



Learn A Remedy Through Cases: *THUJA* : The Excess

ELIZABETH WRIGHT HUBBARD: *Thuja* is characterized by excess, a surplus of life, badly organized. Too much matter and too little form. The patient will be all curves. Gross fat calls for its use, pendulous abdomen, heavy breasts, triple chins, piano legs, low thyroid, lymphatic constitutions, troubles in hair, nails, glands, ovaries, prostate, testicles, spleen, etc. It holds sway over tumors, polyps, papillomata, spongy growths, fig warts.

The key-word of *Thuja* is EXCESS.

Scanning earlier literature, the personality of *Thuja* does not emerge from the published cases, probably because the selection was based on physical generals and PQRS. Dr Hubbard says that *Thuja* is a difficult remedy for the beginner to understand. (*Ed: I agree. Even I myself have started its regular use only quite recently*). Its symptoms are mixed and scattered. A *Thuja* personality emerges only after long delving and clinical experience. Of course, as one of the main sycotic remedies, *Thuja* has been extensively used as inter-current / anti-miasmatic remedy and for ill effects of vaccination, especially small pox.

Now recent literature has begun to yield anamnesis of cases based of mental symptoms and pen portraits. Coulter, Rajan Sankaran, Jeremy Sherr, Vithoukas, Ananda Zaren and others have worked on the mental make-up. Let us see this understanding reflected in some cases.

CASE 1: THE BEWILDERED LADY

- Dr Misha Norland

The patient- medium height and built, brown hair and eyes. She presents a forceful and lively personality. She said, "I have come to see you because I had 2 operations up under my nose and on my salivary glands for a benign tumor. It is not healing as fast as it should. Last

summer I strained my elbow and it is still not better. I have lost my sense of taste and I have aversion to sugar".

Talking about her childhood: "I was quite delicate. I had a horrible birth had to be induced as my mother had high blood pressure. I had my adenoids out at 4, then my appendix out and a benign tumour on my knee when I was 7. I have bad reaction to drugs. I was born with a headache. Even in school, I was often absent for mysterious fevers." (*I am delicate and brittle*).

She was always scared of the dark and had lots of nightmares. "Up to age 4, I could fly out of my body and then it stopped (*delusion, soul is separated from the body*). I would dream that someone was out to get me. (*Delusion, pursued by enemies*). And hence hide under my blankets. *I had dreams of falling and wake up having fallen*. I wake up around 5AM. Sleep on right side with right leg up and left leg and arm extended. Left handed, which I was not allowed to be in the beginning; later on permitted but criticized for poor handwriting. I still get bewildered by criticism. Most of us go through life in a state of bewilderment." (*Confusion of mind*) "People would be amazed if they heard me say this because women say to me "you are so confident". But I think we are bewildered inside and I think that it is part of the human condition" (Mask of confidence to outside world while actually bewildered inside) (*Delusion, divided in two parts and could not tell which part he has possession on waking*)

She added that she could read and write before starting school as her sister taught her when very young. Did not want to attend school, for which she was taken to task: this was her first bewilderment. She said that she had a good childhood. (*Ed: I cannot see evidence of it.*)

Desire to die: when only 4, she took an overdose of *Hypericum*! Thinks of miseries of war where people die unnecessarily. Her mother nearly miscarried (her birth was induced). When she sees illness and visits hospital, she feels it normal not wanting to live. Sometimes feels not worth living. (*Death desires; conviction of; delusion, time has come to die, loathing of life, weary*)



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of life)

"I always think that everything is my fault; (guilt) that I should somehow be better; if only I was this perfect person, the world would be sorted out. I took personal responsibility for the Gulf War". She said this because she was in the peace movement for a long time and in Nuclear Freeze Organization but was criticized from outside the movement; "I feel a failure as I had to neglect my family and at the same time not able to prevent war".

CASE ANALYSIS: (I have given the repertorial rubrics in brackets-KV)

1. There was a dominant image of death. She was conceived when her just elder sister choked to death on her bottle. The patient also made suicide attempts later on and worked for peace movement and nuclear freeze.

