely to the point, only to hope that it may be of some service to those who are interested in this capital question.

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A GENERAL VIEW
OF THE
PRESENT HOMŒOPATHIC
TREATMENT OF
PULMONARY TUBERCULOSIS.

THE GENERAL PLAN.

1. We will gradually penetrate into the heart of the subject, studying first of all the *Homœopathic and Isopathic Remedies of Tuberculosis* (This chapter will comprise the three-fourth of our study).

2. The second part will tell something about the hygienic and dietetic treatment; disciplined rest, alimentation, prescription of vitamin foods, climatotherapy, watching of the psychic state and psychotherapy.

3. We will then speak of what should be our impartial attitude towards the methods adopted by the official school, which one we ought to accept and which we should reject; *Tuberculins* and *Serums* in gross dose, collapsotherapy (principally pneumothorax), Chimiotherapy (salts of gold), special opotherapy (extracts of spleen, of lungs), and insulinotherapy (extracts of pancreas of birds, Auclair's method), etc.

4. Finally, we will make a general recapitulating table of arms that we possess in the fight against pulmonary tuberculosis.

5. In conclusion we will put forth some general ideas personal or not, that seem to be useful to guide us in the homœopathic treatment of this disease.

1. The Homœopathic and Isopathic Remedies of Pulmonary Tuberculosis.

The homœopathic treatment of pulmonary tuberculosis has made a great progress in the last thirty years, thanks to the addition of the *diluted Tuberculins* and *Serums* prescribed in infinitesimal doses. Formerly only some medicines of mineral or vegetable origin were known which were always our important arms in the treatment of tuberculosis, and only one nosode *Bacillimum*, maceration of pulmonary tissue of tuberculous patient, which we owe to Burnett. We are indebted to different other authors for the introduction of different tuberculous products particularly, to **Dr. Nebel**, who has given us the *Diluted Serum of Marmoreck*, and who has very well revealed the pathogenesis of *Tuberculins*.

There exist still to-day some homœopaths, such as the close followers of Kent, who administer but a single remedy in the treatment of Tuberculosis, which is properly called a nosode, in more or less high dilutions. However, if there is any disease in which the *Necessity of acting on different plans*, becomes extremely evident, it is Phthisis.

Besides the terminal form, there exist on the one hand the *Proliferative Tuberculosis*, and on the other hand *Exudative Tuberculosis*. The first comprises the majority of our patients, who undergo a caseo-fibrous process, with various length and predominance of one of the two elements : *caseous* or *fibrous*. In such patients all treatments, with *specifics* and *tuberculins* in ponderable doses and even in diluted doses may become dangerous, if they are not manipulated with extreme precaution, because the patient "burns in slow fire" (*brule á feu doux*); it is necessary to avoid the incendiary blaze, to abstain from provoking brutal reactions, "a thrifty medicine is necessary to fight against the consumption" (**M. Martiny**). This is why we must administer on these patients the *diluted tuberculins* in long intervals and as **Dr. Nebel** has already taught us, on the one hand the *Constitutional Remedy* and habitual antipsoric; on the other hand the *Remedy of Maintenance* in lower trituration, the organ remedies for the hepatic troubles and for assimilation and the medicines capable to maintain the heart such as (*Cactus grandiflorus*, or *Cratægus*).

It is only in *Exudative Tuberculosis* (bacillosis of Jousset), the toxic element dominates the caseous and microbial element which may be treated by a tonic medicine, change in a hill station and if possible by a specific purely homœopathic treatment, although this may be still dangerous.

Such classification has been proposed to us by **Calmette** who groups the disease into two classes, the one due to the bacilli of Koch alone (subacute or chronic tuberculosis) where ultra-virus transforms ulteriorly into

acid resisting bacillies, and on the other hand the affection that would be under the *ferule* of the ultra-virus alone, with evolution towards the acute form (prebacillary-granulama).

Whatever it may be, and since in the extreme majority of cases, we understand by a pulmonary tuberculosis a patient attacked by *productive Tuberculosis*, caseous, fibrous, or caseo-fibrous, we should regularly:—

1. Act on his constitution by the administration of *Constitutional Remedies*, generally antipsorics.

2. Give him some functional remedies, or properly called homœopathic remedies, indicated by the daily principal symptoms. These medicines will act some on the digestive functions and hepatic functions, and on the assimilation of alimentary products or neutralisation or the elimination of toxins, and the others on the general remineralisation and recalcification, and still others on the circulation. *It is an absolute condition in a pulmonary tuberculous patient to establish the balance sheet of the gain and loss, to check the thinning, to recalcify and to guard the heart.*

3. Last of all, it is necessary to act directly on the toxic element by the administration of *Serums (Marmoreck) and Diluted Tuberculins*, with prudence and in a periodic way.

As for the drainage of these patients, according to the conceptions of **Nebel**, we will have to act on three phases at a time, that we will speak later.

We should therefore study and classify our homœopathic arsenal in three principal groups.

A. Constitutional remedies.

The conception of the term "Constitutional remedies" is to speak the truth, improper, if we understand by it a medical substance that will act on the *Totality of hereditary taints*, and should then be prescribed indefinitely in a given patient, during his whole life. Perhaps it was formerly true, when it was possible to classify the individuals in clear categories on the morbid plan and as well as on a purely typological point of view. But actually in the white race at least, men represent such mixed types some characters hardly clear, that truly speaking the dynamic side is carried away by the static side, and the temperament involves on the constitution, at least in an apparent manner.

However, the term *Constitutional Remedies* has for us some advantage here on the terms of "*ground remedies*" of "*remedies of morbid temperament*", recalling to us the extreme importance of ground in tuberculosis, and if, on this point, the homœopaths have an opinion quite contrary to that of parisian official school, that still professes that the bacilli and its *nemeric* factor as the only important cause. We are glad to think that other officials, those of Montpellier among others, react vigorously in the same sense as we do. Yes, the ground is premordial in the production, evolution and in the prognostics of tuberculosis. This is why before applying our *diluted tuberculins*, we should prescribe to our patients those remedies called constitutionals, that are very often the antipsorics as Hahnemann has described them to us.

This is a fact verified thousands and thousands of time by clinical experiences. It is dangerous to begin the treatment of tuberculous patients by *Serum of Marmoreck* or *Tuberculinum*, not only because his organism has not been previously drained, but also because we must first of all clear off the antipsoric barrier.

But what is Psora in itself ? To that question we can no more be content in giving the definition of Hahnemann. We would like to know very well that morbid entity, and to define scientifically. Is it, as some think, some periodic manifestation of pure auto-intoxication, as a result of imperfect disintegration of alimentary substance, auto-intoxication that would have for his seat the intestines? That would not seem sufficient. Shall we understand by that, the arthritism or neuro-arthritism. That does not solve the problem, but only modifies the label that veils the solution. Shall we think, with other authors, specially with **M. Nebel**, that Psora and hereditary tuberculosis are identical, the one and the same thing; although it is strange at first sight, being given the classical antagonism in pathology of tuberculous manifestations and of neuro-arthritism? On my part, inspite of my suspicion on that theory, I must admit that after having heard **M. Nebel** supporting before me with some argument the value of which will take a long time to put down here, I am not far from believing at least a close relation between these two factors. Nevertheless what we call Psora seems often to prepare the bed of tuberculosis, and what proves that very often the tuberculous patients represent the symptoms of the grand antipsoric remedies of Hahnemann. Moreover it is from among them we ought to find out our constitu-

tional remedies. We will study them in brief. They are about fifteen in number. They may be required under different forms, according to the classification of Grauvogl in *Oxygenoid*, *Hydrogenoid* and *Carbonitrogenoid* constitutions. Naturally the oxygenoid is very often seen.

These remedies will be prescribed in high dilutions 200, M and still higher. We will describe them schematically. Our readers, if they do not know their exact pathogenesis, must naturally study them in materia medica to know them well.

In the first plan of this group we will place : *Natrum Muriaticum*, *Iodium*, *Silicea*, *Sepia*, and *Sulphur Iodatum*.

Natrum Muriaticum. It is *depressed*, (specially in the morning), *Demineralised* and *Decalcified*.

GENERAL SYMPTOMS. It is emaciated, specially in the neck, its tissues are soft and slack, it has abundant and frequent *Sweat during Eating*. Changing fever, inconstant with much chill. Lips cracked, *Specially the middle portion of the lower lip*. Acne in the face and in the forehead. Greasy skin.

MENTALITY. The patient is depressed, *sad*, has lost his intellectual capacities, easily weeps, like all demineralised patients. *He does not like to be consoled*. He is often irritable. He loses faith in himself and becomes or remain timid. Dreams of thieves during night.

DIGESTIVE SYSTEM. *He eats well but emaciates*. Has thirst, thirst of good quantity of water at a time; thirst of repeated cold drinks. He is sometimes constipated, with hard and dry stools that crumble when coming out of anus.

CIRCULATORY SYSTEM. From the view point of venous circulation he has hypotension. His heart seems soft, beatings are of less amplitude, and weak. His spleen is sometimes painful. Sometimes he cannot lie down on the left side, because of palpitation.

ENDOCRINE SYSTEM. *Hyperthyroidism* is frequently seen, alone or associated with hyposuprarenalism and sexual weakness. Troubles of ovarian secretion, first of all exaggerated, then diminished. Menses often before time and abundant, sometimes suppressed. Hypoparathyroidism.

BIOCHEMIC CONDITION: Sometimes, some modifications in the rate of plasmatic chloride is seen, but this is inconsistent. Sometimes urine contains some precipitates of phosphates.

RESPIRATORY SYSTEM. Symptoms are of lesser value and inconsistent. Cough with bursting sensation in the head with tickling in the summit of the stomach and pricking pains in the liver. Aggravation of cough towards 10 A. M.

ACTION. If in this stage *Natrum Muriaticum* is not prescribed, the condition of the patient aggravates, and becomes a patient suiting to *Iodium*, *Silicea* or *Sepia*. *Natrum Muriaticum* acts remarkably on the general depression due to the demineralisation and decalcification. It plays an important role in the metabolism and the retention of salts of calcium.

DOSE. 200 and M are to be preferred; sometimes still higher dilutions. Let us note here that some doctors like the lower triturations upto 6x.

Iodium. GENERAL SYMPTOMS : He is a *consumptive* troubled in his metabolism to such an extent that he himself burns. He is equally *Anxious* and *Agitated*, particularly *During Fasting* and during *the Hour of Meals*. It has *very Abundant Sweat* by the least physical effort. Fever often high.

MENTALITY. *Anxious*. Sudden violent impulses. *Becomes agitated as soon as he is hungry*. Repulsion to all works, difficulty to think.

DIGESTIVE CONDITION. He *eats, even devours but emaciates with an astonishing rapidity*. His hunger is voracious, thirst often great. His liver, his spleen are swollen and painful. His constipation is inconstant and ameliorated by the ingestion of milk. His diarrhoea is frequent, has pancreatic insufficiency. Whitish and greasy stools.

CIRCULATORY SYSTEM. Palpitation with the least exercise, frequent arterial hypotension. Tachycardia.

ENDOCRINE SYSTEM. *Hyperthyroidism*. Tendency to hypertrophy and general induration of glands and of sympathetic ganglions. Pancreatic troubles.

BIOCHEMIC CONDITION. *Augmentation, often great, of the basal metabolism, very great hyperthyroidism*. Frequent troubles of pancreatic secretion with hypoglycemia.

RESPIRATORY SYSTEM. Dry cough in the morning, with tickling in the larynx. Painful dyspnoea. *Tendency to Pleurisy*. This remedy represents the *Caseous and fibrous type*.

ACTION. Its judicious prescription reinforces the fibrous tendency. Seems to act very well in the *cortico-pleuritic* type according to our personal experiences.

DOSE. From the 3rd to the highest dilutions, rather 30, 200, M.

Silicea. The patient is *profoundly troubled in his nutrition and in his capacity of assimilation*. He loses his animal heat and his nervous strength seems to be greatly diminished. His defensive mechanism is bad.

GENERAL SYMPTOMS. He becomes greatly emaciated, he is weak, his tissues are soft, his skin malnourished represents often some phenomena of suppurations by the least cut. The patient is rather *extra-ordinarily chilly*, whether he has fever or not. He has chills, the extremities are cold in a hot room. *Night sweat*, specially towards the end of the night in the morning. *Fœtid sweat* of the feet.

MENTALITY. Anxiety, Nervousness, fixed ideas. Hyperexcitability. The patient is worn out due to tremendous work to which he had submitted willingly and also due to some reasons had deprived himself of sleep. *Bad effects of keeping up at night. Insomnia of tuberculous patients.*

DIGESTIVE CONDITION. His appetite is diminished, his thirst is strong, he has distaste for meat and for hot foods. His belly is big and distended but the extremities and the other portion of the body are much thinner. Constipation, stools come out partially that has the tendency to get into the rectum if the patient stops his effort.

CIRCULATORY APPARATUS. Arterial hypotension is frequent.

Endocrinal Glands. *Dysthyroidism*, first of all augmentation then diminution of functions of the thyroid glands. Troubles of the functions of *liver* (Diminution) and of *suprarenals* (exaggeration then diminution).

BIOCHEMIC CONDITION. Troubles of the metabolism, of silica and calcium.

RESPIRATORY SYSTEM. Violent cough when lying down with thick and yellowish expectoration. *Phase of Caseation.* Sometime the *Fibrous form* is also seen with tendency to multiple adhesions and symphysis of the pleura.

ACTION. *Silicea* is a delicate remedy that may become dangerous if we do not know how to manipulate it. In pulmonary tuberculosis the high dilutions (200, M) will be reserved for *purely fibrous forms* to fight against the adhesions and the production of fibrous tracts. They are very dangerous in case of caseation because they then hasten the centrifugal effect of the caseous cavities and rejection by expectoration. The dilutions 12, 30, suit preferably to caseous forms or fibro-caseous forms. They should be administered with precaution in all doubtful cases. This rule may have some exceptions for doctors having a great experience about the action of this remedy.

Sepia. The patient is atonic and weak whose tissues of the organs follow the law of heaviness (ptosis); it has suprarenal insufficiency and *congestion of the portal system.*

GENERAL SYMPTOMS. Weakness, tendency to swooning, Vertigo, Slackness of the conjunctival tissues.

Possible fever with gushes of heat. *Sweat* by the least movement.

MENTALITY. Has no faith in himself. *Desire for solitude.* Melancholia. Aversion to family occupations, indifference even towards the members of the family. Sadness and anxiety, mostly in the evening. Intellectual torpor, repugnance to all mental works, indolence.

DIGESTIVE SYSTEM. Tongue is white specially towards the base. Salty and putrid taste of the mouth. Sensation of weakness beginning from the epigastric region when the patient fasts specially towards eleven o'clock in the morning, that does not ameliorate by eating. Frequent nausea specially in the morning before breakfast. Desire for acids and condiments. Liver often big and painful. Belly distended by portal venous congestion. Multiple ptosis.

CIRCULATORY SYSTEM. Palpitation. Tendency to arterial hypotension for suprarenal insufficiency. Sensation of throbbing in the arteries. Sudden gushes of heat.

ENDOCRINE SYSTEM. Insufficiency of suprarenal functions (hypotension), hepatics (portal conjection), hypophysis (ptosis), and utero-ovarian (portal conjection), sensation of bearing down or prolapsus uterii; menses late and of scanty blood, often thick and clotted.

BIOCHEMIC CONDITION. Troubles of urine with precipitates of urates. *Sepia* is a remedy of B-Coli infection of the intestines or kidney associated or not with pulmonary tuberculosis.

RESPIRATORY SYSTEM. Fatiguing dry cough in young wives seems rising from the summit of the epigastric

region. Oppression in the morning, after sleep, and in the evening. Profuse expectoration in the morning, *with salty taste*. *Sepia* acts well soothing down sudden congestion of the upper lobe of lung.

ACTION. This remedy is very often indicated in young wives and in young girls of whom the pulmonary tuberculosis evolves on an organ troubled by malfunction of the liver and of the utero-ovarian system. *Alternance or coexistence of the troubles of the uterine region and pulmonary congestion.*

DOSE. 30, 200, M. The dilution like 30, when applied for a long time acts well associated or not with *Nux Vomica*, that reinforces the action of *Sepia*. Some authors even give simultaneously these two remedies, in five minutes interval. The high dilutions of *Sepia* are often dangerous in some patients.

Sulphur Iodatum. One of the most important remedies may be very often indicated even in tuberculous patients as a constitutional remedy. Has on the one hand the symptoms of *Iodium* and on the other hand the symptoms of *Sulphur*. Applied to oxygenoid type. It is *weak who burns*, and presents in its pathogenesis some evolutive congestions of pleura as well as of the lung.

GENERAL SYMPTOMS. Fever often high, sometimes mild, *but almost always the temperature is above the normal*, specially in the evening. Gushes of heat in the face, the *lips are red*. Skin greasy. Acne with *inflamed and suppurating element*. Tendency to cutaneous eruptions, urticaria, eczema etc. Emaciation. Frequent sweat. The patient

is weak, *cannot keep himself in a standing position for a long time.*

MENTALITY. Changing. Here the mental symptoms have no such great value as in *Natrum Muriaticum* or *Sepia*. Sometimes depression, aversion to work, irritability, anxiety, and melancholia are seen.

DIGESTIVE SYSTEM. Tongue white, edge and the tip red. Appetite often diminished, sometimes excellent. Sensation of goneness in the stomach, towards 11 A. M., *ameliorated after eating*. Frequent thirst, often the patient drinks more than he eats.

CIRCULATORY SYSTEM. Tendency to sudden congestions, local or general, arterial or venous, rather active than passive. Pulse often more rapid in the morning, like *Arsenicum Album*.

ENDOCRINE SYSTEM. Hyperthyroidism, hyposuprarenalism. Secondarily, like Sulphur, troubles and diminution of the functions of the liver, of myocardium and of the skin.

