

### Three Cases of Cancer Cured with the High Potencies.

J. H. ALLEN, M.D.

CASE I.—J. H. M., house carpenter, age fifty-four, a powerfully built man and of fine physique, called on me one year ago; he was then suffering from la grippe, and on examination I found the lower lobe of left lung hepatized, which disappeared in about sixty days. He had a family history of consumption and had had camp diarrhoea while in the army; ever since that time he had been troubled with a disease of the rectum.

Symptoms: pain in the rectum a great part of the time, worse at night, severe itching in the evening, bleeding piles; every now and then, when not troubled with the piles, had a thin acrid and exoriating discharge. The tissues around the anus very much thickened and inflamed; has pimply eruptions on different parts of the body; skin looks dry and dirty looking; has had itch suppressed with Sulphur previous to his entering the army in '62. Treatment: *Sulphur cm.*, three powders to be taken four hours apart, and to report in one week. At the end of that time he reported rectum much better; the thickening around anus has almost disappeared; itching better, though it was very severe for the first three days after taking the medicine, so much so that he thought he would have to call on me for relief. Soon after the itching passed away he broke out around the mouth with fever sores as he called them; four days after they made their appearance they had grown from small spots the size of a pea to large fungus-looking growths the size of a hickory nut, five in number, almost black in color, and very nearly encircling the mouth. The lower lip very much swollen, infiltrated and angry looking; there was no sign of

ulceration or any discharge, but a good deal of soreness and stiffness preventing the closing of the mouth completely. No medicine every four hours while awake, with instructions to report if the sores on the lips grew worse.

At the end of two weeks he returned, the sores had entirely disappeared, together with the rectum trouble. But he said he had something new to show me this time; he complained of a burning, sore spot on the centre of the lower lip. On examination of the lip, I found a soft, vascular, itching, burning spot, covered with a thin film in its center, edges of the sore somewhat elevated, denuded of its epithelium, bleeding at the slightest provocation; during the day it had bled so profusely that he became alarmed at it; the lip is very much infiltrated and congested, of a dark red color; he is constantly licking the sore lip as it is hot, dry and parched; has thirst for small quantities of water, which is daily increasing; tongue coated white, dry and parched looking, also, temperature elevated one and a half degrees.

Treatment—*Arsenicum em.*, one powder, with no medicine for one week. When he reported, I found a marked improvement, temperature only one-half degree above the normal, thirst better, no more hæmorrhage from the lip, though for three days after giving the medicine had to use five or six handkerchiefs per day. At the end of the fourth week I discharged him cured.

CASE II. Mrs. A. B., aged 42, a widow for six years. Her home is in Chicago, where she has been taking treatment for nearly a year; she has had both old school and homœopathic treatment; her case has been diagnosed as cancer and that they could not cure her, but only prolong life for a short time; having no relatives in Chicago, she was invited here to live with a sister who called me in to treat the case. On examination of the case I found an

irregular-shaped tumor, nodulated and very hard, except in one spot, where it had begun to break down. It was lying between the uterus and rectum, firmly attached to both organs and about the size of a large orange. The rectum had already begun to contract, which made an operation from the bowels quite difficult and that only with copious injections of water which was followed by a good deal of pain and prostration. To complicate matters, five small but very sensitive and painful haemorrhoidal tumors, situated below the attachment of the tumor and posterior wall of the rectum, only aided in complicating matters and increasing the suffering of my patient. The family history of my patient was good, had always been well up to the time she was married, ten years ago; up to that time had had no severe illness that required the aid of a physician. Soon after marriage she began to be troubled with a very annoying leucorrhœa; after suffering with it almost a year, she consulted a physician who prescribed medicated injections per vagina, which undoubtedly suppressed it, for it soon disappeared. From that time she has never seen a well day.