2 Childhood was happy- was treated well. Experienced out of body experiences (*Del soul, body was too small for soul or separated from body*)

3. She looked and felt delicate, considering the illnesses and operations she had undergone. At age four (her adenoids removed, benign tumour in the knee and she was crushed at her school (*Delusion body brittle is; is delicate; delusion, glass, she is made of*) and bewildered by teacher's constant criticism of her left handedness (*Discontented, displeased and dissatisfied*).

4. She blames herself for everything and feels she has done wrong. Acute sense of responsibility (*Delusion, wrong she has done; Reproaches himself*)

Thuja fits her case perfectly, based on repertorisation of the above rubrics and it cured her. (The doctor does not give full details about potency and follow-up)

UNDERSTANDING THUJA

Dr Ananda Zaren analyses all her cases in terms of "the wound", "the walls" and "the mask." The basic delusion or feeling is the *wound*. The *walls* are protective barriers to prevent further wounds and *mask* is the exterior personality they present to the world. It may be the compensated form. The wounds occur in early childhood as a result of abandonment, rejection, neglect and emotional or physical abuse. For many, childhood is characterized by unhappiness and tremendous loneliness. The focus

of parents was turned away from them for whatever reason; possibly:

1. An insecure father, always away from home, yet child tries to please him, only to get harshness in return.
2. An insecure mother, going through the 40's crisis, losing her beauty and self-confidence; and wants to realize her ambitions, or live her life through her child. She wants daughter to be a beauty queen, perfect at school and popular amongst friends. Or he/she is the child of an alcoholic who is always beaten. (These children can turn *Anacardium* also) The *Thuja* children treat this lack of interest from their parents as *evidence of their own defectiveness or unworthiness*. *Thuja* individuals feel abandoned and report experiences of being made to feel that they are unworthy of shelter of their homes; constant fear of being cast out of their homes (Bill Gray).

Alone in life, these children *internalize* these feelings of rejection and begin to believe that something is terribly wrong with them. Forsaken and dismissed, they search for their identity inwards but find only despair and emptiness. They desperately try to recreate their own identity, to hide their perceived and repugnant defects and become acceptable to other people. This requires separating from and rejecting their own (misinterpreted perception) true selves. They pay a heavy price: self-hatred and self-reproach becomes their way of life.

Another *wound*: their mistaken notion of being delicate; delusions he is brittle and made of glass. They do not want others to see their inner emptiness or internal vulnerability (*mask*). This fragility can occur in mental, emotional and physical planes and they are often unaware of it. Case 1 brings out this aspect well; though the patient says she had a good childhood, but at school she was criticized or not appreciated.

THE WALLS AND THE MASKS:

Feels he is not good enough; develops low self-esteem and feels worthless and unloved. Makes extra efforts to be liked. To protect themselves they erect walls of security. Become introverted (*Mind-Talk, indisposed to, desires to be silent; taciturn KR86*). They can be moody and indifferent as well. Reserved and private. They avoid company (*Mind-company aversion to,*



avoid the sight of people -KR12). Consequently social life is a burden but the *mask* is for the consumption of the world- a manufactured image they present to the world. They observe successful people and imitate their walk, dress, what they do, etc. They cultivate this image by systematically copying and imitating. These are the masks.

"*Thuja* is the only remedy with sensations of: *Delusion, animal is alive in the abdomen; Delusion hears voices in his abdomen*. There is also a sensation of false pregnancy complete with movements of the foetus. Hairy in unusual places. Symptoms of super abundance of vegetative / animal life as are the fleshy warts for which *Thuja* is famous. (Misha Norland) Hence it is tree of life. He also draws attention to the opposite modality- delusion the body is brittle; is delicate and made of glass. The delusions that he is under superhuman control makes the patient weary of life. Tendency for abortion in 3rd month of pregnancy; at the stage where the distinction between human and animal form emerges.

HOW TO RECOGNIZE A *THUJA* PATIENT (Homoeopathic Links 3 & 4 '94)

1. Something too perfect about the patient.
2. Keynotes.
3. Several well-indicated remedies do not act.
4. Everything you hear about them does not ring true; they are chameleons.
5. Their goal is to fit in, to conform to what is happening.
6. They fit perfectly, perhaps too perfectly with the image they like to portray.