RESPIRATORY SYSTEM. Oppression, burning pain in the chest. *Necessity to respire in open air*, likes to keep the windows open. Dry cough with greenish and purulent sputum. *Tendency to Pleural Affection.*

ACTION. *Sulphur Iodatum* acts well in acute irritative or exudative congestion as well as in chronic congestion of pleura. Tendency to periodical congestions of the pulmonary parenchyma.

DOSES. 6, 30, 200, M. It is often advantageous to give the medium dilutions and even lower dilutions in patients who have lost the power of defence. The

high dilutions will be reserved for favourable cases. The lower dilutions may be repeated very often.

It is rational to study Sulphur after Sulphur Iodatum.

Sulphur. Generally whenever the symptoms of *Sulphur* are seen in tuberculous patients, it is necessary to prescribe in its place either Sulphur Iodatum or Psorinum. This is why we have given the description of *Sulphur* when speaking of its compound with *Iodine*. *Sulphur* is, in fact, dangerous when applied provokes a brutal reaction followed by emaciation. The dilutions 200 and M and even higher are often dangerous in all oxygenoid patients without tuberculosis. It is applied temporarily in certain cases in 6th or 30th, without frequent repetition. If however the prescription of *Sulphur* is followed by the appearance of a cutaneous eruptions, the prognosis becomes favourable, as is indicated by **Dr. Charge**.

Psorinum. This nosode is applied to a patient that resembles the *Sulphur*, but whose power of defence has become singularly diminished. *Psorinum* is sometimes oxygenoid, and sometimes *Carbonitrogenoid*.

GENERAL SYMPTOMS. The tuberculous patient of *Psorinum* is *debilitated*, extremely *chilly*, has glandular chains. His skin is unhealthy and looks unclean. Eruptions like herpes and eczema are very frequently observed, with violent itching. Patient has much sweat, when walking, or at night, and even without any movement. The chilliness is so great that he puts on several garments and is afraid of air current. Aggravation during the winter. Changing fever, followed by profuse sweat.

MENTALITY. Melancholia. Hopeless of cure.

DIGESTIVE SYSTEM. *Voracious appetite during the day or during the night.* Wants food at midnight.

CIRCULATORY SYSTEM. Cardiac weakness, therefore arterial hypotension and weak pulse.

ENDOCRINE SYSTEM. Diminution and troubles of the functions of the glands, specially of thyroid, of supra-renal, of myocardi, of liver and of the skin.

RESPIRATORY SYSTEM. Dry cough with sensation of great weakness in the chest. Aggravation in winter and during cold season.

ACTION. This remedy suits the patients of defective defensive mechanism against disease, although the pulmonary lesions do not develop very rapidly towards caseation but develop towards fibrosis or to both. It suits particularly like Sulphur and Sulphur Iodatum to patients, hereditarily or constitutionally psoric.

DOSE. Medium or high dilutions. None is dangerous.

Four other remedies of constitution are important—

Arsenicum album, Lycopodium, Lachesis and Thuya.

Arsenicum Album. Very important remedy. It is *Prostrated and Agitated*, represents some periodic manifestations of weakness and of organic symptoms.

GENERAL SYMPTOMS. It is weak and a complete break-down is seen as consequence, emaciated to a skeleton. The fever is often high, continued, or sometimes periodic or adynamic. Frequent and profuse sweat. The chill commences often at one o' clock at night or during the day, as well as the maximum heat. The face is hippocratic.

Often the margin of the upper lip is cracked like *Natrum Muriaticum*. Tendency to dry eruptions, dry eczema etc.

MENTALITY. Agony, agitation, fear of death, and afraid of being alone. Desperate of cure, thinks that his death is nigh. Loses all faith in medicine.

DIGESTIVE SYSTEM. Violent thirst of cold water, takes often in small quantity. Total loss of appetite. Frequent nausea. Detests the sight and even the flavour of foods. Sometimes blackish and fœtid diarrhœa.

CIRCULATORY SYSTEM. Palpitations and weakness, tendency to swooning; pulse small and rapid, more rapid in the morning. Hypotension is prominent. Bad venous circulation, cyanosis or coldness of the extremities.

ENDOCRINE SYSTEM. Diminution of the function of suprarenals and of liver, troubles of the myocardium and of the skin.

BIOCHEMIC CONDITION. Diminution of the refractive index of the serum (*China* and *Ferrum phosphoricum*). Anemia.

RESPIRATORY SYSTEM. Attack of suffocation when lying down in the evening, specially at midnight, with agony and fear of death. Burning sensation in the chest. Cough worse when lying down at midnight. Frothy expectoration. Pulmonary lesions are specially on the *right side*, pains and lesions are seen on the second and the third intercostal spaces on the right side, in front.

ACTION. This remedy is suitable to patients slightly attacked as well as to patients who are gravely attacked. Like Sulphur, its compound Arsenicum Iodatum is preferred.

Asthma associated with tuberculosis is often suited to *Arsenicum Album* or to *Psorinum*.

DOSES: From 3 to M or higher. The lower dilutions seem more preferable for organs having less resistance.

Lycopodium. Suits patients whose condition is aggravated due to insufficiency of assimilation of food and neutralisation of toxins, because of some *hepatic troubles*.

GENERAL SYMPTOMS. Yellow colour, weakness in the morning. Fever with chill towards 3 to 4 o'clock in the afternoon followed by heat rising up to 5 to 6 o'clock in the evening. *One foot cold, the other hot*. Progressive emaciation, the patients assume a *senile look*.

MENTALITY: Sadness, discourage. Irritability. Loss of memory. Sad in the morning.

DIGESTIVE SYSTEM. Appetite diminished or absent, sometimes normal, very often feels full *after taking some mouthfuls*. Fullness just after eating even a very little quantity. Slow and difficult digestion. Liver small, sometimes sensitive.

CIRCULATORY SYSTEM. Palpitations at night. Sometimes feels difficulty to lie down on the left side.

ENDOCRINE SYSTEM. *Hepatic insufficiency dominates*, dysthyroidia (one foot cold, the other hot).

BIOCHEMIC CONDITION. Diminution of urea in the urine in relation to urates and uric acid, that are often seen in excess.

RESPIRATORY SYSTEM. Dry cough with yellowish, thick and purulent expectoration, having salty taste, mixed with blood. *Right sidedness*.

ACTION: Lycopodium is very often an intercurrent remedy indicated in a temporary way, in patients of type of Sulphur or Natrum Muriaticum; it is very rarely a remedy of constitution of tuberculous patients. In the two cases it is useful, but it must not be repeated very often.

DOSES. 30, 200, M. Here the 30th seems most efficacious.

Lachesis. Less frequently indicated than the preceding remedies. The modalities, *the Suffocating Sensation* on the one hand and the *hemorrhagic tendency* should be kept in mind. *Menopause.*

GENERAL SYMPTOMS. *General amelioration during the menses* and by hemorrhage; *aggravation during and after the sleep.* Hot sweat. Violent gushing of heat.

MENTALITY. Overactivity of ideas, loquacity, logorrhœa. Melancholia, jealousy, sometimes religious mania. Dreams of his own funeral.

ENDOCRINE SYSTEM. Troubles of ovarian secretion (diminution), suprarenal (augmentation) and of thyroid secretions first of all augmentation then diminution.

RESPIRATORY SYSTEM. Suffocation during the early stage of sleep. *Sensation of not capable of taking deep breath.* Tendency to hemoptysis.

ACTION. On the *blood* and the sympathetic nervous system, on *pneumogastric region* specially. Suits to tuberculous patients representing utero-ovarian concomitants.

DOSE. 30, 200, M.

Thuya. Like Lachesis this remedy is not an anti-psoric to speak the truth. It is the king of sycosis according to Hahnemann. But it is often indicated as a consti-

tutional remedy in tuberculous patients where the sycotic state is transmitted by vaccines.

GENERAL SYMPTOMS. Rapid weakness and emaciation. Insomnia, general aggravation during 4 o'clock in the morning, *sweats only on the uncovered parts* and when sleeping, with a particular odor. *Warts. Hippocratic fingers.*

MENTALITY. *Tendency to fixed ideas, exaggerated emotivity, specially in music.*

DIGESTIVE CONDITION. *Ærophia, abdominal flatulence. Anorexi. Distaste of meat and potato. Dyspepsia aggravated by tea.*

CIRCULATORY SYSTEM. Represents like Pulsatilla numerous symptoms of insufficiency and slowness of circulation, venous and capillary; hands are of violet colour, multiple varicosities, violet swelling of certain teguments of the forehead, of face, of the finger tips etc.

ENDOCRINE SYSTEM. Deficiency of the kidney, liver, hypophyses, thyroid and skin.

RESPIRATORY SYSTEM. Dry cough, harassing pains in the chest towards the left wing. Left sidedness. Less abundant yellowish expectoration.

ACTION. Thuya is indicated in a temporary way, but many give some services, if there is sycosis, sometimes with an oxygenoid condition.

DOSES. 200, M.

Four other remedies are necessary to broach here: *Petroleum, Graphites, Calcareo carbonica, Nitric Acid.*

Graphites. Suits fatty tuberculous patients, with florid aspect but it may also be applied to oxygenoid

patients, who easily become emaciated and having *oozing eruptions*; the secretion from any eruption is honey-like, and viscous.

GENERAL SYMPTOMS. Great chilliness. Tendency to take cold. *Eczematous oozing eruptions*, worst in the night and in the heat.

MENTALITY. Timid, cannot make a firm decision of anything, indolence, anxiety, apprehensions.

DIGESTIVE CONDITION. Pressure and burning sensation in the stomach. Flatulence. Slow digestion. Very great constipation.

ENDOCRINAL GLANDS. *Hyperpituitarism*; *hypothyroidism*. Troubles of the functions of the liver and of skin.

RESPIRATORY SYSTEM. Suffocation, nasal voice, sensation of constriction in the heart.

DOSES. 30, 200, M.

Petroleum. *Psoric constitution with cutaneous troubles aggravated during winter.*

GENERAL SYSTEMS. Cutaneous eruptions worst in winter, with skin *thick and cracked*. Rhagades. Aggravation by humidity and in coldness. Chill followed by sweat. Sweat predominating in the armpits and on the feet. Emaciation.

MENTALITY. Bad effects of emotions, vexations, sorrow. Irritability. Weakness of memory, forgets his way.

DIGESTIVE SYSTEM. Exaggerated hunger, just after a stool. Nausea with salivation. Aversion to greasy substances and meat. Frequent diarrhœa, watery, rather after *intestion of cauliflower.*

ENDOCRINE SYSTEM. Troubles of the functions of hypophisury, of thyroid, of the liver and of skin.

RESPIRATORY SYSTEM. Nasal voice, oppression, dry cough during night.

DOSES. 30, 200, M.

Calcareo Carbonica. Suits either to fat tuberculous patients or to lean persons, pale look and chilly, with a false florid look, or to oxygenoid patients, *hypersensibility to cold.*

GENERAL SYMPTOMS. Partial sweat specially at night, sweat of the head and of the neck. Great chilliness. Tendency to cutaneous eruptions, having crusts. *Teguments and muscles are slack, soft, full with fat and unhealthy.*

MENTALITY. *Apprehension, anxiety, indolence and indecision.* Fear of losing reasons or being dangerously ill.

DIGESTIVE SYSTEM. Sour taste in the mouth, foetid breath, *desire for undigestable foods*, for chalk, for eggs, and salt; distaste for meat and for hot foods. Violent thirst of cold water. Abdomen distended. Extreme constipation or sometimes whitish diarrhœa.

CIRCULATORY SYSTEM. Palpitations with sensation of coldness and oppression.

ENDOCRINE SYSTEM. *Hyperpituitarism. Hypothyroidism.* Troubles of the functions of *Thymus* (diminution) and of *Parathyroids* (augmentation then diminution.)

BIOCHEMIC CONDITION. *Hypocalcemia. Defective coagulation of blood viz:—*the coagulation time is increased.

RESPIRATORY SYSTEM. Dyspnœa, worst in the morning. Expectoration yellowish, sometimes bloody. Suffocation. Rightsidedness.

ACTION. Calcarea Carbonica is a grand remedy of psoric constitution of Hahnemann. It is very important to study.

DOSES. *Lower dilutions.* 1x, 2x, 3x, 6 and the medium dilutions 12, 30 are very often applied in tuberculous patients, and even 200, M, or higher in numerous cases.

Nitric Acid. Affects oxygenoid as well as hydrogenoid, conditions and suits often to patients in whom syphilis congenital or acquired are found specially *after abuse of mercury*, and acquired tuberculosis. A complementary to Calcarea Carbonica.

GENERAL SYMPTOMS. *Tendency to Fissures and Painful Ulceration, a sensation of pricking with multiple fine Needles.* Suits to patients of brown colour. Pustulous eruptions on the face, irritation of the skin by the least chill. Oozing eruptions with violent itchings. Warts. *Debility. Intense decalcification.* Night sweat with strong smell.

MENTALITY. Irritability, sadness, hopeless, fear of death.

DIGESTIVE SYSTEM. Fœtid breath, salivation, ulceration of the mouth and of the palate—very painful. Appetite augmented. *Desire for undigestible foods* : earth, chalk; desire for salt and for fat. Anal fissures—painful. Viscous diarrhœa of fetid smell.

ENDOCRINE SYSTEM. Troubles of *the suprarenals* and of the *Thyroid* at first with functional exaggeration then diminution.

BIOCHEMIC CONDITION. *Hypocalcemia.* Excess of urates and of oxalates in the urine and precipitates of phosphates.

RESPIRATORY SYSTEM. Cough at night with yellow expectoration, purulent, often mixed with blood. Dry cough worst in the evening when lying down. *Leftsidedness.*

ACTION. Deep, with *weakness always progressive and rapid* against which this remedy acts efficaciously.

DOSES. 30, 200, M.

Now we must study specially *Stannum.*

Stannum. *Tin affects specially the Respiratory System* and suits par excellence to pulmonary tuberculosis. *General weakness and extreme thoracic weakness.*

GENERAL SYMPTOMS. Debility, pulmonary weakness worst when speaking and after speaking. *Nocturnal weakning sweat*, specially in the morning. Debilitating sweats. Hectic fever.

MENTALITY: Sad, discouraged, anxious.

DIGESTIVE SYSTEM. Bitter taste in the mouth. Sensation of goneness in the stomach. Vomiting caused by the flavour of foods. Abdominal colics ameliorated by hard pressure.

CIRCULATORY SYSTEM. Arterial hypotension. Feeble heart.

RESPIRATORY SYSTEM. *Cough dry and violent from evening to midnight*, aggravation by laughing, speaking and singing. *Weakness* of the chest, can hardly speak. Respiration very short, oppression. *Copious expectoration greenish and sweet taste*, during the day. Expectoration gives temporary relief.

ACTION. *Stannum Metallicum* acts specially on the lungs and therefore merits to be considered as a constitutional remedy of phthisis, of an advanced stage of caseation.

DOSE. 6, 30, 200, M.

The reader will be astonished to find we have not yet studied Phosphorus.

Phosphorus. *This classical remedy to speak the truth, is extremely dangerous to apply in tuberculosis—Pulmonary or laryngeal.* Some rare cases may be influenced by it. Very often it has caused some disasters by augmenting the respiratory exchanges, and provoking pulmonary incendiary, in precipitating the caseation. It is an admirable weapon in acute congestion of lungs, acute œdema of lungs, pneumonia, and broncho-pneumonia. But it is preferable not to administer it in phthisis. Fortunately, it is not dangerous but in these cases, and we may apply it without any risk in arteriosis, alcoholism, apoplexy of the brain, cirrhosis, cholecystitis etc. where it acts marvellously.

However, we are tempted to use it in phthisis, as it represents the symptoms. In that case it is necessary to associate it with one of its compounds according to the case :—*Calcarea Phosphorica, Kali Phosphoricum, or Natrum Phosphoricum or Phosphoric Acid.*

The ideal prescription would be to discover a compound of phosphorus that will cover the same pathogenetic table and that will not be dangerous when used. **Dr. Barishac** proposes to that effect *Phosphorus triiodatum*, with which he is experimenting in collaboration with

Dr. P. Lefevre, and that seems to give excellent results in all forms of tuberculosis, pulmonary, pleural or peritoneal though according to the authors, the time is not ripe enough to judge this remedy. The doses applied are 6th and 30th.

The Injectable Lecithin. Seems also to act in this sense, or in the same way as Silicea. The egg contains at a time Sulphur and Phosphorus. Who knows that we will not get one day from certain substances of egg fresh or decomposed (Barishac), some results of therapeutic value?

Before passing to the study of other remedies of tuberculosis, we should explain to our reader the order which we have followed to give the indications of the constitutional remedies. We have first indicated the synthetic action and the general symptoms, that seems to us much more important for the choice of the medicines. These general symptoms being often linked with individual faculty of nutrition and of assimilation and of the excretion of toxins. Then we have indicated the digestive troubles. Then we have given the cardio-vascular symptoms before passing to respiratory system. In fact, while the functional remedies or intercurrent remedies are choiced according to the local symptoms of the organ in question, the ground remedies are indicated by the synthesis of symptoms and the general symptoms.

Then we have given some hints on the endocrinal state of tuberculous patients according to the data of **Dr. Barishac.**

As for the biochemic indications, personally, they seem to us still vague and incomplete. The future should

fix, justify and complete them, after series of experimental works for which we invite our researching friends of good faith.

B. Functional Remedies.

These are very numerous. It is not necessary to study them in a detailed way if we do so we will have to pass over one third of our materia medica. Here we will try to classify them and give a general view.

To know them well it is necessary to be acquainted with the beautiful study of **Dr. Charge**, already old, but always very useful, "*The diseases of the respiratory organs.*"

We will classify them arbitrarily into seven groups according as their prescriptions are indicated which will allow us to understand them well and to retain in our memory.