ON THIS UNDERSTANDING, LET US VIEW THE FOLLOWING CASES:

CASE 1: Dr JAYESH SHAH.

A 2 1/2 y-old child came for recurrent eye inflammation, respiratory infections and fever. His mental framework: From a rich family and pampered: extreme obstinacy, very demanding and wanted his own way- tantrums. Very stubborn about trifles. Did not like to get his hands dirty while eating and constantly wiped them with a clean towel. Fastidious and meticulous. He would cling to his mother for hours, would scream with eyes closed and nothing would detract his attention until his mother lifted

and carried him. Afraid of animals approaching him. The idea of visiting a doctor would throw him in a state of extreme terror. (*fear of physician, will not see her, he seems to terrify her* KR 49) He had to be dragged to the examination room for physical examination.

From Nov 1992 to June 1994, no remedy gave relief. On June 24, 1995, the boy had high fever. Ascertaining mother's state during pregnancy: she was confined to bed because of H/o miscarriage. Family members were very religious and Jain priests daily visited the house for prayers; a special prayer was organized to ward off miscarriage. Thus, the mother was influenced by the extreme religious atmosphere in the house. Taking note of the utmost rigidity in the boy's behaviour and the fear of being touched or approached, Jayesh Shah prescribed *Thuja* IM to the child. The fever subsided and there was a remarkable change in the child's behaviour thereafter.

CASE 2: LONG STANDING PSORIASIS. Dr SUBRATA KUMAR BANERJEE.

Mr A L, 52 y, consulted in April 1987 for psoriasis since 1970- scaly eruptions all over; skin dries and peels off. No discharge, no blood, fluid or pus. No relief from various treatments. Started as a small spot near the wrist, which he tried to *conceal*; then spread to trunk, chest, back and to almost all parts, except face.

Mild and silent, occasionally depressed and weepy. Chilly, hated rainy and damp weather; affected easily by weather changes. Likes spicy food, salt++; cold food ++. Only other significant symptoms were typhoid in 1974 and asthma in 1985. Father died from asthma at age 45.

Dr Banerjee analyses his cases against the underlying miasms. In this case both psora and sycosis are involved, with preponderant sycosis.

He selected *Thuja* on the following symptoms:

- i) Eruptions only on covered areas.
- ii) Oily and shiny appearance of face.
- iii) Change of weather affects the patient.
- iv) Chilly patient but desires cold food.
- v) Averse to rainy and damp weather (hydrogenoid).
- vi) Asthma complaint -psora-sycotic

11-4-87: *Thuja* 30, one dose followed by *Thuja* LM 3-



10 doses prescribed.

When patient reported severe aggravation in May, *Thuja* LM5 -15 doses on alternate days given. In one month the psoriasis on soles of the feet was better. Potency increased to LM 7.

In July patient had night fever, night sweats and hot flushes but the psoriasis remained the same. *Ars-iod* 30, 2 doses relieved.

On 31st July: dyspnoea (an old complaint) at midnight. *Ars-alb* 30, the acute, relieved. Then put on *Thuja* in increasing LM potency under which the skin condition began to improve, appetite increased and depression was less. In March 1988 the doctor changed the potency to 10 M as the patient reported good progress and later to 50M and CM in July and September 1988. By November the patient had nothing to complain about; the treatment was rounded off with a dose of *Bacillinum* 200, which has the capacity to throw out suppressed eruptions. The patient remained well thereafter. (Homoeopathic Links 1/94).

Here the syctic base is evident; conceal, tried to; eruptions appeared on covered areas (*Thuja* sweats on covered parts only) It is the characteristic of *Thuja*: the stem of the tree, is completely covered by its branches. The first two cases clearly bring out the cures affected mainly on the basis of mental symptoms, the delusions and mother's state during pregnancy. The third case is based on clear miasmatic analysis and its correspondence to *Thuja*.