1. *The general symptoms and troubles of the functions of assimilation.*
2. *The symptoms of demineralisation and of decalcification.*
3. *The psychic condition and the troubles of sympathetic system.*
4. *The digestive and hepatic troubles, insufficiency of neutralisation and elimination of toxins.*
5. *The troubles of circulation.*
6. *Functional and physical symptoms revealed by the examination of the respiratory system.*
7. *The possibility of hemoptysis.*

Then we will follow the same order given during the discussion of the constitutional remedies. It will be easy to compare the satellites with the remedies of first importance.

1. General Symptoms.

Persistent weakness. Depression, complete loss of power, indicate generally the salts of *Ammonium*, of *calcium*, of *sodium*, of *potassium*, of *arsenic* and of *iron* and their compound.

The salts of *ammonium* have for their characteristics the *weakness* and the *tendency to swooning*. Such is the case of *Ammonium muriaticum* and *Ammonium carbonicum*, two antipsoric remedies of Hahnemann, of which the general and pulmonary symptoms are often observed.

The salts of *Sodium* indicate persistent depression; here it is necessary to know *Natrum Muriaticum* already studied and sometimes *Natrum phosphoricum* in case of troubles with acidosis, eructations and vomiting, and sexual weakness.

The *Salts of potassium* indicate the great weakness with loss of power : *Kali carbonicum* is the principal remedy with its cough worse towards 3 A. M., its weakness after chill and digestive troubles.

Sometimes *Kali hydroiodicum* and *Kali nitricum* become necessary.

Salts of Calcium will be studied later.

The acids have a common characteristic : *extreme and persistent debility*. We have already studied *Nitric acid*, a constitutional antipsoric. Sometimes it is necessary to

study *Phosphoric acid*, that has nervous breakdown, specially after mourning and prolonged sorrow, or persistent whitish painless diarrhœa.

Arsenic and its salts. *Arsenicum Iodatum* is the most important that may do wonders in pulmonary tuberculosis, in all its stages. It suits better in *chronic diarrhœa of tuberculous patients*, and where the pleura is attacked. The lower dilutions seem better: 3, 6, decimal or centesimal. *The principal effect of this remedy is to increase the weight of the patient very rapidly*; although this gain may sometimes be temporary and artificial. *Arsenic* makes fatty by the retention of water in the tissues, *Arsenicum Iodatum* is, however, thanks to that phenomenon, a precious weapon to equilibriate the balance sheet of the patient. Following the same idea *Disodium Methylarsinate* is used with less success. We should leave that compound to allopathy.

The *Iron* and its compound. These are rather remedies of anemia and of chlorosis, therefore of some stages of tuberculosis when the percentage of hemoglobin is diminished. *Ferrum Metallicum* is useful, however, in phthisis patients having sudden attack of fever, with *circumscribed redness* of the cheeks, flushed by the least exercise, or by the least emotion. The mucus membranes are pale and œdematous, the lips undergo the same change. The tissues and the mucus membranes are soft and slack. Tendency to hemoptysis is frequent.

Ferrum Phosphoricum will be useful in high fever with pulmonary congestion, with or without hemoptysis, palpitations and rapid pulse.

In other cases *Ferrum Iodatum*, *Ferrum arsenicum*, *Ferrum aceticum* may also be applied.

In still other cases of fever and some of the general symptoms, vegetable substances will be utilised in advanced phthisis patients such as *Baptisia* :—Muscular sensibility, adynamic fever, suffocation; *Rhus tox* :—dry cough during chill or when putting the hands out of bed, unceasing agitation; *Sanguinaria* :—Rusty expectoration, extreme dyspnoea, burning sensation in the chest, circumscribed redness and burning sensation of the cheeks, hectic fever; *Echinacca* :—profound prostration, septicemic type of fever having great oscillation. Bacillis other than that of *Koch* specially streptococcus are found on examination of the sputum.

In other cases, we must try to augment the functions of assimilation. Thus we may prescribe *Lecithin*, in ponderable doses, that may rapidly stop the loss of urinary phosphates, and the general weakness. In some cases it may be applied, with more advantage, directly per os.

In cases of profuse sweat and weakening : *China*, *Acetic acid*, *Agaricine* (alcaloid of *Polyparus officinalis*), or *Jaborandi*, or its alkaline *Pilocarpine*, all these medicines should be applied with care because they may be dangerous by stopping elimination by the skin.

2. Symptoms of demineralisation and of decalcification.

Before speaking about the homœopathic remedies of decalcification, it would be necessary to preconise the different mineral elements the metabolism of which is troubled in the pulmonary tuberculosis. The tuberculous

patient loses only the *salts of calcium*. Slow or rapid progress towards cachexia called otherwise the consumptive state, must always cause not only the loss of *calcium*, but also of *phosphates, silicata*, and its *Nitrogenous compounds*. All the tissues participate in this loss; the bones become decalcified and dephosphatised, the muscles become atrophied, causing loss of *nitrogen*, as it is seen in course of general febrile diseases, giving during convalescence, a sensation of extreme weakness. The connective tissues lose also some mineral elements, particularly *silicata*.

To speak the truth, we have a very imperfect knowledge of the normal and pathological biochemistry to be able to give here some precisions. However it is logical in homœopathy or in official school to recalcify the tuberculous patients, although that often becomes too late. The pretuberculous patients *i. e.* patients with latent tuberculosis, whom we mention indifferently as tuberculinics, are patients clearly decalcified. White spots in the nails, phosphuria, dental caries. In confirmed pulmonary tuberculosis, it is on the contrary often seen that there is a stoppage of decalcification. Teeth are no more decalcified, the nails become thick, and do not show white spots. In these cases the decalcification is caused at the expense of bones, and when the bones are not decalcified, another decalcification takes its place. These simple ideas, though confirmed by clinicians are never heard to be put forward—a really astonishing fact !

On the contrary, the *silicata*, the antagonist of *calcium*, that follows it so often in the organism, becomes troubled in its metabolism. It is *silicata* that gives

elasticity to the tissues says Gaube of Gers. According to Schussler it is caused by *fluoride of calcium*. In pulmonary tissues *silicata* is seen in an abundant quantity.

This is why on the one hand side by side with *Calcarea Carbonica* and on the other hand side by side with *Silicea*, both being antipsoric constitutional remedies, it is necessary to apply *Calcarea Phosphorica* and *Calcarea Fluorica*. Thanks to the directions of **Dr. A. Nebel**, we understand now how to recalcify the patient with the corresponding salts specially to his main osseous constitution: *Carbocalcic* (or carbonic), *Fluorocalcic* (or Fluoric) *Phosphocalcic* (or Phosphoric). We will administer the three salts in lower triturations : 1, 2, 3, decimals or centesimals, observing the modifications caused in stools (constipation caused by calcic overdose), in the urine (phosphaturia), on the nails and teeth, and noting also the Ph. of blood, of urine and if possible the percentage of plasma chloride and of red blood corpuscle. We know the part the sodium chloride plays in the fixation of salts of calcium in the organs. (Let us note here that urine charged with sediments does not signify obligatorily increased elimination of phosphates, but a simple precipitation of phosphates). The total percentage of these salts may not be augmented. Analysis alone will precisionise that data.

Sometimes another *salt* is given to the patient: *Calcarea Iodata*, when there exists a purulent and greenish expectoration, and the lymphatic glands are hypertrophied; *Calcarea lacto phosphorica*, *Calcarea silicata* to patients who are very sensitive to cold, weak, emaciated, afraid, and have on the skin some acnes, etc.

The last one seems to be indicated in patients who have a menacing caseous tendency.

In that fight against demineralisation the best weapons are perhaps the foods, applied as remedies, according to the traditional way. *Avena Sativa*, in lower dilution, (1x) augments the appetite and weight and gives some strength to the nerves of the patient. *Alfalfa*, rich in phosphorus has the similar properties. In the same way, we may apply the different cereals in dilutions and in triturations: *Wheat*, *rice*, *buck-wheat*, *barley*, *rye*. We may follow with success the method of Carton and prescribe *germinated grams*.

3. Psychological aspect.

Dr. Allendy is right when he says that a tuberculous patient is a mental one, specially who is worn out of life. We will speak on the necessity of guarding the mentality of the phthisic patient afterwards. Over and above general hygiene, it is also necessary to prescribe some medicines acting on the mind of the patient: *Ignatia*, in cases of *Paradoxal symptoms*, excessive nervousness effminating the patient. Aggravation by the smell of tobacco smoke. Troubles caused by sorrow, emotions and cares. *Gelsemium*, if there exists, *Nervous trembling*; *Platina* in women who are extremely proud and arrogant, having profuse menses of thick dark clotted blood, with exaltations of sexual desires. *Kali Phosphoricum* in patient, neurasthenic, anxious, irritable; afraid at night and who takes a simple work as a very difficult one. *Aurum Arsenicosum* has depression and hopelessness, he is a hopeless fatalist of *arsenic* type,

with distaste in life and thinks of suicide. The constitutional remedies that we have already studied have also some very important mental symptoms and may become necessary in these cases.

4. Digestive and Hepatic Troubles.

It is **Dr. Nebel** who has insisted on the administration of not only *diluted tuberculins* to the tuberculous patients but also, some remedies acting on circulation, some *salts of calcium* in order to act on decalcification, and last of all some remedies indicated in the troubles of hepato-digestive or of other organs. This is very important, because the functions of the liver and the intestines are the excretion of toxins (*drainage*), which thus passes through ways other than the damaged lungs on the one hand and digestion and assimilation of foods on the other. Again it is necessary to treat the digestive apparatus of the tuberculous patients, because the general condition of the patients is much more important than the local condition as far as treatment and prognosis are concerned.

A. Nebel gives us a series of remedies which suit the tuberculous patients: *Chelidonium*—Bitter taste in the mouth, pains in the lower angle of the shoulder blade, nausea and vomiting, ameliorated by hot drink, likes hot foods; *Taraxacum*—Geographical tongue, liver enlarged and painful, constipation, bitter taste in the mouth, flatulence, fever with night-sweat during the early sleep; *Nasturtium aquaticum*—painful liver, constipation, sadness and neurasthenia; *Urtica urens*—urticaria due to hepatic or uratic causes, with much itching, troubles of the

elimination of urates, rheumatism, spleen sometimes enlarged and painful, sometimes chronic diarrhœa; *Lysimachia nummularia*, an ancient remedy. Tragus recommended its decoction to phthisic patients; *Dr. Bærhæve* prescribed it in hemoptysis. This remedy "changes the globular expectoration into nummular". To speak the truth this remedy has not been experimented in homœopathy and hence we can apply it only on traditional basis.

We will often think of *Nux vomica*, complementary of *Sepia* and *Sulphur*, with some very well known digestive troubles; *Hydrastis*, *China* or *Chininum arsenicosum* are prescribed in a temporary and intercurrent way. *Ceanothus* is applied when the spleen is painful. We know that opotherapy may sometimes give good results in tuberculous patients; *Ceanothus* acts in the same sense. *Solidago* is a liver and kidney drainer, like *Berberis*. The field is vast and many remedies not described here may be applied, if, of course, their indications are found.

We must not forget *Phosphoric acid*, *Arsenicum Album* or *China*, in diarrhœa of pulmonary tuberculosis, and other remedies of this type.

5. Troubles of the Circulatory System.

It is very important to search for all the symptoms indicating troubles of the circulatory system of the tuberculous patients. Collateral venous circulation, swelling of the capillaries of the supra clavicular fussa, *extreme asphyxia*, cyanosis of the hand, disappearance of the moons of the nails, arterial hypotension, extra-cardiac sounds, diminution of the elasticity of the arteries resulting in soft

and small pulse, modification of the cardiac rhythm, and sometimes enlarged and painful spleen, etc.

There is a remedy that represents all these symptoms, though it is very difficult to find all these symptoms together. It is *Pulsatilla*. It is a remedy *par excellence* of tuberculinics and of tuberculous patients of oxygenoid type **Dr. A. Nebel** has taught us. The disappearance of the moons of the nails is one of its most important symptoms.

We know moreover the changing character as a whole of *Pulsatilla*, which is caused to some extent by the venous congestion, the changing mentality of a young girl, who *passes suddenly from laughing to tears*. The other symptoms of this remedy will be found in the respiratory system, thick yellowish sputum, and in the digestive system, white tongue etc.

In anemic patients *Ferrum metallicum* is also sometimes prescribed, according to soft pulse, full and yielding easily under the pressure of the fingers; *Arsenicum Album*, whose pulse is small & more rapid in the morning; *Cactus Grandiflorus* (**A. Nebel**) with its sensations of constriction in the heart and of the chest; *Crataegus* that reinforces the action of *Pulsatilla*, is indicated if the pulse is irregular and very feeble; these remedies will act well in lower or medium dilutions, frequently repeated. As for *Adrenalin* it does not act here except in an allopathic sense, it is preferable to abstain from it for its prolonged use will fatigue the heart.

There exist still two important remedies of tuberculosis of the lungs, which we must study here for their

indications on the circulatory apparatus : *Allium sativum* and *Lachnanthes*.

Allium sativum represents a *very marked and rapid hypotension*, the tongue is pale with red papillies, voracious appetite, digestive troubles caused by the least change of alimentary regimen; constipation, *action of the liver insufficient and troubled*, sticky expectoration, sometimes fetid.

Lachnanthes acts rather in *blonde patients having a fair colour*, in the first stage of tuberculosis, with circumscribed redness of the cheeks, chill between the shoulders, yellowish appearances, tendency to sweats and to rheumatic pains of the neck.

Last of all, we may attack the troubles of the circulatory system, by the administration of organotherapeutic remedies, acting on the thyroid, for example to check it mostly or again on the supra renals and myocardium to stimulate them in case of their weakness or as their substitutes.

6. Troubles of System.

The remedies which are indicated clearly according to the physiological and physical symptoms of the respiratory organs are generally medicines of advanced tuberculosis; they are classic and their symptoms are well defined in the books. For this reason we will study them briefly. According to our opinion they are of secondary importance, they are palliatives other than curatives.

From the minerals, *Stannum iodatum* may be placed by the side of *Stannum* as a choiced satellite and is *indicated in the purulent and caseating stage*. *Mercurius solubilis*, complement of *Nitric acid*, should be applied with prudence,

its grand characteristic being *Aggravation during night and in the heat of bed*. It corresponds also to a general advanced stage. *Kali Muriaticum* with its white mucous adhering to the throat. *Carbo vegetabilis* in agonising patients, *Calcarea sulphurica* has but a secondary importance. *Hepar sulphur* may be dangerous in suddenly stopping the expectoration. It must be applied prudently; but it may act and produce good effects in cases of secondary infection. As for Aromatic products: *Balsamum Peruvianum*, has debility, hectic fever, thick mucopurulent sputum; *Guaiacum* has suffocations and pleuritic tendencies; *Iodoform*, *Kreosotum* in cachectic persons, *Ichhol*, *Gallic acid* has tendency to hemoptysis. These are classical remedies. Personally I have got some good results from *Balsamum peruvianum*.

Bromium is to be compared with *Iodium*. It is applicable specially to blondes. We have already indicated it in hoarseness with suffocation. It is the only remedy having the modality: Amelioration on sea.

We must know very well the danger of administering medicines that are capable of influencing and aggravating the expectoration, such as *Antimonium crudum*, or *Antimonium tartaricum*, *Ipecac*, *Coccus cacti* etc. We must not, for the sake of drainage, provoke an elimination by the help of pulmonary tissue; therefore we must apply these remedies with prudence.

It is necessary to consider here *Phellandrium* and *Tussilago farfara*.

Phellandrium may give some marvellous effects in case of abundant and putrid expectoration, with pain

in the region of right breast radiating towards the back and shoulders; hectic fever.

Tussilago farfara indicated by **A. Nebel** has no precise symptoms for its indications in books, but it seems to act well.

In case of laryngeal tuberculosis, *Spongia*, *Bryonia*, *Drosera*, *Arum triphyllum* may be applied. The same remedies should be applied in pulmonary tuberculosis according to their symptoms even if the larynx is intact. Personally I have seen **Dr. Noailles** curing tuberculous laryngitis with *Causticum*, indicated by: *Hoarseness worse in the morning* (inverse of *Phosphorus*).

Perhaps only in laryngitis associated with pulmonary lesions we may apply with prudence *Phosphorus* without any great damage; because laryngeal lesions in narrowing pulmonary blood-field and the intensity of the exchange of oxygen and carbonic acid, must to some extent check the incendiary effects of *Phosphorus*. For those who have no experience may refer to the article of **Dr. P. Chavanon** on Laryngeal tuberculosis.*

In other cases of coughs and expectoration of pulmonary tuberculosis we may apply according to their indications: *Senega*, or *Sticta pulmonaria*, or *Sanguinaria*, or

* *Phosphorus* :—Hoarseness worse in the evening with the sensation of soreness in the throat—extremely painful. Dry, irritating. spasmodic cough, caused by violent tickling in the larynx, aggravated when going from hot place to a cold one and by lying on the left side. Cough as soon as he laughs or speaks. Night sweats. A very powerful remedy, dangerous as well. To be applied 30th at an interval of 15 to 20 days and 200 4th to 6th week. P. CHAVANON—(*Laryngeal tuberculosis l'Homœopathie moderne. No. 8, 1932.*)

Laurocerasus. Some doctors are proud of *Polygonum aviculare* in intermittent fever.

But there comes a stage when the pulmonary lesions become such that the well indicated remedies have but a palliative action. In the first stages of hemoptysis our remedies are often efficacious.

7. Hemoptysis.

We will apply according to the case :

ACONITE : *Bright red blood, agony, Anxiety, fear of death.* Caused by being exposed in dry cold wind.

ARNICA : Hemoptysis by shock or traumatics. Sensation of contusion.

CHINA : Debilitating hemorrhage. Long standing hemorrhage.

IPECAC : Bright red blood. Concomittant nausea. Clear tongue.

ACALYPHA INDICA : Aggravation of hemorrhage in the morning. Dry cough, with progressing emaciation.

GERANIUM : *Profuse hemorrhage, pulmonary or gastric.*

FERRUM ACETICUM : Epistaxis, hemoptysis; copious greenish, expectoration.

HAMMAMELIS : Passive hemorrhage, of *black veinous blood.*

LEDUM PALUSTRE : Hemoptysis alternating with rheumatic manifestations.

In certain cases we may apply the extract of the lower posterior lobe of pituitary gland.

C. Nosodes, Tuberculins, Isopathic Remedies.

It remains for us to speak of nosodes and different isopathic remedies of pulmonary tuberculosis. We will be concise on this chapter.

We may say that the treatment of phthisis in homœopathy has undergone a real revolution in the last few years. Well manipulated tuberculins, diluted and dynamised, give us some results, and it is only homœopaths who have not abandoned their application, because they know how to manipulate them, avoiding their dangers. The only inconvenience is their number; the scope is very vast, so much so that each doctor is obliged to use only three or four products that they have specially experimented with in their patients. Here is an almost complete list of nosodes, isopathic products and tuberculins applied in homœopathy.

1. Specifics.

Bacillinum of BURNETT (trituration of the pulmonary tissues).

Electronic bacillinum of WHITING.

Auto isopathy of some products from the expectoration of the patients.

Bacillary emulsion (pulverised bacillies in glycerinous water—HALLOCK).

Tuberculinum (MERSCH, A. Nebel; Tuberculin of KOCH, or T. K.)

Residual tuberculin of Koch (T. R.).

Filtered effusion of DENYS.

Serum of Mermoreck. (Nebel).

Serum of MOVIGLIANO.

Serum of FERRAN.

Tuberculinum bovinum.

Dialysed Tuberculin.

Chloroformed tuberculin.

Aviare (from birds, P. Jousset.).

Immunising bodies of Spengler (Immunikorper,

P. Chiron.).

Vaccine of Bossan (Pichet).

Vaccine of VAUDREMER (Pichet).

Serum of JOUSSET.

Allergine of JOUSSET.

Diluted B. C. G. (on experiment).

2. Non specifics.

Mucotoxine, of CAHIS.

Psorinum (already studied).

Pyrogenium.

Streptococcin, Staphylococcin, Pneumococcin, Pfeiffer, Friedlander etc.

Syphilinum.

Medorrhinum.

Mellein (Cartier).

Phlyctenular Isotherapy.

Isotherapy of blood.

Among the nosodes, specific serums and tuberculins, *Tuberculinum* (T. K.) is very often applied in patients who defend very well, oxygenoid or not; *T. R.*, the residual tuberculin in patients having greater resistance or

carbonitrogenoid; the *Serum of Mermoreck*, very often applied in oxygenoids in whom the body does not defend well. It should be manipulated with great care, and we must take care of dilution and repetition of doses; 5th and 8th dilution should be repeated from 5 to 8 days, then 30th. It is preferable to use it with constitutional remedies. The same rule may be applied for *T. K.* and *T. R.* that are given alternately with ground remedies and are rarely repeated.

Bacillinum is still very often applied in United States and in England.

Denys has lost many of its favourites. Some like it and some reject because it is dangerous. Nevertheless it is delicate to manipulate. It suits to florid types of tuberculous patients, often of hydrogenoid constitution.

I have begun the application of *Spengler* according to the advice of Chiron. I am getting excellent results in patients representing the same indications as that of *Serum of Mermoreck*. The patient can stand the action of *Spengler*.

Aviare is applied in pleural tuberculosis and tuberculosis of glands. It acts specially on the upper lobe of the lungs and in children.

The *products of Jousset*: his *serum*, his *allergine* are so delicate to apply in gross doses, may also in dilution give some appreciable results. They require a good study.

For the doses we must stick to this point: *The tuberculins, specifics and serums are weapons that cut on*

both sides. They are dangerous if not properly applied. They are excellent if applied methodically and prudently. The doses and repetition depend on the curve of temperature and of weight.

As for nosodes and isopathic products and non-specifics, they may also be useful. Pyrogenium and the nosodes having for their basis, strepto, staphylo, pneumococcus, bacillies of Pfeiffer or of Friedlander, are to be applied in persons having cavities and mucopurulent expectoration with *B. K.* and in secondary infections. Thus I obtained a very marvellous effect.

Syphilinum and *Medorrhinum* are to be administered when gonococcal or syphilitic ground is associated with it.

II. General Treatment, Diet and Hygiene.

On this point we will adopt in homœopathy the usual point of view, and we can modify it according to our personal ideas. It is composed of a disciplined rest, good food, appropriate climatotherapy, watch over the psychological state and sometimes application of psychotherapeutic method.

1. Disciplined Rest.

Rest is indispensable for tuberculous patients, complete rest, methodic, now classified, in chair, in free air, in veranda or under a gallery sheltering from the air. The necessity of disciplined rest calls for the necessity of sanatorium. Shall we send our patients there? Personally, I am hostile to sanatorium, at least to the establishments

that are so called, such as we possess in France. The reasons are: (1) Psychic reason: the morality of the tuberculous patients must be watched well, we must guard it from all annoyances; (2) The necessary discipline is not always respected, at least in France, where everybody repugnates to observe strict regulations. Who knows not such places where the male tuberculous patients escalate the wall at night to find out women of a neighbouring similar establishment. We know that if the tuberculous patients have exaltations of sexual organs, their condition aggravates rapidly if they do not follow the greatest abstinence. (3) Almost always the patients are malnourished in sanatorium: (Cooking made for a collective body of patients). (4) They do not take sufficient care of the patients in a sanatorium. The absence of a remedy acts dangerously on the morality of the patient. The patients often witness the death of other patients occupying their chamber, which throws them in a deep hopelessness, and thus lose their power of resistance.

Therefore, it is necessary to send them in the colonies of tuberculous patients or in a family but on condition that the children and the predisposed persons must be kept aloof. Besides, we may take care of preventing contagion by the application of homœopathic remedies.

What we have opined on sanatoriums are not applicable to some model establishments as that of Switzerland, where they know how to nourish the patients, how to take care of them and how to act on their moral.

2. Diet.

Overfeeding has caused disasters. The tuberculous patients must be well fed but must not be *over-fed*. It is necessary to avoid dishes full of viands, and full of nitrogenous foods, though it is often done on a wrong idea.

It is necessary to give to the tuberculous patients vegetables and fruits, corns, farinaceous foods, and dishes of natural and simple foods specially full of *vitamins*. Here the vitamins are very important. It is not necessary to give them too much acid foods, oranges, citrons, that may cause decalcification. A varied and careful cooking is necessary to excite the taste and appetite of the patients.

3. Climatotherapy.

As a general rule, the sea-side or the high altitude should be avoided according as the case may be.

4. Watching over the mind.

Anxiety, emotions, all sorts of mental shocks and all sorts of excitement play a very important part and are dangerous for a tuberculous patient. As **Dr. Allendy** says the patient 'is desperate of life'* even when he understands

*Ultimately the technic of exploration of the unconsciousness is as indispensable as the laboratory technics are indispensable for the detection of certain clinical symptoms. If a serological examination is necessary to confirm that there is no syphilis, a psycho-analysis is also necessary to affirm if there is an affective conflict. The declarations of the patients matter little in the one or in the other case.

that his disease is becoming cured he never thinks of his future. Temporary idleness makes his habit indolent. We must watch attentively his mental sphere, give him the appropriate remedies, and when he is cured we will try to give him some profession suiting the taste away from towns if he was very much attacked (apiculture, horticulture etc.). It is regrettable that there does not exist as far as this point is concerned any good method of psychotherapy that may in similar cases help us in the treatment of our patient.

However some texts allow to have an idea of it. Personally in course of my practice during seven long years in the antituberculous dispensary of Prefecture of Seine of 17th *arrondissement*, I happened to verify this :—

If a tuberculous patient is asked, what he thinks to do after his cure, and how he is going to lead his life, it will be seen that he has nothing in view, as if his desires were not oriented towards that eventuality. I consider that experiment as particularly typical. It gives to think that very often, the disease constitutes in itself an unconscious end an evasion from the activities of life, a veritable refuge even when the instinctive movement of the patient leads him to a certain death. If it is patent that some affective troubles cause the suicidal tendency, one may observe in still more numerous cases, that the same troubles are capable, more easily, to divert regressively the vital start from its normal end towards the renunciation of the disease. This is what psycho-analysis really confirms ; we have no need of entering into a detailed study of it.

We find in homœopathy a correspondence to that state of things. The grand constitutional or occasional remedies indicated in tuberculous patients, bear in their pathogenesis an anxiety, with pre-occupation of disease and death.

Calcareo carbonica, the grand remedy of demineralisation, that is indicated in almost all patients of tuberculosis, has fear of disease, all sorts of apprehensions for troubles (misfortune). *Arsenicum* is

Such is the general treatment of tuberculosis, that we will adopt viz:—homœopathically, hygienic and dietetic.

III. Our attitude towards other methods of therapeutics.

We must now make precise our attitude as regards the methods of the official school. How should we judge them impartially, and how much shall we adopt or reject. We will broach successively: the *tuberculins* and *serums* in ponderable doses; the different methods of collapsotherapy and the method of pneumothorax, chimiotherapy, and opotherapy.

desperate ; it has fear of death, but it is pushed to suicide. *Phosphorus* has fear of death. It is the victim of sentimental or sexual pre-occupations ; *Iodium* avoids to think his intimate problems and thus falls into anxiety ; *Pulsatilla* has fear for all and thinks of suicide. *Silicea* is easily afraid and falls into anxiety thinking for future. *Lycopodium* exaggerates his annoyances, and has fear for all that life may bring anew for him. *Drosera* is anxious for life and wishes to drown itself. The *Ferrums* are anxious ; the *Kalis* have fear. All have fear for undertaking some work and thinks of death. Most of them have this particularity : *the fear of solitude.*

All this ought to be sufficient to draw our attention on the problem of psychotherapy in tuberculosis. I think that all young patients whose disease does not ameliorate immediately in the curable phase of the disease, are to be intervened by a treatment of the type. I think that inspite of well conducted medical treatment, it is the psychic condition that decides definitely the cure. Last of all, I do not know any tuberculous patient in whom a bit methodic conversation has not revealed a grave unsatisfied. My conviction is that the tuberculosis, so paradoxal that may seem to bad clinicians, must be considered as a psychic disease and should be treated as such. (By Dr. Allendy from l'Homœopathic Moderne No. 8. 15 November 1934).

1. Tuberculins, vaccins and serums in ponderable doses.

The methods in question are dangerous. *Cevy* of *Vevay* alone has remained faithful to the use of tuberculins in ponderable doses, applying it prudently and thus receiving some appreciable results, but except this author, some others (*de Kuss*) are of opinion, that this should be rejected. The homœopaths alone know how to be free from the dangers caused from these products, by diluting and dynamising them, and they never use them in gross doses.

But we can take *Allergine* and the *Serum* of *Joussel*, as exceptions if they can give in certain cases some superior results without being diluted, which is not often certain.

2. Pneumothorax and other methods of collapsotherapy.

On the contrary it is our duty to practise pneumothorax or all other methods of collapsotherapy every time when it will become absolutely necessary.

Such practices are however not free from danger. This is why the homœopaths try to avoid as much as they can, the application of pneumothorax. Inversely, there are some forms of massive acute unilateral tuberculosis, such as caseous pneumonia, that will end fatally if immediate rest of the diseased lung is not effected. The therapeutic of pneumothorax is a rational method towards which we have kept an expectant view till the end of experiments. Now we have decided in its

favour, because nothing bars us to apply our homœopathic remedies to a patient undergoing a pneumothorax treatment. Only we must follow certain officials that make the abuse of the rational method.

Some cases of pneumothorax give only mediocre or negative results. In that case it is necessary to abandon it and to take recourse to the use of phrenic ovultion, gaseous collapsotherapy etc.

3. Chimiotherapy : salts of gold.

Though we have some respect towards the collapsotherapy and pneumothorax, yet we ought to be suspicious on the action of salts of gold before experimenting them in our patients. The principle is to obtain cure by producing artificial fibrosis and sometimes it gives some undeniable effects. But it seems to us that the consequence of this treatment is very dangerous. It is true that some patients are saved by this method but several others are pushed towards death. Besides, the followers of this method formulate now many counter indications: abstinence in patients gravely attacked whose temperature is oscillating, abstinence in the case of diarrhœa of tuberculous patients, in cases of intestinal and renal troubles etc. In some patients of florid type, the gold therapy causes rapidly a very grave form of nephritis with massive loss of albumin. Although we are impartial to all doctors and healers, when we have got sufficient weapons in our homœopathic arsenal, to fight against this disease.

4. Organotherapy.

On the contrary, we will envisage this chapter with a renewed sympathy and we will apply the organopathic treatment in certain cases, unfortunately very limited, of tuberculosis.

We may, however, apply in certain cases the *extracts of spleen* and of lungs.

Insulinotherapy sometimes gives appreciable results.

When we have studied the constitutional remedies, we have tried to give their relations with the endocrinal troubles of the tuberculous patients. It is necessary to know that organotherapy plays but a secondary part in the general treatment of tuberculosis, but this is not also negligible. Most of the homœopathic remedies will act favourably to set right some deviations of this kind and some glandular disfunctions.

Last of all, the future will speak of what one thinks of the interesting methods of Auclair of treating the tuberculous patients by the extracts of the birds' pancreas. It is a new method and it is necessary to precise its exact value.

IV. Recapitulating table of the Homœopathic remedies of pulmonary tuberculosis.

It is necessary :—

1. To give to tuberculous patient *his constitutional remedy* which will often be one of the following remedies :

Natrum muriaticum, Iodium, Silicea, Sepia, Sulphur iodatum, Sulphur (with prudence), *Psorinum, Arsenicum*

album, *Lycopodium*, *Lachesis*, *Thuja*, *Graphites*, *Petroleum*, *Calcarea Carbonica*, *Nitric acid*, *Stannum metallicum* or a compound of *Phosphorus* (we must abstain from the prescription of *Phosphorus*).

These remedies will be prescribed in medium or high dilutions 30, 200, M and will rarely be repeated: once, twice or thrice a month.

Often the patient will require the prescription of two or three of the constitutional remedies successively according to the logical consequence.

Then it is necessary :

2. To prescribe one or many satellite remedies or indicated functional remedies.

(a) *Indicated by the general symptoms and the troubles of the functions of assimilation.*

WEAKNESS: *Salts of Ammonia, Sodium, Potassium*: the *Acids, Arsenic or Iron* and their compounds, *LECITHIN*.

HECTIC FEVER: *Baptisia, Rhus tox, Sanguinaria, Echinacea etc.*

PROFUSE SWEAT: *China, Acetic acid, Agaricine, Jaborandi, Pilocarpine.*

(b) *By the symptoms of demineralisation and decalcification.*

Calcarea carbonica, Calcarea phosphorica, Calcarea fluorica, Silicea, Bone powders, *Calcarea iodata, Calcarea lacto-phosphorica, Calcarea silicata, Avena sativa, Alfalfa*, Different corns.

(c) *By the psychic symptoms:*

Ignatia, Gelsemium, Platina, Kali phosphoricum, Aurum arsenicosum etc. (See pp. 141.)

(d) *By the digestive and hepatic troubles :*

Chelidonium, Taraxacum, Nasturtium, Urtica urens, Lysimachia, Nux vomica, Hydrastis, China, Chininum arsenicosum, Ceanothus, Solidago etc.

(e) *Circulatory troubles.*

*Pulsatilla, Ferrum metallicum, Arsenicum album, Cactus grandiflorus, Cratægus, Allium sativum, Lachnanthes, Ex-*tracts of thyroid, Suprarenal and myocardia.

(f) *By the symptoms of the respiratory system.*

According to the expectoration : *Stannum iodatum, Mercurius solubilis, Kali muriaticum, Carbo vegetabilis, Calcareo Sulphurica, Hepar sulphur, Balsamum peruvianum, Guaiacum, Iodoform, Kreosotum, Ichthyol, Gallic acid, Bromium.*

Above all : *Phellandrinum, Tussilago.*

According to the cough : *Senega, Sticta, Sanguinaria, Laurocerasus, Drosera, Bryonia.*

(g) *According to hemoptysis:*

Aconite, Arnica, China, Ipecac, Acalypha, Geranium, Ferrum aceticum, Hamamelis, Ledum palustre.

And it is necessary more over:

3. *To prescribe the nosodes or the appropriate tuberculin.*

Very often: *Tuberculinum (T. K.), Residual tuberculinum (T. R.), Serum of marmoreck.*

Denys (filtered effusion), *Spengler* (Immunising bodies).

In other cases: *Bacillinum, auto-isopathy, bacillary emulsion.*

Products rarely applied :

Tuberculinum bovinum, *Dialysed tuberculinum*, *tuberculin* obtained from birds.

Serum of Movigliano or *Ferrara*, vaccine of Bossan.

Products on experiment :

Serum of Jousset, *Allergine*, *Vaccine of Vaudremer*, *B.C.G.* (diluted).

Non-specific products : *Mucotoxine*, *Pyrogenium*, *Streptococcin*, *Pneumococcin* etc.

Isotherapy: phlyctenary or sanguine.

V. Conclusion, some aphorisms and some general ideas.

To treat tuberculous patients with the maximum success, we must know very well the *materia medica* and we must know how to prescribe the exact remedy, and still more a *method and tenacity*.

What is of the prime importance, is the necessity to set up a balance sheet of the gain and loss of the system of a tuberculous patient. Before immunising him we must give him *some force and weight*.