These patients are hurried and worried like *Arg-nit* or *Med*. He desires to be alone and averse to being touched or approached; slow in speech and confused in mind later relieved by sitting up; thoughtfulness about trifles; extreme talkativeness, shifting from one to another like *Lach*; oversensitive, not to pain; weeps from music like *Natrum-mur*. Scrupulous about trifles but oblivious to larger things; discontented, dissatisfied; quarrelsome, sulky and very jealous; angry at jests. (Dr Hubbard) *Thuja* has many keynote on the basis of which several cures have been achieved.

KEYNOTES

1. Warts seen in 40-50% cases.
2. < cool wet weather ; agg onions-about 15% cases
3. Headache left temple as if driven with a nail.
4. History of venereal diseases in about 10% of cases.
5. After-effects of vaccination
6. Sense of floating or levitation
7. Apprehensive of future;
8. Dreams of dead bodies/dead/ flying/ falling
9. There is excess of hair on the face and the body. *Thuja* is best for removing excess of hair where it should not be.
10. Waxy, greasy, shiny face, a spotted dirty appearance
11. Never well since vaccinated - loses consciousness temporarily on sitting up
12. Chilly not cold. AF after injuries. Tendency to neuralgias, wandering pains, pains radiate upward and backward, frequent urination during pain, tend to scars, livid red spots, lipomas and tumours which bleed when touched, discharges are green, but thinner than *Puls*; discharges have odour like fish-brine/ garlic/ honey.
13. Modalities: <3 am or 3 pm, early morning, night overheating, sun, light.
14. Another COMMON indication for *Thuja* is high BP, sometimes with a family history of cardio-vascular disease and sudden death. Often found in stout *Thuja* type because it so closely resembles the pituitary type of obesity seen in Cushing Syndrome

CASE 3:

Male pt, gout, high BP. Peculiarity: better by exercise. Warm blooded, given to theorizing; gives long stories with no straight answers. Religious disposition-always praying. He was given *Sulphur* without any effect. Warts on face; gout better by cold applications; never answers directly; has a greasy, oily face [KR375] Loquacious but difficult to grasp what he says; gives the impression of being sure of himself. Dreams of falling; worse if he eats late [KR 1238]. *Thuja* 10 M cured the patient.

CASE 4: Face, oily and shiny. Dr STEWART.



A shop assistant's erythema nodosum was better with *Puls* and *Sulph*. She was very stout. She now complained of rheumatic pains < wet weather. Her face was shiny- as if oil on it. Kent's repertory lists *Nat-mur*, *Plumb* and *Thuja* for the rubric. Additional symptoms of *Thuja* -talking in sleep, dreams of murder, excessive axilla perspiration and trembling of hands. *Thuja* cured.

CASE 5: Dr STEWART

A lady 75 y, complained of heat in left thigh yet coldness in her hands and feet; she was in *terrific hurry* about everything, eating, mental work, movements, work, walking, speech and was impatient. Kent lists only *Thuja* for this symptom; (Thigh, heat, cold hands and feet with, KR p1012). *Thuja* helped.

CASE 6: Dr Ross.

A pleasant *Nat-mur* type secretary was extremely conscientious, hard working. Liked to work for her boss even though he was a slave driver. *Thuja* symptoms: extreme anxiety about future, depressed and irritable; scrupulous about little things, forgetful, always in a terrible hurry in work, movements and walking. *Thuja* cured her.

Dr Ross places *Natrum-mur* close to *Thuja*. Sometimes they are thin or obese with hypo or hyperthyroidism from a pituitary disorder. He found *Thuja* patients are slaves to duty, conscientious, particular about details and wearing themselves out in the service of others.

OTHER INDICATIONS FOR *THUJA*:

1. warts and excrescences
2. abnormal perspiration
3. Occipital headaches
4. frequency of urination
5. desire for salt
7. upset by fat or pork
8. diarrhoea with excitement
9. wet weather agg

CASE 7: DIARRHOEA AFTER EMOTIONAL UPSET

A woman refused to seek divorce although her husband left her with 3 children and went off to another country with another woman. Since then, for 13 yrs, she had

diarrhoea intermittently. An *Arsenic* type, she now complained of pale yellow gushing diarrhoea, had to rush to toilet. A lot of wind and colic causing severe burning in rectum; left her exhausted. *Thuja* helped.