In order to establish the balance sheet, to renew the forces of the patient and for the prescription of the constitutional remedies or of the required tuberculin, we must be guided by the *chart of temperature and of weight*. It is good to note the remedies of high dilutions on the chart that will be made for the patients and their dates of application, in order to know exactly the actions of those remedies during the following days. *This is capital*.

While under the influence of the treatment, the organism of a tuberculous patient gradually eliminates the toxins, it began to remineralise and recalcify itself proportionally. In this respect, the homœopathic remedies not only act centrifugally, but also centripetally. It is necessary to precise in future how the same remedy produces the double action.

Acting in this way, we will see that it is relatively easy to maintain a balance for a long time or to have a equilibrium in the health of the patient attacked by tuberculosis. In other words, in very grave cases where cure is impossible, we may at least make the patient live for a long time. It is very difficult to have a complete cure which is persistent, and without any sequelæ. To do so we are to immunise the patient very deeply by the application of *diluted tuberculins*—of course where it is possible.

The serums and tuberculins should generally be prescribed very rarely. For example, we may give at an interval of eight to fourteen days a dose of constitutional remedy, intercalating with it at an interval of two months a dose of tuberculin. This rule has several exceptions.

For the reasons of the delicate prescription of the tuberculins the practitioners who have just begun their practice, must consult their experienced colleague.

We must recall always the differences that exist between a pretuberculous condition or a tuberculous condition or extra-pulmonary tuberculous patients on the one hand and phthisic on the other. The first has the need of the maximum pure air and the sun. Its

decalcification on the roots of the teeth, is often rapid, but it may regain weight as rapidly as it has lost it. The second, specially when the patient is gravely attacked, must adapt himself to a new life with restrictions: restrictions of combustions that may cause incendiary effect (here collapsotherapy has good effects); restriction to remain in the sun, because it may cause hemoptysis. The weight that the patient has lost may be regained only slowly after a great patience and therapeutic efforts.

It is classic to say and to admit that the patients having "respiratory insufficiency" caused by the lesions of the nose and of the nasal cavity (hypertrophy of the chonchæ, big tonsils, adenoid vegetations etc.) become rarely patients of pulmonary tuberculosis. Therefore it is often dangerous in some cases, in patients who are predisposed, to operate systematically and repeatedly the hypertrophied adenoids. The patients that carry in them some lesions of the naso pharynx and have respiratory insufficiency will not become patients of pulmonary tuberculosis.

It is necessary to signal here *the predisposition of a tuberculous patient to parasitosis*. Often these patients have troubles of intestinal parasites, that cause aggravation of their diseases; but the phthisics often suffer from acnes; it is then necessary to act locally against acne and often we will have a general amelioration in treating it.

The prognosis should be made on the curve of the temperature and weight, not on the modifications of local symptoms of auscultation. A well conducted homœopathic treatment surely gives some results better than

that of any other method of therapeutics. But where the case is very grave and the cure is impossible we may have to prolong the life, at least, of the patient and ameliorate some symptoms, that are not surely negligible.

APPENDIX.

SYMPTOMATOLOGY OF KOCH'S TUBERCULIN*.

GENERAL SYMPTOMS.

Diminution of weight. Malaise.

Paleness of the face, bad humour.

Defects of nutrition. Rapid diminution of energy.

The patients do not feel affected. Progressive emaciation which is marked.

Excretion of albumen which ceases after injections.

PSYCHIC SYMPTOMS.

Melancholic delirium.

The patient weeps, he does not know where lie his defects.

He is pulled down, has no courage.

Weeping mood, feels himself very unfortunate; depressed hypochondriac look.

Malaise, fatigue, hopelessness.

*See Page 2.

Agitation, precordial pain.

Numbness with shuddering, pains in the head, extremities and in the back.

Obnubilation of the sensibility.

Somnolence, weakness, nausea.

Sensation of becoming mad with trembling.

The children and women seem to be pulled down and gravely ill.

Slight confusion, cannot find the proper word; confounds persons, does not recognise his surroundings, stupor, fatigued sensation.

Cannot think, weakness of memory.

Sometimes maniacal; two hours after the injection the patient wishes to go out of bed, fantastic, does not recognise any person.

Delirium, coma.

Collapse after a violent chill. Somnolence with dyspnoea and cyanosis.

Collapse with overactivity of the heart.

Convulsion at 7 o'clock in the evening, that reappears during night.

Violent hysteric convulsions, thrice in children who are very much hysteric, once in a young patient, without any nervous antecedents.

In one patient attack of epilepsy.

Grave symptoms of meningitis.

Patient feels very ill. General uneasiness.

NERVOUS SYSTEM.

(a) SENSIBILITY.

Weakness and throbbing. Headache and prostration.
Weakness.

Very great general depression with trembling.

Depression that always persists.

Great fatigue of the whole body and extremities.

Headache.

Cramps in legs, vertigo.

Diminution of appetite. Weakness of the extremities.

Chill. Pain in extremities and in head.

Neuralgia, myalgia, paresthesia.

Formication, coldness, pruritis, burning, pricking
sensation.

(b) MOTILITY.

Hysteric cramps.

Cramps in legs and face.

Cramping pains, in stomach and in belly.

SLEEP AND DREAMS.

Somnolence.

Insomnia with fever. Bad sleep.

Painful nights with sensation of heat.

The patient tosses and agitates in the bed.

Some very painful attacks of the back awake the
patient.

The patient sleeps too much.

Mediocre sleep, interrupted by cough.

Insomnia and confusion of the mind.

Many patients without sleep; there were few willing to sleep.

Insomnia in a series of patients injected.

Bad dreams, excitation.

FEVER.

Sensation of coldness in the heart, in the stomach, with formication.

The temperature rises to 39°C . Chill, heat, unnatural fall of temperature after reaction. The temperature rises anew after injection on the following day.

Chair de poule on the whole body with very great shivering.

Chill lasts for half an hour or one hour, followed by heat.

Chill during the afternoon, followed by weakness.

Chill with shivering even without fever.

Temperature after the application of 0.005 *mgs.* of Tuberculin : 40°C , with 0.01 *mgs.* of tuberculin 41°C .

Chill with diarrhœa.

The fever instead of being intermittent becomes continued with evening rise.

21 to 22 hours after the injection, the temperature rises to 41°C .

Moderate fever, becomes hectic.

The temperature rests at 35°8C, 35°5C, the fall lasts for several days.

After the second or the third injection the temperature remains still high. The fever after injection lasts for 14 days.

Chill and sweat. Hectic fever with continued type of temperature or remission after a week.

Fever lasts for 2 to 52 hours.

Chill in 80 out of 700 injections.

The fever lasted 3 weeks in a leper woman with 0.0008 mgs.

Sweat. Abundant sweat bathing the whole body. Sweat on the day of injection even without fever.

Sweat during the fall of the fever.

SKIN.

Chair de poule on the whole body with severe chill.

Pruritis, burning, pricking.

Slight icterus of skin and mucous.

Cutaneous hyperemia, exanthema on the chest and neck.

The portions attacked by lupus begin to swell during the chill and become red. It is surrounded by a white circle of one centimetre which itself is surrounded by a deep red zone.

Scarlatina form exanthema on the whole body. Red balls on thighs and on abdomen.

The back, excepting the neck and the shoulder is marble white with patches of 10 Pfenning piece, patches

on the breasts and in the arms, of which some are vesicles.

Bluish red vesicles on the two eyebrows, forehead, root of the hair, with numerous purulent pustules in the forehead.

Erythema, exanthema after injection. Urticaria, dermatitis, herpes zoster with occipital pain, erysipeloid eruption spreading from the nose to the cheeks, without movement of fever.

Papulous exanthema.

Cicatrices left by suppuration or extirpation of tuberculous glands becomes red and painful after few days of the injection.

The gum on the inferior incisors ulcerate.

Tongue, coated, raspberry like. Painful ulcers of lips and teeth.

Aphthe. Dry, coated tongue. Tongue with vesicles that leave painful and superficial ulcers.

The tongue resembles that of a scarlatina patient.

The point of tongue is very red. Small pustules on the sides of the tongue that sometimes suppurate, tongue swollen, very painful.

Salivation, coated tongue.

Bad taste as if of rancid fat.

Many complain of a metallic taste in the mouth.

Enormous swelling of the skin on the carious portion.

The granulations are very vascular and bleed.

Suppuration augments the scar.

BONES AND JOINTS.

The febrile symptoms augment the tuberculous swelling of attacked patients, abundant effusion is seen in their capsules.

Pains in back and articulations ; multiple pains.

Pain, swelling of joints, with effusion, pain when pressed and by the least movement.

Aggravation of acute arthritic symptoms was seen in left hip joint after each injection.

Swelling of the two knees after each injection.

Swelling of the capsule of the knee-joint, of the peri-articular soft parts. Synovitis of the knee.

Lancinating pain in the articulations of the feet; towards the evening the patient feels his skin distended.

Tuberculous osteitis of the right tarsus with augmented secretion of the right index.

Severe pains in the elbow.

In a case of multiple osteitis swelling of the skin was seen, the following day *some* bluish balls at the ends of the fingers, then gangrene that spread up to the phalanges.

The right carpal and elbow joints are the seats of painful swelling with purpurial eruption.

HEAD.

Vertigo, malaise, headache.

Confusion in the head, slight vertigo.

Nocturnal Headache augments up to the morning.

Headache with gastralgia and violent vomiting, with loss of appetite, and extreme weakness.

Vertigo, sweat, trembling.

Malaise and pains in the limbs.

Supraorbital neuralgia.

Pains in the head.

EYES AND VISION.

Œdema of the eyelids. Herpes of the eyelids.

Acute Keratitis, three days after the injection with circum-corneal congestion and ulcer 4mm long in the inferior section.

Icteric tinge of the cornea, scleral icterus.

Palpebral and ciliary conjunctivitis.

Violent pain in the eye, superior palpebral œdema, abundant lachrymation, redness of the conjunctiva, pus, photophobia, diffused corneal trouble, swollen epithelium. Numerous small balls full of water, bordering the cornea.

Abundant secretion of eyes, mixed with pus, vascularisation, ulcers just out. Lachrymation and secretion of pus.

The day following the injection, corneal redness and photophobia.

Marginal keratitis of the right eye; injected and red conjunctiva, photophobia, pain.

Recurrence of conjunctivitis after each injection.

The eye is very red with marked photophobia.

Slight eruption of herpes around the cornea.

Afflux of blood to the episclerus, pus mixed with the lachrymation.

Pains in the eye, or in both the eyes, in the ciliary region. Burning, pains, and dilatation of eyes.

EAR.

Buzzing and pains in the ears.

Pain with the sensation of a foreign body.

Violent otalgia with facial paralysis.

From the first injection, the flow from the ear became intense.

Otitis not so intense, that seemed cured, reappeared after injection, with hyperemia of the tympanic membrane.

Swelling of the skin in the mastoid region, with hyperemia, very painful to touch; secretion mixed with blood.

In two cases, in patients with healthy ears, otitis media is seen. The secretion augments, the tympanic membrane perforates. Facial paralysis of the same side.

NOSE.

Redness and swelling of the nose, of the upper lip and of cheeks.

Herpes of the nose, epistaxis, after two injections.

Repeated Epistaxis; the whole nasal mucosa red and swollen.

Interior of the left nostril ulcerated.

Augmentation of secretion.

Violent catarrh of nose, abundant secretion from the root of the nose.

Burning and sensation of dryness, within the nose and throat.

FACE.

Sensation of heat, burning tension of the face, redness after two hours of the injection. Headache.

Redness of the face. Œdema of the eyelids.

Redness of the upper lip, of cheeks and of nose.

The head is very red, the eyes are like fire.

Crusts on the upper lip.

Pustules on the forehead, above the eyebrows, extending on the forehead.

Labial herpes, specially in children.

MOUTH.

Pains in the incisors, in the head and in the forehead.

Shaking sensation in teeth.

PHARYNX AND THROAT.

Swelling of the tonsils and of the pharynx.

Throat pain.

Slight hemorrhage from the tonsil (left).

Sensation of ulcer and swelling of the throat, dryness.

Membranous vault of the palate and the tonsils, are red blue and swollen.

Patches, like diphtheria.

Deglutition is a bit painful.

Swelling of the epiglottis which is red, and bleeding.

Pains in the throat in the morning, dryness, burning. Deglutition difficult in the morning, to such an extent that the patient cannot take his meals. Pain in the left or on the right of the throat.

Painful swelling of the two lobes of thyroid.

STOMACH.

Loss of appetite, without the tongue being coated.

Loss of appetite, with sensation of pressure in the stomach, dry tongue, with anorexia.

Vomiting, nausea and frequent vomiting.

Vomiting during chill, often in the evening when the fever is highest.

Nausea and gastralgia with vomiting, with headache.

Vomiting with cold sweat, great weakness, incoercible, lasts for three days after injection. Vomiting with epistaxis, and chill.

Headache with tearing sensation, colic, great sensibility of the stomach and of the umbilical region.

Cardiac pain, very great pain in the waist.

ABDOMEN.

Pain of the belly and of stomach, with vomiting.

Liver. Marked icterus, persisting for several days.

Icterus of the skin and of conjunctiva. Violent pain in the region of the liver.

Swelling of the spleen. Tumour of the spleen.

Painful tension of the abdomen.

Swelling of the abdomen in each period of reaction.

STOOLS.

Eight diarrhœic stools in 24 hours.

Diarrhœa 12 hours after the injection and during 2 days.

Diarrhœa with vomiting, with lowering of temperature.

Diarrhœa with headache, malaise; diarrhœa—watery, mixed with blood.

Relapse of diarrhœa compels the injections to be withheld.

URINARY ORGAN.

Urinary tenesmus painful (vesical tuberculosis).

Brown red urine with yellow froth.

Quantity of urine from 1,300 *cm.* to 360 *cm.* with trouble due to albumen, with quantity of urates and traces of albumen.

Urine very scanty : Urethra painful, right kidney and the region of urethra are painful on pressure.

Albumen increased. Urinary tenesmus, polyuria, slight hematuria, accentuated albuminuria, at first diminution then augmentation. The quantity of urine was double.

Pain in the region of urethra, of the lower abdomen, and right kidney, in a patient with albuminuria.

Swelling of the right kidney. Swelling of kidneys.

Ephemeral renal irritation, urine is like blood for a few days.

Augmentation of the urine with little albumin.

Polyuria. Quantity of urine very often 2,000 *cm.* in nine cases 3,000 *cm.* was obtained, once 6,000 *cm.*

Abundant albumen with granular and hyalin casts.

Peptonuria. Albumen 8 times in 37 cases.

Pain in the renal region. Acute hemorrhagic nephritis.

SEXUAL ORGANS.

(a) MALE.

Swelling and pain of the right testicle.

Pain on the tunica of one tuberculous-testicle.

Hydrocele and tuberculous epididymitis.

Fistula of the scrotum with adherence (cicatricial) to the testicle.

The tunica thickens, swells, becomes painful,—an injection caused hydrocele of both sides.

Swelling of the prostate, erythema of the penis.

(b) FEMALE.

Period of menstrual flow antedates a week.

RESPIRATORY ORGANS.

Pricking sensation in the larynx. Small red patches at the mouth of the trachea. The unfolding of the right vocal chord is observed. On the upper limit of the larynx, under the vocal chords, are seen two points slightly jutting out, mounted with red patch, in the middle. At the third ring of the trachea a lentil-like ulceration is seen. Pain in the neck.

Aggravating pain on the posterior wall of the larynx. Tubercles on the posterior surface of the larynx, at the base of the arytenoid cartilage; on the posterior wall lentil-like vegetation. Gradual swelling of the aryepiglottic fold, some oval and pale points under the anterior commissure, on a red mucous. Thickness of plait between the arytenoids increases and is gradually covered with thick patch.

Swelling and redness of the larynx; œdema, ulceration.

Aphthus swelling, swelling of the left wall.

Swelling of the vocal chord (left); turgescence of the mucous and swelling of the vocal chords.

Slight pain in the left half of the larynx with difficult deglutition.

Notable hyperemia of the larynx.

Œdema, granulation and new ulceration.

Swelling of the aryepiglottic fold.

Pain in the larynx, with itching and husky voice.

Burning and dryness of the throat and of the trachea.

Great sensibility to touch, some circles of lupus are seen at first.

Aphonia, hoarseness of larynx. Nasal voice.

Violent pains; itching of the larynx, stridulous irritation.

COUGH AND EXPECTORATION.

Irritating cough, frothy expectoration, pricking in the larynx.

Cough brings up every time phlegm full of bacilli.

Cough augments, sputum without any special characteristics at first, but gradually becomes foamy and purulent.

Lump of pus under an abundant liquid.

Very dry cough with oppression.

Cough augments and makes expectoration more or less easy.

Sputum, first of all in small heaps, changing into a homogeneous mass.

Dry cough, irritating in the evening.

After an injection, the patient begins to hawk up scanty sputums full of bacilli.

Quantity of sputum increases.

Mucopurulent sputum, thick and profuse at first, contains some elastic fibres.

Quantity of sputum increases, foamy, purulent and exclusively foamy.

Cough irritating at night, causing some pain radiating in the arms. Cough disturbs sleep.

Globulous sputum, sufficiently abundant and purulent.

Intense and irritating cough, with augmentation of sputum.

Expectoration becomes more difficult and gradually causes oppression.

Cough with abundant sputum and chill.

Pain in the left side in the evening.

Cough with dyspnœa. Increasing cough.

Expectoration of clot of blood with fine arborisation of the bronchii. Cough augments after each injection.

Expectoration, first of all none, augments after each injection.

Irritating cough, tiresome to the surrounding peoples. Slight hemoptysis.

Sputum has the colour of blood.

Abundant hemoptysis, lasting eight days. Hemoptysis after the first injection.

In a case, pleurisy was complicated with hemoptysis.

RESPIRATION.

Oppression, loss of breath, marked dyspnœa.

Desire for cough, dyspnœa augments rapidly with great frequency of pulse.

Acceleration of pulse and of respiration.

Slight cyanosis, sensation of pressure, choking sensation, asthmatic spasm.

Dyspnœa, cyanosis, Cheyne-Stoke respiration.

34 respirations in a minute, then 17 deep respirations, then 34, then a break for 4 to 5 seconds. This type lasted three hours.

Longing for air and choking sensation in one-fourth of patients.

Very weak doses may act on the temperature, the frequency of pulse and on respiration. When the dose is repeated the frequency of pulse and respiration becomes more marked and the temperature rises, sometimes temperature rests to the same degree.

Notable acceleration of temperature, weak inspiration, irritating cough, the dyspnœa is distinctly heard, even when the larynx is widely open. Accessory respiratory muscles enter into play, the dyspnœa may end in orthopnœa. Respiration may rise to 60 to 70 in a minute. Respiration changes in frequency, rhythm, and regularity.

Cannot feel the pain, coma, œdema of lungs, great dyspnœa and cyanosis. Attack of pulmonary congestion and dyspnœa.

Some patients suffer the dyspnœa extremely though actually it is not so acute. Others feel much oppressed when they are really not so, and there are others who are really oppressed and feel so. Often dyspnœa is the first symptom to be observed.

In two patients lupus of the face and of the forearm, eight days after the injection, with a temperature $37^{\circ}4\text{C}$,

pulse 78 per minute, and no oppression with a pulse 42 per minute. The respiration becomes 20, then 17 and lastly 7 per minute being very irregular, stopping for 3 to 4 seconds, then reverts to the original character. The succession of these symptoms was observed for one hour, then all became regular.

Asthma with elevation of temperature.

AUSCULTATION AND PERCUSSION.

Rough breath sound above and on the right shoulder blade. A point that was extending yesterday, out of the scapular line attacking the base of the lung, indicating an effusion of about 7 c.m., gradually attacked the healthy tissue, where fine râles were heard. The effusion occupied an area the size of the palm, at first with a bronchial sound then in the evening the sound became crackling then tubular.

At an angle of the right shoulder blade, and above it the sound is less deep than on the left, some bronchial râles are heard in that place, some very fine râles and crackling sound.

Augmentation of the vocal fremitus.

Vascular râles prominent at the left point of the shoulder blade and isolated râles.

On the left, the pulmonary effusion is intense and augmented.

On the left under the clavicle, the effusion descends upto the second rib, bronchial sounds and sombre râles.

Pleuritic symptoms and râles in a lung at first healthy. Catarrh at the base of lung.

In a patient who was cured in Dabos and in high mountains, real bubbling râles were heard and catarrh at the base of the lung was detected.

Numerous bronchial râles in the entire left lung. Râles at the back of the right upper lobe.

Humid râles.

Effusion manifests with crackling râles.

Appearances of râles where they did not exist. Pleuritic sound succeeding injection.

In one case injections were succeeded with cavities. In other patients there was effusion exactly where râles existed.

Effusion spreads on the right apex. Whistling inspiration.

Râles in right lung. Production of pneumonic infiltration after the injection.

Left sub-clavicular effusion. Double pneumonia of the inferior lobe. Infiltration of the upper lobe of the right lung. Pleuritic exudation, effusion spreading. Effusion succeeds cavities. Acute catarrhal pneumonia. Rapid formation of cavities.

Fine râles on the right apex; on the left apex, rough breathing, after 3 injections.

Fine râles in the back and in the base, crackling in front.

Ronchii and effusions in new points; infiltration. In eight cases symptoms of cavity.

Pleurisy on the left. Pleuritic friction seems to be the effect of injection. Formation of exudative pleurisy.

Dry pleurisy on the left with exudation rising up to the point of shoulder blade.

As a result of a last injection an aggravation with augmentation of double exudation was produced.

Formation of new pleurisy succeeding another, dry pleurisy.

Pleuropneumonia with violent fever.

CHEST.

Oppression, causes pain in the chest. Pressure and shooting pain on the right side.

Squeezing of the chest, behind the sternum.

Tension at the summit of the left lung.

Precordial pain. Violent oppression and dyspnoea.

Hurried respiration. Pain on the right side. Shooting.

Violent pains in the thorax with chill.

Lancinating pains in the chest, on the right side.

Violent pain in the place attacked with pleurisy.

Pain in the left side under the ribs, lancinating pain in the apex of the lung.

Pain and pressure in the right summit.

Pain of the chest and of the *sacrum*. Violent pains, lancinating on the right side with dyspnoea.

Oppression and pain on the left side.

HEART, PULSE, CIRCULATION, BLOOD,
LYMPHATICS.

Strong heart beat during fever. Acceleration of the heart.

Grave weakness of the heart, sometimes it becomes difficult to count the pulse.

Marked arrhythmia of the heart. Collapse, weakness. Musical noises of the heart.

Angina with tachycardia (pulse 140) with oppression felt by the patient in the precordial region; dyspnoea.

Beating of the heart, pulse 120-130-150-160.

Pulse full and distended. Pulse 144, small and feeble.

Weakness and collapse, temperature 34°8C.

Pulse accelerated with cardiac pain. Pulse almost imperceptible, irregular, weak, frequent, cyanosis.

Pulse rapid even without fever.

Constant symptom of reaction and pulse 140 and even 180 per minute.

Pulse 132, small depressed. Pulse 152, very small.

Arterial tension, subdirotic pulse, without being completely dirotic.

The rapidity of pulse is proportional to the elevation of temperature. Pulse slow.

Frequent hemorrhage from different organs.

Diminution of hemoglobin by 10 to 30%. Anemia is indicated by the paleness of the skin and of mucous.

Chlorosis. Leucocytosis, diminution of hemoglobin.
Anemia.

Lymphatic glands are sensitive and enlarged.

Submaxillary glands, less enlarged. Group of glands
in the neck. Painful swelling of the inguinal glands.

Inflammatory reaction of the enlarged glands.

Submaxillary and maxillary glands are swollen.

Painful swelling of the submaxillary and axillary
glands.

Glands rapidly suppurate.

Glands of the armpit, of the groin, under the
maxillæ, of the sterno-cleoido-mastoid are swollen.

Herpes zoster with swelling of the gland.

During injections, the glands enlarge and begin to
suppurate.

Femoral and inguinal glands swell and are
painful.

BACK.

Chill and violent pains of the back. Pain augments
in tuberculous coxalgia.

Terrible pains of the back, radiating upto the legs.

Pains in the chest, back, lumbar vertebræ, with pain
in the heart and acceleration of respiration.

Pains in the kidney and chest. Shooting pain in
the kidney.

Pains in the cervical vertebræ, in the kidney and in
the belly.

Pains of the kidney and general weakness.

Pains of the head and back. Pain in the vertebra.

Dragging pain in the kidneys.

EXTREMITIES.

(a) IN GENERAL.

Heaviness of the extremities, dragging pain.

Pains in the limbs with chill and weakness.

Pains of limbs and of joints. Weakness of legs.

Pain in the limbs.

Violent pains of the limbs and the head.

Great weakness of limbs, shooting pains, the patient can hardly move in his bed.

Pains in the limbs with headache and chill.

(b) UPPER EXTREMITIES.

Dragging sensations in the shoulders.

Paresthesia of the upper extremities.

Radiating pains in arms caused by cough, in the left arm after expectoration.

Paresthesia of the arms, of the left arm.

Considerable swelling and pains of the affected arm.

Painful dragging sensation of the whole arm (left) and of the shoulder.

(c) LOWER EXTREMITIES.

Pains going from back to the left leg and the right subclavicular region.

Pains of the muscles of the thigh and dragging sensation in the kidney, in the thigh upto the knee.

Leg is painful to touch and seems hot.

Lancinating pains in the lower extremities.

Weakness of the legs.

Pains in the legs, paralysis of the sensory and motor nerves of the legs and of the waist, upto the 6th intercostal space.

Frequent cramps of the legs.

Drawing and jerking of the legs.

Terrible pains along the tibia.

Painful dragging sensation of the legs.

MEDICINAL EFFECTS OF TUBERCULIN.*

The study of the symptoms of *Tuberculinum*, with respect to the organs of elimination :

The mucous areas. Conjunctiva, mucous of the ears, nose, larynx, bronchii, mucous of the digestive system, particularly of the stomach and intestines, excretory canals of the liver and the kidney, of the bladder, of the uterus and of the vagina.

The serous areas. Hydrocephalus, hydrorachitis, pleuritis, peritonitis, synovitis, teno-synovitis, hydrocele etc.

The skin. Various exanthema, secretion of sweat. Besides elimination of *tuberculin*, the skin plays a part in partial destruction of its noxious effects. It seems true that the cells of the body specially the cells of the liver have the power to destroy these noxious effects.

All glands participate in the elimination and the destruction of the poison; the most active agents are the mononuclear leucocytes generated from Malphigian bodies of the spleen and the germinative centre of lymphatic glands.

We can easily understand why the lungs are particularly sensitive to *Tuberculins*. From the lymph the *Tuberculin* passes directly through the heart into the alveolar-capillaries and produces diapedesis, resulting infiltration of the lungs leading to cicatrical contraction.

In the vascular system the first effect is arteriosclerotic lesion. Hemoglobin is broken up, a part of which is

*See page 15.

taken up by the spleen and the liver but the greater part is eliminated by the intestines. The constant loss of iron causes anemia in scrofulous and tuberculous subject.

Tuberculin at first stimulates the nerve centre, then depresses, causing atony and atrophy of muscles and connective tissues,—the atrophy of striated muscles well known in the tuberculous and scrofulous patients is caused by it; on the plain muscles it causes atony *ergo* dilatation of the stomach; on the voluntary muscles—fatty degeneration and yellow atrophy. These lesions are produced by the direct action of the poison on the anatomical elements, and by the vascular troubles and pressure atrophy caused by the infiltration of small cells surrounding the connective tissue.

The acute effect of *Tuberculin* is miliary and sub-miliary tuberculosis; the chronic effects are various. Hahnemann knew them perfectly as Psora or Tuberculinic.

The *Tuberculin* is in our hand a polychrest; it is a constitutional remedy *par excellence*.

To have good effects from the high dilutions, it is necessary to know first of all the symptoms that it produces.

A high dilution has no action either on healthy subjects or on sick people unless it is homœopathically applied. This fact is very well known to all homœopaths. A healthy man will experience no effect of *tuberculin* when applied in high dilutions.

The *tuberculin* in high dilutions acts on the vital force in such a way that the *Tuberculin* that circulates

in the blood or fixed in a cell is excreted out of the organism.

From his experience, **Nebel** has verified by post mortem that in a guinea pig the tuberculin in 1.200th dilution produces all the different phases and multiple lesions of tuberculosis in man.

If we examine an isolated tubercle taken from a lung we will see : In the centre of the tubercle, several giant cells of which the protoplasm and nucleus are in a state of destruction which is very difficult to stain, the rest of the tubercle is formed of epithelial cells with nucleus mingled with each other. The periphery of the tubercle is formed of a zone of mononuclear leucocytes, whose progress towards the centre even penetration into the protoplasm of the giant cell is very well detected. This invasion of leucocytes is not symmetrical even on the same tubercle. They heap up, where the substance is the most affected.

The leucocytes go to the centre of the tubercle, charge themselves with the poison and with the debris then bring back in the circulation where the Tuberculin provokes the action of defence. The more there is tuberculin in the organism the more the leucocytes travel and more the tuberculous poisons penetrate into the blood.

Thus we can explain why a 30th to 1—200th dilution or even higher dilution may produce the same degree of aggravation as was obtained by the students of Koch with doses of *Tuberculin* ranging from 0,001 to 0.1 cc.

The brain is the first to be attacked. The irritation travels from the brain and goes to the medulla oblongata

passing through the vaso-motor centre. Thus the rare and often contradictory symptoms have their explanation. Melancholia and mania, insomnia and somnolence, are caused by the progress of the irritation.

The author cites a case of melancholia which after a treatment with *Hyoscyamus* 13th, *Platina* 13th was greatly ameliorated by *Tuberculinum* 1.200.

In neurasthenia of infants and adults and in nervous children (Burnett) *tuberculin* is still more useful. In adult it is followed by *Sepia*, *Calcarea* etc. Neurasthenia is very often caused by tuberculinism. It has several changing aspects, particularly the chronic Gonorrhœa takes its worst form in the organism affected by tuberculosis.

In the light form of hysteria, the high dilutions give very good results, if the patient and the doctor have sufficient patience.

There are other medicines that act better in epilepsy; in the first month the treatment always causes aggravation. According to the constitution and symptoms *Tuberculin* 1.200 to 4.00 is alternated with *Calcarea*, *Silicea*, *Sepia*.

The writer gives some antipsorics after *Tuberculinum* in 200th rarely in 30th.

In post basic Meningitis, the medicines act well when the critical excretions, sweat, urine, diarrhœa, exanthema, commence. The dose must be repeated when a new aggravation is seen. As an exception the author applies 1.200 and at the same time hot bath and compresses on the head. We can cut short the disease in three days

and then commences the thinning which lasts from 14 days to three weeks. According to the indications we apply alternately *Sulphur*, *Silicea*, *Calcarea* in the 30th.

Sometimes the paralysis which is more or less marked in the lower extremities and which corresponds to *Sulphur*, suits *Tuberculin*, which is alternately given at an interval of eight to ten days.

In insomnia of Tuberculosis it is, with *Sulphur*, *Calcarea*, *Sepia*, *Silicea*, one of the best remedies which must be interposed with other antipsorics.

The affections of the Skin acted upon by Tuberculin are extremely varied. It has a very great action in milk crusts; but there are some counter indications also.

It should be applied in chronic *eczema*, but with great care specially in cases of apoplectic aspect and weakness of heart. All types of *eczema* fall within the range of action of Tuberculin. In *psoriasis* it often causes aggravation; it is here almost similar to *Thyroidin*. In case of failure, *Sepia* and *Graphites* are to be tried. Indolent pustules and isolated acne on cheeks and labial fold are often an indication of Tuberculin and are cured by the 30th potency.

Urticaria and *Erythema* of children are well cured by its application.

Travelling and gangrenous types of erysipelas are aborted by *Tuberculin*.

In *lupus* the author has little to say: in cicatrical form Tuberculin acts very slowly in 200th and in 30th, as a local compress or subcutaneously. The less the tissue is vascular the higher will be the dose, in recent and su-

perificial cases the Tuberculin acts very well. According to the pathogenesis, it provokes an eruption and conjunctivitis, coryza and bronchitis are very rarely noted. In many cases *Morbillinum* of Dr. Young follows *Tuberculin* in high power. In diseases of joints and bones it is a better remedy. In serous, fibrinous and fibrous forms of acute and chronic arthritis we should begin from 4.000 to 1.000 and should gradually arrive at 200th and 30th. We can come more rapidly to our aim by injections directly to the joints or by external compress. It is necessary to remark that when the bones are the seat of diseases, the remedy has high diagnostic values. The author combines its application with the decoction of *Equisitum Arvense*, hot compresses and an ointment with the mother tincture of *Scrofularia nodosa*. In old persons the cure comes very slowly and requires a very prudent medication.

In headaches *Tuberculin* should be applied for a long time from above 100 and intercurrently with the 30th.

Conjunctivitis, keratitis of scrofulous origin are cured in dilutions above 1.000 as well as the scrofulous affections of nose and pharynx.

Tuberculin is a useful remedy of gastric and bilious fevers as well as of the chronic gastro-intestinal affections. It has also a very good application in diarrhœa and constipation; in each case it helps the choice of remedy from the series of *Sulphur*, *Calcarea*, *Sepia*, *Lycopodium*, *Graphites*.

We know that the liver plays a very important part in the elimination and destruction of Tuberculous poison. It gets into that organ through the veins and the hepatic artery.

We find the cells of the liver are atrophied, then entirely disappear and leave in their place a cicatrix. This poison may again come into the liver from the portal vein by the absorption of the contents of the stomach and of the small intestine, where the tuberculous virus is introduced by milk, meat, pork etc. In that case the indications of *Sepia* become those of *Lycopodium*, the liver gets atrophied and hemorrhoids appear and because of the insufficiency of the function of the liver, symptoms of gout appear.

Tuberculin is indicated in the acute and chronic troubles of kidney, but in this case we must be very prudent because the effect of application of high dilutions, when the function of the liver and intestines is hindered, is obvious. The medicine is indicated in polyuria or in the diminution of urine, and in enuresis. In diabetes, it has not given good results.

In malignant tumours of the breast and in the genital sphere it has obtained good results: Metritis, leucorrhœa, salpingitis, acute or chronic, the menstrual troubles and even hydrocele and chronic prostatitis.

In acute or chronic gonorrhœa the author, if the ground is a scrofulous one, gives alternately *Tuberculin* with *Gonorrhine* 30th and between these two products *Corrosivus* 30 and *Thuja* 200 have given satisfactory results. Even he gives alternately *Tuberculinum* with *Syphilinum* 200 and has got very good cure within three months.

In tuberculosis, in cases without fever of pure bacillary origin, the result is remarkable provided that

the elimination is well conducted but it is dangerous to come down below 1000. In patients where the Strepto-Staphylo-Pneumo co-exist in the bronchi, when the tuberculous bacilli remain after washing of the sputum we must take the same care. But in most of the mixed infections existing in phthisic patients the sputum is full of very virulent type of microbes side by side with Tuberculous virus. If the heart is normal the author begins with *Tuberculin* 1000 or 2000 when there is no other indication of a different remedy. Controlling with care the temperature and the critical excretions that may appear he allows the dose to act, as long as the results are apparent from eight days to four to eight weeks. Then there appears a complex symptom that makes the selection of the proper antipsoric remedy easy: *Silicea*, *Lycopodium*, *Phosphorus* etc. After a little interval he applies a nosode corresponding to the microbe contained in the sputum in the greatest number. If the result is good, the dose is renewed or according to the symptom it is better to give intercurrently the indicated antipsoric remedy.