CASE 8: URINARY TANTRUMS

Dr Clarke, in his brilliant write-up on this remedy, quotes a case of Robert Folley, of two children aged 5, who threw urinary tantrums. Two hours after putting to bed they would wake up kicking, crying and refusing to answer questions. This would last an hour or so. When asked if wanted to urinate, they would say no but when taken to the toilet would pass urine and then would go to sleep readily. One of the children developed incipient inflammation of the left hip joint. FHO Fa-gonorrhoea, led to *Thuja* which ensured no more tantrums.

CASE 9:

A middle aged woman said to the doctor that she had to pad herself as she was afraid of being touched; feared that she would break into pieces. Dr Shepherd gave her *Thuja* 30 every week and when she saw her after a month the patient was happy as she lost the awful sensation of being made of glass. There was no need for her to go to an asylum as Homoeopathy cured her.

CASE 10:

A child of 4 was brought to Dr Dorothy Shepherd for being under weight. She had odd characteristics: would never let anybody handle or touch her; hated being fondled or kissed; cried and struggled while being dressed. The moment she was dressed and let free she was very happy in a world of her own. *Thuja* 30, then 200 and 1M worked wonders and completely changed her hyperaesthesia.

WARTS: Dr DOROTHY SHEPHERD SAYS:

"Wart, which are often due to late vaccinal poisoning or even to a delayed sycotic infection, a generation or two back. A local application with double strength *Thuja* tincture with a covering of gauze and bandage in a large percentage of cases makes the warts shrink and dry up, especially when daily doses of *Thuja* in potencies of 30



or 200 are given for a month". (She adds that other sycotic medicines like *Nitric-acid*, *Dulcamara* or *Calcarea-carb* may be needed as per the particular symptoms of the individuals but *Thuja* gives very good results on the whole).

CASE 11:

Dr Clarke cites a case where a cluster of warts appeared on the forehead from a scratch of a cat. *Thuja* Q in fractional doses and Q painted on the warts cured the boy in 3 weeks. In another 50-year-old man, a wart appeared on the rt side of the head. As he was bald it looked ugly; moreover it was growing. He said that his father had a similar wart in the same locality and was anxious. The patient had been vaccinated twice. Dr Clarke gave *Thuja* 30, 28 powders, one in seven medicated at bedtime. In 2 months, wart disappeared.

CASE 12: Effect of *Thuja* on sleep. Dr GOULLON Miss R, 40, complained of headache at certain moments and she *felt as if some one else was thinking by her side*. The patient had been attending her paralyzed sister and had to get up frequently at night. Worried about numerous things. Her nervous system was thus strained and she could no longer calm herself. Complained of pain in the head < light and > open air. She also was confused in her mind and saw images and statues arrange themselves. She often lost the thread of her ideas. *Thuja* cured her (Dr GOULLON quoted by Dr Clarke).

TIPS: Dr C W Roberts found *Thuja* Q 5-7 drop doses at bedtime controlled nocturnal seminal emissions better than any other remedy. (Clarke)

Women with sycotic history have a tendency to Lt inguinal hernia after labour which *Thuja* cures. Similarly Lt inguinal hernia in infants: child will cry all the time and will be quiet only when the Lt inguinal region is pressed or the thigh is flexed on the abdomen.

The left ovarian pains of *Thuja* are remarkable: severe, burning, extend down to thigh at any attempt to exercise and especially walking; they occur with every menstrual period and are generally < before and during the flow.

CASE 13: CAULIFLOWER LIKE GROWTHS: An Air Force officer consulted Dr P Sankaran for this complaint-prolific *cauliflower growths* growing from inside his nose and hanging outside since age of 17 y. Several operations later, they recurred. It was diagnosed as Rhinoperdiosis, a sort of fungus infection. When they swelled up they filled up the nose and blocked the throat causing dyspnoea. Epistaxis on blowing his nose. During every operation the growths used to bleed a lot. Also cauliflower like growths on tongue, occiput and back, gooseberry size. The Airforce surgeon suggested operation for the 12th time but the patient refused and was in danger of being dismissed from service. This was a clear case of *Thuja*, repeated at suitable intervals completely removed these growths. (Homoeopathy and surgery- Dr P Sankaran- Hahnemann Gleanings April 1967)