In mixed and progressive affections the Strepto-Staphylo Pneumococcines must not be given below 500. The author uses 1000 and 2000 because he has obtained very troublesome aggravations with 30, 100, 200.

Thus the patients who were doomed to death come back at the end of one or two years with a normal temperature and a notable loss of the lungs. We can always have this result if the patients wish and can afford to be treated, if the heart resists the attack of the tuberculosis, the liver and stomach function well, and if the patients do not expose themselves too much to varying

temperature. Because of the active exchange of the mineral matter in a tuberculous patient the diet must be very well regularised, specially the vegetables with which we must add the physiological salts in lower dilutions. *Calcarea Carb.* 3 to 6, *Calcarea Phos.* 3 to 6 and from time to time according to their indications *Cactus Grandiflorus*, *Crategus* M. T., *Chelidonium* from M. T. to 30th, *Taraxacum* M. T., *Nasturtium* M.T., *Urtica Urens*, *Tussillago*, *Lysimachia* M. T., for a short period.

The first dose of *Tuberculin* in a grave case is the most important; before applying it we must examine the heart with as much care as it is done before the application of chloroform.

The choice of medicine in the treatment of phthisis is very difficult, because the results in advanced cases are much less encouraging; but a blamable routine must always be rejected.

When a minute examination counter-indicates *Tuberculin*, we must search for the indicated antipsoric remedy.

In scrofulous or tuberculous asthma the *Tuberculinum* is without a rival; but we must first of all attend to the heart and will use the usual antipsorics.

In pleurisy when the cause and the symptoms are considered, *Tuberculinum* is indicated, but we should always take care of the heart and secretions.

There is one kind of diphtheria, quite similar to the real but where the bacilli is not found. This is diphtheria of the mucous membranes which may be caused by the application of *Tuberculin*, and the author has obtained the

proper elimination within two hours by the application of a single dose of *Tuberculin* 1.200. He has used it twice in 1.200th alternately with the *diphtheric* toxin in the 30th with excellent results.

A single dose of *Tuberculin* is sufficient in bronchopneumonia and capillary bronchitis of children but in this case we will be very prudent and only one dose should be applied.

The brown atrophy and fatty degeneration of the heart which are the frequent results of tuberculosis have for their remedies: *Calcarea Carbonica*, *Sepia*, *Graphites*, *Phosphorus*, *Silicica* as preventive remedies, but prudent application of *Tuberculinum* in rheumatisms, acute and chronic, the last one being the cause of psora, is one of the most usual symptoms of chronic tuberculosis.

The *Tuberculin* destroys the red blood corpuscles and causes anemia. The iron is eliminated by the intestines. A wise physician knows very well that there is no necessity to introduce iron into the organism which is produced by the organism every day. He will apply *Sulphur*, *Calcarea*, *Pulsatilla* in high power to cure anemia.

The use of *Tuberculin* is useful but only on certain conditions. The 30th and 200th very rarely succeed. One cannot very well understand the value of medicines except by the application of high dilutions and based on the theory of Psora of Hahnemann.

In order to have a sufficient knowledge of the product one must study like *Boenninghausen*, its relation with other remedies (antipsoric) and note the effect produced during the period of cure.

COMPARATIVE CHART OF T. K., MARMORECK, DENYS, T. R.

T. K.	MARMORECK.	DENYS.	T. R.
Oxygenoid : 5 to 40 years.	Oxygenoid 1 to 35 years. Less coloured skin. Red cheeks.	Hydrogenoid 15 to 40 years. Highly coloured skin, florid aspect.	Carbonitrogenoid after 40 years. Skin: yellow, bleached, or pale. Patient remains a <i>Calcareo Carb.</i> type during his whole life. Lips pale or white of <i>Thuya</i> type.
TWO RED OR VIOLET CIRCLES ON THE CHEEKS.			
LIPS DEEP RED OF SULPHUR TYPE.			
Tongue red, not varnished.			
EMACIATION.			
White teeth, caries.			
MAY BE FAT.			
Erratic pains in the extremities, of <i>Pulsatilla</i> type Agg. in rest. Amel. by movement. Veinous depression, great congestion.	Teeth yellow, hypercalcified, with hypercalcification and retraction of maxillaries. Pyorrhœa, gingivitis. Fixed Rheumatism fibrosis, sclerosis.		

COMPARATIVE CHART OF T.K., MARMORECK, DENYS, T.R.—*continued.*

T. K.

MARMORECK.

TORPID SLOW UNEASY APPEARANCE.

Aversion to all
foods specially
sweets, great desire
to cold milk.

SUFFOCATION IN A HOT ROOM
NEED OF FRESH AIR.

CONSTANT DESIRE OF ROAMING ABOUT
AND OF CHANGING PLACES.

Irritability when
the patient awakes.
Headache.

AMENORRHEA IN YOUNG WOMEN.

Sometimes hyper-
menorrhœa.
Dry skin, cyanosis
of hands and feet,
night sweat.

DENYS.

During good
health sudden ap-
pearance of head-
ache, or a coryza,
sudden congestive
thrush with depres-
sion. Everything
is dramatic and
brutal in Denys.

T. R.

Hypermenorrhœa at the
age of 40.

<p>Not febrile. If there is fever, dangerous to apply. Replace with Aviaire, Denys, Marmoreck Bacillinum.</p>	<p>Pulmonary manifestations and defects of glands in young men.</p>	<p>Not febrile.</p>
<p><i>Pulsatilla</i> <i>Ignatia</i> <i>Ferrum</i> <i>Spongia</i> <i>Bromium</i> <i>Kali carb</i> <i>Crategus, etc.</i></p>	<p><i>Pulsatilla</i> <i>Ferrum</i> <i>Spongia</i> <i>Bromium</i> <i>Kali Carb</i></p>	<p><i>Rhus tox</i> <i>Pulsatilla</i> <i>Nux vomica</i> <i>Crategus</i></p>
DRAINERS.		
BASIC REMEDIES.		
<p><i>Sulphur</i> <i>Sulphur iodatum</i></p>	<p><i>Sulphur</i> <i>Sulphur iodatum</i></p>	<p><i>Nat Sulph</i>, <i>Psorinum</i> <i>Graphites</i>, <i>Thuya</i>,</p>

It is easy to understand that *T. K.* may be compared with *Marmoreck*; both of them acts on oxygenoid constitution. *Marmoreck* is a remedy for infants having a pretuberculous condition in whom the tuberculous lesion is suspected or better a remedy for an anemic child who represents some troubles of growth. This remedy should be

applied in the first part of life that is from 1 to 35 years of age. *T. K.* corresponds to it at an advanced age between 15 and 45 years. It is the remedy of the adolescent, of young adult persons, in whom a paratuberculous condition or the stepping in, in a confirmed tuberculous condition is suspected.

Denys is generally a hydrogenoid having a florid look, fat, coloured, well-doing in appearance. It is indicated from the age of 15 to 40 and corresponds to paratuberculous conditions. If the application of this nosode causes aggravation it may be replaced by *T. R.* which is milder.

T. R. at last, is a carbonitrogenoid. This is the remedy of ancient tuberculosis of whom the tuberculosis has become torpid. Plastic tendency to sclerosis is an important symptom of this remedy : pleural symphysis, deforming rheumatism. It is moreover indicated after 40 years of age. Its prescription has then no danger. There is no fear for flaring up, ramollissement, caseification etc.

With *Marmoreck* we may compare *Spengler* (immunifcorps) and the *Vaccine of vaudremer*, that are milder and they may be applied when there is fear of aggravation. We may compare with it *Aviaire* which establishes a link between *Marmoreck*, *Denys* & *T. K.* *Aviaire* with *Marmoreck* has a very important indication in the lobar pneumonia of the infants, but it should be manipulated with care. It must be applied only at the end of the *period d'etat* (Static stage of a disease) *i. e.* at the time of defervescence, and with very great care.

Bacillinum of Burnett is a trituration of pulmonary tissues of the cavity; it is very often applied because it is

easy to manipulate. It causes no aggravation, for this reason many homœopaths apply it instead of T. K., Denys or T. R. when they suspect an aggravation.

What is the value of the different products ?

Generally we may say that in confirmed, lesional, and torpid tuberculosis their actions are minimum and it is not there resides the real superiority of Homœopathy. On the contrary they give us inestimable help in the tuberculous conditions preceding or following a confirmed tuberculosis and in the case of malaise wrongly diagnosed, when the anxious patient goes from one doctor to the other in search of diagnosis which satisfies him more than an active treatment. Prescribed after a proper drainage they will consolidate the result and will check the relapse.

THREE BIOCHEMIC CONSTITUTIONS

A German homœopath of Nuremburg **Dr. Grauvogl** published in the nineteenth century a work of which the success was considerable. In our times the three methods of biochemic functions of that author are of daily use. What should be thought of them?

In all the treatises of materia medica, in all conferences, in all homœopathic literature, ancient or contemporary, the *Oxygenoid*, *Hydrogenoid*, and *Carbonitrogenoid* constitutions are always discussed. What is curious, is that some modern authors have given descriptions of these constitutions, which differ more or less from those given by **Grauvogl** himself. Insensibly it has now become necessary to adapt the works of the German Homœopaths in the modern clinic and morphology. But that adaptation is superficial.

Dr. A. Nebel is the only person who has very well shown at the same time the real value of the works of **Grauvogl** and the precautions that are necessary to take relating to this theory.

Hahnemann in his treatise of *Chronic diseases* has put down a synthesis of human pathology in describing his three constitutions *Psora*, *Syphilis* and *Sycosis*.

The intention of **Grauvogl** was to create three constitutions: In the place of *Psora*, he has created the *Carbonitrogenoid* constitution. In the place of *Sycosis* he has set forth his *Hydrogenoid* constitution; and in the place of *syphilis* he has created the *Oxygenoid* constitu-

tion 'recalling' says **Dr. Nebel**, to the three remedies of fundamental diseases of Rademacher *Copper*, *Iron* and *Glauber's Salt*.

The homœopaths of the present age use the conceptions of Hahnemann and works of **Grauvogl** at the same time, because if they can, rigorously of course, envisage the relation of *psora* and *sycosis* with hydric retentions of chlorides, or quarternary nitrogenous substances, it will become difficult, even impossible to admit that the oxygenoid constitution characterises alone the hereditary syphilis.

Before proceeding further, let us recall how the three conceptions of **Grauvogl** are discussed and taught.

1. OXYGENOID.

Overactivity of exchanges.

Augmentation of the *oxydating* power of some organic elements.

A very great rapidity of assimilation and disassimilation.

Demineralisation. The cells cannot retain the minerals and the elements that build them.

Clinical types: *Pretuberculous* conditions and *tuberculosis* of the lungs.

2. HYDROGENOID.

Slackened nutrition.

Retention of water in the tissues, either due to retention of chlorides, or due to some other causes. The patient feels that he is swollen.

The cells absorb water and are saturated with it.

Spreading œdema of extremities etc.

General aggravation of œdema and swelling by cold; humid weather, in rainy season, by all sorts of humidity. *Hydric retention* is under the influence of the place where the patient lives (*Barometric Disease*, aggravation in each change of season and in passing through humidity).

Clinical Types : Asthmatics, some rheumatic patients' obesity and some cases of pregnancy.

3. CARBONITROGENOID.

Slow oxidation (inverse of Oxygenoid constitution).

Diminution or the absorption of oxygen by the tissues.

Accumulation and retention of carbo-nitrogens.

Retention of autogenous toxins.

Periodic eliminating attempts are seen; Eczema etc.

Clinical types : Psora, Eczema, Arthritism etc.

Such are the three biochemic functions of **Dr. Grauvogl**. It must be admitted that their descriptions are very fascinating. The author wished to bring to the student of chronic diseases of Hahnemann, a personal contribution, an outcome of his vast knowledge of physics and chemistry. But the homœopaths, are they doing right to continue to be guided by that classification?

From clinical point of view there are some great advantages in adopting the conception of **Grauvogl**, but on condition that this should be done keeping pace with the modern science. The author was a master of observation as says **A. Nebel**, "an accomplished biologist. He has preceded the modern studies on the basal metabolism".

But that simplicity so seducing as is noticed in the schema of **Grauvogl** allows many errors in the interpretation of the physio-pathology of the patients. This is why it is necessary to revise that study and to 'tune' it with physiology and morphology. If that was not possible, we should have rejected, as useless, the work of the german homœopath.

The precautions that we are going to formulate, are not meant for the work, the very fine work of **Grauvogl**, but for the use that is made of it habitually, without control in homœopathy.

THE OXYGENOID.

1. Practically, when we describe according to **Grauvogl** the oxygenoid constitution, we must have before us the picture of a subject lean and thin, *longiligne*, and of a type of flat morphology. Some have made out of it the pretuberculous, the tuberculinics, and tuberculous—which conception is tempting but partially wrong. If there exists in an Oxygenoid patient, an overactivity of exchanges, if the patient has a burning sensation, in that case he must firstly be a case of hyperthyroidism. Surely—because the patients having Basedow's disease are generally ranked as Oxygenoid.

The first work of control exists then in the definition of the basal metabolism of the patients that we call oxygenoid.

2. Second Criticism : There exist some *longiligne* patients, asthenic, predisposed to pulmonary tuberculosis. There exist some patients of uniform flatness, *less undulated*

and even with very little power of resistance. But the asthenic *longilignes* and hunchbacked flat persons resist and have on the contrary a greater power of resistance, consequently, if Grauvogl has been in the error of making analogous the syphilis with oxygenoid, certain homœopaths of modern times are also committing an error of generalisation in associating obligatorily the oxygenoid and the predisposition to the *pulmonary tuberculosis*.

3. Demineralisation. "Is it true that the cells cannot retain the minerals *that they constitute*?" Why? The problem of demineralisation is complex, it is seen in all ages of life. It is not always the question of want of minerals but also a faulty repartition of those minerals. It should be precised on the other hand: when there is *decalcification* it is the phosphates that are eliminated. There still exist many doctors who think that a whitish precipitate in the urine suggests necessarily the presence of abnormal quantity of phosphates, which is wrong. Precipitation may be obtained due to the modification of pH, without saturation, and without the presence in excess. Precipitation of phosphates does never mean decalcification.

It is necessary to take the works of Gaube of Gers on the biochemic mineralogy, as has been done by **Dr. Moezy-Eon**. In modern times it seems that the loss of *calcium* is frequent in young age, while the loss of *silicum* occurs in persons of ripe age. And the *Chloride, Iodine, Iron, Sodium, Sulphur, Magnesium, Compound of Nitrogen or Phosphorus*? As to this our knowledge is very vague. We must not forget that in his age Hahnemann was a chemist of some worth. Similarly was **Grauvogl**. It is necessary

for the contemporary homœopaths to "build the bridge", admitting the materia medica with the modern biological chemistry.

4. Last of all, it is necessary to make a distinction between the two types of patients classed as oxygenoids: the pretuberculous "tuberculous patients" and patients having pulmonary tuberculosis.

When it is the question of a patient of the type of *Iodium* or *Natrum muriaticum*, a child or adolescent who "eats well and emaciates" who devours the foods and loses incessantly some weight, the quality of oxygenoid accords well.

But same is not the case with a number of patients having tuberculosis of lungs. Due to their defensive mechanism or due to any other cause, on the contrary, the combustion is slackened and the patient becomes a hypophysique. The pulmonary ventilation is rarified and the exchange diminishes. The decalcification of teeth that exist in pretuberculous persons is on the contrary replaced by the hypercalcification. Some calcium deposits cover the alveolar channels. The patient is no more an oxygenoid in its true sense.

On the other hand, let us consider the type of *Thuya* or *Pulsatilla*, whose extremities are violet coloured. Is there in such patients an augmentation of oxidation or the inverse? So many problems are to be solved.

Clinically, the oxygenoid type cannot be well understood; it seduces the doctor. But such a clearness, such a simplicity in the description of this constitution successfully fogs many a complex phenomena.

THE HYDROGENOID.

1. Here we are again in the presence of some very demonstrative clinical types, when we study the problem superficially. In opposition to the oxygenoid type which is flat, *longiligne*, morphologically the Hydrogenoid is considered very often as a round, *breviligne*, sometimes very fat. If he is not fatty, he is at least swollen, he thinks that he is swollen with discrete or apparent œdema.

Let us proceed as we have proceeded for the oxygenoid type. Our first work is to find out if the basal metabolism is perturbed or slackened in the patients of this type.

2. **Grauvogl** intended to show that the patients having a bad organic filtration, retain water in the tissues, are thus always aggravated by humidity, in humid weather, and by all forms of humidity.

Clinically it is but partially true. It is true that there are some persons who have a very bad organic filtration, and are aggravated by humidity. But there are many others who have no aggravation in humidity. There are some, fat and flabby and some œdematous persons whose diseases do not clearly aggravate in humid weather or by humidity. On the other hand, what is still more important is that barometric type of patients is lean, *longiligne*, of flat type as for example:—

The backward asthmatic child whose asthmatic attack will totally disappear by the application of *Natrum Muriaticum*.

The patient having chronic entero-colitis who runs for stools after breakfast, and whose diarrhœa is seen to

aggravate in humidity—the patient in that case is often dishydrated, thin and fat.

Dr. A. Nebel has very well explained it.