CASE 14: Dr D P RASTOGI

Mr P, aged 24 years, consulted for two guava sized growths hanging from both his nostrils. The blockage was such that all discharges were held up inside resulting in swelling of his face. There was an offensive smell because of the held-up discharges and it was difficult for his co-workers to sit with him and work. As the cost of surgery was beyond his means, he consulted Dr Rastogi. *Thuja* 200 3 doses daily for 2 days. When the patient reported on the third day itself the doctor was surprised to see the growths were not there and his face was normal. The patient said that on the second night after taking the medicine the growths obstructing his nostrils fell off at bedtime with a lot of offensive discharge. He had been well since then with no recurrence. (Some case reports- Dr D P Rastogi)

VACCINOSIS AND THUJA

Burnett wrote a separate booklet on the ill effects of vaccination, which he coined as vaccinosis. It does not mean mere acute reaction of the body to the vaccination but also the profound and often long-lasting morbid constitutional state engendered by the vaccine virus. He cited several cases where the patients dated their period of ill-health from the date of vaccination, particularly when the constitution did not absorb the virus or when the vac-



cination did not take hold. It is a state of indefinite and chronic ill health; takes different forms in different individuals; one becomes asthmatic, another epileptic and another develops joint or stomach conditions; some are left with neuralgias or life-long headaches.

The later provings of *Thuja* had produced symptoms similar to those of vaccinosis. Hence in the words of Dr M L TYLER "our great antidote to vaccination is *Thuja*, which will abort vaccination and prove powerfully curative in chronic conditions of persons who have been repeatedly vaccinated often without result or have been made very ill by vaccination and never have been well since." She gives several cases to substantiate her point as Dr Burnett.

KENT WRITES: *Thuja* is pre-eminently a strong medicine when you have a trace of animal poisoning in the history, as snake bite, small pox and other vaccination."

ANTON ROHRER adds that perhaps we have to think of *Thuja* after blood transfusions and gamma-globulin injections. It is the foreign substance, which comes into the body in an unnatural way, produces in several patients the evil after effects. *Thuja* has a fear of strangers and delusion something alive in the abdomen and to be under superhuman control. It is also one of the five remedies in "fear of physician, he seems to terrify her". With doctors freely giving injections for illnesses, *Thuja* patients are scared

In Kent's repertory, following rubrics indicate *Thuja* for after effects of vaccination, particularly after smallpox

1. p 515: Stomach, pain vaccination after. (only remedy in capitals)
2. p 615: Rectum, diarrhea after vaccination (in second grade)
3. p 765: Respiration, asthmatic after vaccination (only remedy)
4. p 809: Cough, vaccination after (only remedy)
5. p 985: Emaciation of upper limbs after vaccination
6. p 1005: Extremities, felon, run round after vaccination (only remedy in caps)
7. p 1197: Extremities shoulder swollen after vaccination

ANTON ROHRER: In synthetic repertory there are 30 remedies listed for after effects of vaccination to be se-

lected on the basis of similarity.

CASE 15: A woman of 29 had epileptic fits once a week and exhibited a *Thuja* symptom "Before attacks, ears feel numb". Other *Thuja* symptoms: onions provoked an attack next morning. She was vaccinated twice and last one did not take hold. After a high potency dose of *Thuja*, the fits entirely stopped. Was under observation for 10 months and no attacks since then.

CASE 16: A 3 year old boy was brought for consultation to Dr M Tyler as mentally deficient; he was dirty, with incontinence of stool and urine at night and ate dog's faeces. His mother was told that the child would never be normal. The child had been vaccinated twice which did not take. His mother had also her share of vaccination and complained of filthy discharge before the boy's birth. The boy was given *Thuja* with miraculous results; four weeks later the boy could understand what one said and talked. Got fatter and slept well. In another month started playing well, was able to articulate and continued to improve.

Dr DOROTHY SHEPARD has several cases of complications from vaccinations.

CASE 17: Paralysis of tongue

A teenage girl; following vaccination developed a kind of speech paralysis and paralysis of muscles of the tongue. She had earlier won prizes for recitation and clear diction! The articulation became difficult and tongue became heavy and could not be moved. Menses stopped entirely for 3 months and later kept getting delayed. She had headaches and thick mucus from nose; thyroid gland was swollen; skin was greasy and dirty white. She became broody and depressed. She was given *Thuja* 6 TDS in Nov. In a month's time her voice became clear but she was still despondent; she was given *Thuja* 12 TDS and by January next she was all right.

CASE 18: Dr STEWART

A boy of 8 with an imperforated anus had to have a colostomy before he was comfortable. He was slow in growing: sitting up at 8 months, walking at 20 months



and did not talk till 2 ½ yrs old. He found it difficult to grasp basic facts regarding numbers, letters, colours. He almost constantly had bad colds. He was helped a little by *Sulphur*. Later given *Thuja* 10M based on: cheerful, poor concentration, slow at learning, very changeable mood, obstinate, frequent head colds and worse in evening and warm and wet weather and above all he was vaccinated. After the remedy he never looked back—did well in school.

In earlier times small pox vaccination was the main vaccination. Since small pox has been eradicated, children are now being vaccinated for many diseases such as BCG, MMR and Polio. These also affect adversely the child's immune system and produce various illnesses. *Thuja* has also been helpful in eradicating the ill effects of such vaccination. Nowadays such after-effects such as otitis media, whooping cough attributable to vaccination are now effectively alleviated by tautopathic drug of the vaccine.

CASE 19: A 2-y old boy developed cough after measles-mumps vaccination. Cough was in paroxysms and mostly in the mornings. Rubric: cough, paroxysmal morning waking after—*Thuja* in first grade. It was given in 200th potency and it cured. (ANTON ROHRER-HL 2/95).

CASE 20: A woman complained of severe neuralgic pains after anti-meningitis vaccination in her upper arm. The pain went up the elbow or from the left axilla to the breast. This particular type of pain has not been listed in the Allen's Encyclopedia. The doctor relied on the observation of Dr Burnett that *Thuja* can produce any type of neuralgia anywhere in the body and taking the etiology of vaccination, he prescribed *Thuja*. ANTON ROHRER.

CASE 21:

A young lad of 17 was suffering from Asthma for t 6-7 y. He was puny, delicate, narrow chested. There were no symptoms specifically pointing to any particular remedy except the attack came after inhaling dust. He was given *Pothus-foetidus* as enquiries by Dr Dorothy Shep-

herd revealed that there was no history of vaccinations. The boy was relieved of such attacks. On a subsequent visit the mother told that her father was vaccinated several times and she also had one was just before delivery of the boy. *Thuja* 30 in repeated doses resulted in the boy becoming completely free of the asthmatic attacks.

CASE 22: Migraines and periodic sick headaches are frequently due to the long delayed action of the vaccine poisoning.

A woman in her late thirties consulted Dr Shepherd for her chronic neuralgic headaches of 12 years; she was chilly and felt miserable in the mornings and *could not eat her breakfast*. All these were strong *Thuja* symptoms; in addition she was vaccinated several times of which the last two did not take effect. A few doses of *Thuja* cured her.

CASE 23:

A father brought his child of 3 months, diagnosed as "infantile cortical Hyperostosis with Kaffis's disease with posterior urethral valve with Lt Hydronephrosis with leukaemia". The child was quite well earlier but trouble started after given BCG. A few days later, he had greenish discharge from the eyes, which were treated with allopathic eye drops. Then the child started having greenish, blackish and offensive diarrhoea, which was cured with allopathic treatment. The child then developed swelling of the forearm and had fever. The above diagnosis was made and the child was declared incurable. The child used to cry from 4AM to 10AM daily for a month. Based on greenish discharge and bad effects of vaccination. Dr Praful Vijaykar gave the child a dose of *Thuja* (Potency not given). Within one week the child stopped crying and had sound sleep and started eating well. WBC count came down and then onwards the child never looked back. However against doctor's advice the child was given oral polio vaccine, which again produced a swelling of the forearm. Fortunately, repetition of *Thuja* cleared it. (From the interview with Praful Vijaykar in Homoeopathic Links -1/92)