“The errors of **Grauvogl** in creating his three constitutions are excusable by the fact that he practised them at Nuremberg, a town highly infested with malaria. The reactions that must have characterised his hydrogenoid constitution are the very well known reactions of malaria : *Great sensitiveness in humidity and to coldness.* We observe in fact the same sensations in a person lean and thin and impregnated with malarial poison—and the patients that suffer of hydric retention in the sense of **Grauvogl** are rather rare and many cases of hydric retention are under the influence of endocrinal troubles. On the other hand the bacteriological researches that might have oriented it, were hardly begun. Nevertheless the creations of these constitutions were the work of a master observer and an accomplished biologist. **Grauvogl** preceded the recent studies on the basal metabolism.

3. We see then that the problem of the metabolism of weather is complex. The classification of **Grauvogl** so tempting, should therefore be revised, specially the *hydrogenoid constitution*. A Homœopath who crystalises the science of Hahnemann in the narrow limits of a primary school says, when speaking about the biochemic function—“The cells absorb water, and are saturated of it.”

What are the cells that are thus saturated? Of paranchyma or of interstitial tissues? Persons pretending to be the chiefs of some schools, with no knowledge of biochemistry, profess such affirmations and teach

them not knowing that they are doing tremendous damage to homœopathy.

4. Now, it is a known fact that the bodies of children retain proportionally more water. When they gradually advance in age, the cells of their principal tissues retain less and less water. The baby has some hydrophile cellular elements while the adult and a person of ripe age have none. The patients subject to infiltration adipose or œdematous, may retain water in the intercellular spaces, the cells, on the contrary, may not retain even a particle of water.

The school of morphology of France has very well studied that question.

5. Therefore it is not wise to use the term the "Hydrogenoid type". Instead we may use "hydrogenoid functions", because it is well established that the retention of water in intercellular spaces does not necessarily give rise to *aggravation by humidity*.

In our patients let us study the viscosity of the blood, let us have researches on the percentage of plasma-chloride, of chloride, of elements seen in the blood. Let us note the amount of liquid taken in the form of drinks or as a constituent of solid foods and compare it with that of the urine, sweat, perspiration etc. and get a balance sheet of the intake and output of fluids. Let us study the functions of endocrinal glands by the help of interferometric system, let us find out the troubles of pituitary gland that regulates the metabolism of water in the organism and so on. By such procedures we may control the work of

Grauvogl and adapt it, if possible in biochemistry and in morphology.

THE CARBONITROGENOID.

We may easily understand the type of patient having slackened oxidation, who suffers from intoxication and who proceeds towards dangerous diseases of tissue weakness: Manifestations called "Arthritis", and then towards uremia.

But here also we must take into account the tissue tonus. The tonicity is of the first importance, this will characterise, if one could measure it, the degree of resistance of the patients and the prognosis of their diseases.

Dr. Allendy has produced a work remarkable in the form of his book "on Temperament". Basing himself on the physiology he has put in relief the four great functions: Anabolism, Aerobic Catabolism, Anærobic Catabolism and Excretion.

It is necessary to have researches particularly on the carbonitrogenoid patients in order to know whether they have some retentions of nitrogen that can be revealed in the blood and in what form: *urea, residual nitrogen, uric acid, creatinine, poly peptides* etc.

It is necessary to find out the relations of urea of blood with the percentage of cholesterine and of lipoids.

If we study the Carbonitrogenoid type in that light we will find that the carbonitrogenoid constitution repre-

sents diverse modalities that always hide a hepatic insufficiency, more or less grave, partial or complete.

In conclusion, we may, in the field of homœopathy, respect the traditions and preserve, by the side of Hahnemannian principle, the remarkable works of **Grauvogl**, but on condition that we must not take it as it was taken a century ago; we must on principle study the traditional homœopathic principles basing on the modern biological results.

DRAINAGE AND REGULATION.

THE DRAINAGE OF TUBERCULINICS.

The drainage is the general effect of means applied to the regular elimination of toxins that encumber the organism of the patient.

We say "A" patient, not "Some" patients, because the only thing which should be kept in mind and which is of capital importance is that the drainage must necessarily be always **individualised**.

The drainage of the tuberculinic is nothing but a particular adaptation of drainage, method that may be applied as well in every individual who is the prey to an intoxication, as in sycotic and syphilitic, and in the sequelæ of an accumulation of autogenous toxins.

NECESSITY OF DRAINAGE.

Nothing is more convincing than the examination of facts:—

In the year 1909, I treated a young man of 14 years of age, robust, but who was suffering from coryzas, headaches etc. Antecedents: adenopathy of the cervicals at young age, measles at the age of six, bronchitis at the age of ten that lasted for three months. Taking it to be pre-tuberculous ground, I gave him *B. F. Denys* 200.

The result was terrible. The next day the young patient had suddenly 39°5C and represented successively the following symptoms: Intolerable headache with

sensation of heaviness and heat; troubles of the eyes, photophobia, pain in the kidney, considerable diminution of urine, stubborn constipation, rigidity of the neck and of the legs. The third day he had still 40C. A diarrhoea was seen, he passed twenty stools during 24 hours, watery and of dreadful smell and *everything became regular*. But I remember the tiresome length of time that I had to pass by the side of the patient of whom I was unable to understand the disease, but however the patient was transformed. He became healthy and robust from a dying condition by the application of a single dose of *Denys 200*, which was, however, well indicated.

In reality, you will observe still in these unfortunate patients brutal elimination of toxins as is seen after application of a high dilution.

I could have cited numerous other examples. In the beginning of practice, the doctor applies the remedies that seem to him essential to obtain a rapid and praiseworthy result: *the diluted Tuberculin*. If the organism of the patient is not sufficiently prepared, if he is "Mal-drained", if his eliminating organs are not in perfect condition, the accidents are inevitable. It is a general belief that the high dilutions are inoffensive. There is no doubt that their actions are not intoxicating and that they cannot turn dangerous to the patient, but they may cause serious troubles of which the only reason is the sudden rush of toxins into the blood of which the elimination—if it was provoked by a diluted tuberculin—is not sufficiently assured by the natural emunctories of which the natural function has not been verified and ordained.

ASSURED ELIMINATION OF TOXIN.

The remedy of Drainage assures the elimination of toxins. Its action is not only necessary but also absolutely indispensable for the treatment of the tuberculinic.

How to define it?

The remedy of drainage is that which has an action electively on the tissue of the organ of which the function is hindered, deviated or paralysed by intoxication.

What is the mechanism of its action?

It is easy to make precise schematically the conditions in which the organ is found before and after the drainage.

(a) Before drainage.

Before the drainage : There exists in the pericellular milieu that is to say in the blood—

Some microbial toxins diffused out of the cell.

Some autogenous toxins secreted by the cell.

Some virus and some microbial toxins directly secreted by the pericellular milieu.

The rejection to toxins out of the pericellular milieu has become insufficient, there is some "toxic retention" and pericellular tension that hinder the normal excretory function of the cell. Demineralisation grows progressively, the decalcificating flow carries with it the constitutive elements towards the urine (Phosphaturia) and to the intestine (Constipation).

(b) After Drainage.

After the drainage provoked by the introduction, in pericellular milieu, of the remedy indicated by the morbid

symptoms and given in infinitesimal doses, one obtains the regular elimination of toxins through the pericellular milieu. "Elimination equals the production". Demineralisation is slackened, the cell loses less calcium salts. The toxic tension of the pericellular milieu, that is to say, the blood diminishes and there results a sort of attraction of the toxic elements of the over-active cell towards the pericellular tissue. This attraction is represented by the patient in the form of ephemeral fatigue very often seen in the beginning of the treatment of a subject drained.

Conclusion:—The remedy of drainage diminishes the intrasanguine toxic tension by awakening the activity of the cell and in assuring the regular elimination of its toxins.

THE PRACTICE OF DRAINAGE IN TUBERCULINIC.

Primitively exposed as a logical explanation of the action of homœopathic remedies, the drainage was soon considered by many doctors as a particular method of therapeutic. Abuse of the term was rapidly manifested. Thus we see very often a series of remedies of which the prescription shows very well how the habitual law of homœopathic prescriptions is misunderstood by the doctors.

The remedy of drainage of tuberculinic—that which assures the toxic elimination of the tuberculinic—will be the remedy of which the symptoms correspond better, will be the most analogous to the morbid symptoms represented by the patient.

Its choice is rigorously determined by the *Materia Medica*. To study the remedy of drainage, is to study the entirety of our *Materia Medica*. To define a remedy of drainage we come to the determination of a homœopathic remedy. What then is the necessity to qualify the remedy thus in a new fashion of which we already have the experience and known the indication?

The drainage is not an affair of words. It is a practical question. Will you not be glad to know beforehand what are the remedies that favour better the toxic elimination of the organism?

Will you not be glad, after having applied a high dilution, to know beforehand the remedy or those remedies which should necessarily follow it in order to evade the habitual aggravation which is so often spoken of and which is nothing but the cause of a defective elimination?

Last of all, will you not be satisfied to know the remedies that are adapted to the elimination of tuberculinic toxins?

All the remedies of drainage are signified to us. Do not mean by that the patient will always represent the symptoms that we may see and reveal, the signs that allow us to determine the or those remedies necessary for the drainage of the organism of the patient. We do not prescribe the remedies thus found out to drain the patient, but because they are exactly adapted to the patient. The drainage of the organism of the patient will ensue naturally by the application of remedies that you have judiciously choiced and that are well indicated.

The remedies may be represented under two significations :

(a) Clinical significance.

Some remedies have an elective action on some organs :

On mucous	<i>Pulsatilla</i>
On rectum	<i>Scrofularia Nodosa</i> (Aloe etc.)
On liver	<i>Carduus Marianus, Solidago Vigna</i>
On pancreas	<i>Senna</i>
On kidney	<i>Berberis, Formica Rufa, Solidago Vigna</i>
On liver	<i>Ceanothus</i>
On uterus	<i>Helonias, Thlaspi.</i>

We are indicating only the remedies habitually indicated in tuberculines. It is important to know them. When an organ is attacked, our attention is soon attracted on the substance of which we know the elective action and efficacy.

(b) Homœopathic Indications.

The remedy of drainage ought to be individualised. Its choice is rigorously determined by the *Materia Medica*. It is the remedy of which the symptoms correspond better, that are the most analogous to the represented morbid symptoms. Its indications should be researched with great care, because it is always exactly signified. *Ignatia* or *Nux-vomica*, *Pulsatilla* or *Rhus toxicodendron*, must not be prescribed "because it is necessary to drain" by one or the other of them. If the remedy is well prescribed, "All will pass as if the organism was drained", as if the tuberculinic toxins were more easily eliminated. What are the principal remedies of drainage of which we will find the indication in a tuberculinic?

The list runs thus :—

Bryonia
Pulsatilla
Nux-vomica
Ignatia
Rhus toxicodendron

We could have attributed the same property to the remedies indicated in the acute cases of tuberculinic of which the rapid action merits the same explanation.

Abrotanum
Apis
Aurum Triphyllum
Ferrum Phosphoricum

All these remedies will be applied in lower or medium dilutions **Sixth** or **Thirtieth** according to the case. They will assure and regularise the elimination of the toxin of the patient, but our therapeutic action will be very insufficient, if it is not completed by what we have called the Regulation of the organism (Reglage).

REGULATION OF TUBERCULINICS.

To put a machine in order, is to assure the function of the smallest wheel, normal and regular, it is to 'Order' its multiple movements in such a way that their "Co-ordination" or their "Synchronisation" will produce the best result.

Like the machine, the human being may be "Regulated" so as to produce its possibilities. If each individual knows his power, he will never try to do more than what he

can do, he will never experience a failure and disillusion and will be perfectly calm and glad

Necessity of regulation (*Necessité de Reglage*).

The regulation is the ensemble of means used to assure and to maintain the organic equilibrium of the individual.

The organism of the tuberculinics is encumbered by some tuberculous toxins, as well as with some autogenous toxins, whose actions give to the individual reaction a particular "Form". The regulation must be "Organic" and "Toxic". This requires explanation.

(a) *Organic regulation.*

Here the regulation is meant for the organs of the patient whose functions are troubled, and that work "Irregularly". The organic regulation, therefore, refers to the "Organic function" of the patient, together with the glandular and tissue movement that assure our life and of which it establishes a synchronisation.

How it can be effected?

By the only therapeusis: *Homœopathy*.

Only homœopathy will furnish the physician the elements that are necessary, which are appropriate to the reactions that may represent the tuberculinic. Every patient reacts according to his nature; the clinical syndromes are so numerous that we may not find out in the materia medica their exact correspondence. Each remedy represents some characteristic indications: Objective, Functional, Sensorial and even Psychic. Willingly we can leave aside the lesional indications because we know that in the tuberculinic there exists no lesion, or if it had existed it is completely cicatrised.

All these indications constitute under a single term : the name of the substance of which the experimental action allows reproduction, the characteristic and essential elements that are indicated in the patient in question, the useful and necessary remedy.

The deep acting remedy, remedy that corresponds to the mass of reactions suitable to the patient, that constitutes exactly his "Appropriate", is very well indicated when we call it the "Basic Remedy", *Remede de fond* (basis) of which the symptomatic manifestations are analogous to the constitution of the patient.

Numerous are the basic remedies that exist in our *Materia Medica*, known under the name of "Polychrests", they constitute an important group, that we may dissociate according to their elective actions on the well-known intoxications : Psora, Tuberculosis, Sycosis and Syphilis.

The grand basic remedies of Tuberculinics are—

Natrum Muriaticum	Arsenicum
Ferrum	Phosphorus
Kali Carbonicum	Sepia
Iodium	Silicea

Their knowledge is indispensable, because their prescription is necessary to provoke in the tuberculinics the profound and useful transformation, the "*Transmutation*", that makes the action of the diluted *tuberculin* definite.

(b) *Regulation of the tuberculinic.*

Therapeusis of tuberculinic would be very incomplete if we do not use the *diluted tuberculin*. To the "toxin disease" is opposed always the "Toxin remedy" (A la toxine-maladie, s'oppose toujours la toxine remede).

From the very beginning of their practice, Homœopaths understand the necessity of application, in order to fight the disease and to contradict its development, a substance which is similar to that which seems to be the instigator of the observed condition. They do not hesitate to use excretory products of the patient; thus some dilutions of sputum had been made by Robert Fludd.

Actually, we employ the tuberculins, the very tuberculins of which the beneficial effect has been disowned by most of the authors, because they knew not how to manipulate them. Tuberculins are never dangerous if they are applied in infinitesimal doses and if they are administered only to tuberculinics, when their organism has been sufficiently prepared—we say “*Drained*”.

The basic remedies and tuberculins produce their common effects on different points.

The first acts on the autogenous toxins of the individual they correspond rigorously to “Individual toxins”, to that auto-intoxication which develops in tuberculinics and which assumes a particular morphology.

The tuberculins act on the tuberculous intoxication.

PROVOKED TOXIC ELIMINATION.

The basic remedies and diluted tuberculin have some similar effects. Each acts by instigating a sudden and progressive corresponding element.

Take for example, a homœopathic remedy in high dilution: *Sulphur M.*, introduce it in the organism that represents all the indications of this remedy.

The result of its actions on the cell is to put in liberty the autogenous toxin of the same type. The patient expresses that crisis, by a slight weakness, followed by an impression of well-being, that he had never experienced since a long time.

It is well to note :—

Sudden augmentation of the quantity of urine.

A diarrhœa.

Abundant colored sweat.

Lowering of the arterial tension.

Let us consider now a Toxin in high dilution as for example a *Tuberculin*. T. R. 200 or M.

Its action is comparable to that of the homœopathic remedy in high dilution, it determines the formation of antibodies, excites the cell, puts in liberty a great quantity of toxins producing a real crisis of elimination, in the form of acute diseases, well tolerated by the patient. "If he is well drained", this crisis is sometimes painful, but always salutary. If the patient is not drained, the liberation of the intracellular toxins augments the toxic sanguine tension, and may produce some febrile and visceral reactions.

During the absorption of the toxins we may assist the recalcification of the patient.

Thus the diluted toxin fortunately completes the action of a diluted remedy. It immunises the patient against the disease and the homœopathic remedy immunises the patient against himself. This is in fact an "Individualised immunology".

THE PRACTICE OF REGULATION IN TUBERCULINICS.

In practice, we must commence the treatment of the tuberculinic by the prescription of the basic remedy, that is to say, whose characteristic indications are analogous to the reactions suitable to the patient that you will easily find out by observing his sensorial and functional troubles. The knowledge of the objective symptoms relating to each remedy is essential, because it allows to find out rapidly in observing the patient—some symptoms that orient immediately the mind of the practitioner :

When the patient is already well doing, we are authorised to apply the *Tuberculin* of which the action will never be nuisible if the three rules are exactly fulfilled :

—The tuberculin must be *Diluted* and applied in *Infinitesimal* doses : 30, 100 and 200.

—It must not be *Frequently Repeated*, not more than each 15 to 20 days. The best practice will be to alternate every 15 days a basic remedy with a *Tuberculin*.

—Last of all, *it should be prescribed on the prepared organ.*

CONCLUSION.

Drainage and Regulation are two methods that cannot be dissociated. They constitute the technic equally important, whose joint actions allow to obtain the integral re-establishment of the patient.

“What has been transmuted—transmute it yourself” said Paracelsus to his disciples. The tuberculinic is an

individual whose organs have undergone 3 real transmutations which are evident from hereditary transmission. It is not the *disease* Tuberculosis that has been transmitted but a *ground* favourable for the development of tuberculosis. Homœopathy allows to obtain an inverse transmutation, the return of the normal state, acting at the same time on the ground, the "Individual patient", by means of an individualised therapeutic, on the morbidity of tuberculous origin by means of toxic therapeutic. Thus the law of similars is exactly followed. Only homœopathy can secure that admirable result, the *Transmutation* and *Immunisation* of the Individual.

The science of homœopathy merits a study of its principles, its clinic, and its therapeutics. Let us work and spread our ideas. We are strong because we have an immutable Doctrine, a precise and staple Technic, and undeniable results.

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