Treatment—*Medorrhinum em.*, one dose, followed with placebo for one month. Soon after taking the medicine the leucorrhœa returned, from which she suffered almost everything, so acrid was it that it seemed to almost cauterize any part that it came in contact with. The only relief that she found was in tamponing the vagina and injecting frequently into it quantities of tepid water. For ten days it confined her to her bed, but it gradually cleared up and with it disappeared her low spiritedness and despondency; she became less nervous and began to get light hearted and happy again. Again prescribed no medicine, and from that time the tumor began gradually to disappear. At the end of the second

month the upper portion of the tumor or that portion that was attached to the uterus had entirely disappeared and had contracted down to a small nodule the size of a small hen's egg; it had ceased discharging, the odor had disappeared together with the infiltration, nothing now remained but this little nodule attached to the rectum.

The hemorrhoidal tumor had also disappeared and most of the congestion. The bowels move naturally now, and has suffered no pain for two weeks past, sleeps well and appetite good, thinks she can soon go to work.

March 1st, prescribed *Aloe em. potaney* for a persistent diarrhœa that came on every morning and lasted all forenoon, then would disappear until next morning again; I was in hopes this would disappear of itself; but it seemed to be exhausting my patient, so I prescribed the Aloe, which cleared it up nicely. Since that time she has had no more medicine. April 1st, on making an examination, I find the tumor has entirely disappeared and my patient is well.

CASE III. Mr. B. F., age thirty-five; light complexion, blue eyes, and of a mild disposition; follows farming and fruit-growing as a business. Family history, consumption, two sisters and an uncle died of that disease; one of his own children, aged two years, died last summer of marasmus. Father and mother both living and well now; but both are subjects to attack of erysipelas about once a year. Previous to his present trouble his health has generally been good. As long as he remembers has had a wart on the left cheek, near the angle of mouth, about the size of a small pea. It never gave him any trouble until last September, when, for some unknown reason, it began to grow rapidly. At the end of two months it had grown about one inch in length, and as thick as

the little finger, and had already begun to ulcerate and discharge a thin, aerid and badly smelling pus; occasionally it would bleed so profusely, as to be some what alarming. It was during one of these attacks that he called the attention of a physician to it, who diagnosed it was a cancerous wart, and advised immediate excision. Not satisfied with his decision he consulted two others, who gave him similar advice, when he was advised to consult me about it. On first seeing it I mistrusted cancer, and on examination of it more carefully I came to the conclusion it was; the ulceration had already reached the cheek which was very much swollen, infiltrated and angry, with a tendency of the tissues to contract around the growth.

*Treatment*—From the character of the discharge, which was thin, watery and exoriating, the intense burning, the constantly increasing thirst, and the nightly restlessness and aggravation after midnight, I prescribed *Arsenicum cm.* potency, two powders with no medicine for one week; at the end of one week he returned improved, the discharge had nearly ceased, the inflammation lessened, thirst gone, and the nightly restlessness much better; the growth had now begun to contract at the base. At the end of the second week it had so dried up that it looked as if it was burnt; the contraction had still gone on at the base, so that with a slight touch it broke off close to cheek, and was followed by a slight hæmorrhage. Continued no medicine, and at the end of third week I discharged the case cured.

#### DISCUSSION.

Dr. Carleton: I think these were three capital cures, but I am a little uncertain about the diagnosis of the second case.

Dr. Wesselhœft: I think the *Medorrhinum* case an

exceedingly instructive one. In its homœopathic pathology it is similar to a cure I reported with Dulcamara several years ago. The disease arose from a suppressed vaginal discharge, which I supposed to be gonorrhœal. The result was an ulcer in the rectum. On account of an accidental cold I prescribed Dulcamara. It brought back the uterine discharge and cured the ulcer. On this account I suggested the re-proving of Dulcamara, especially on women, as there had been no proving of this drug upon women.

Dr. J. H. Allen: The case had been treated by a good homœopathic physician, and I prescribed several times without result. The suppressed discharge, with the fact that soft cancer not infrequently is produced by gonorrhœa, led me to the remedy.

Dr. Carleton: It was not given to cure, but to reproduce a suppressed discharge, and so clear the ground for a cure.

— *Medical Advance.*

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#### Corrigendum.

We regret to mention that the name of Dr. J. P. Majumder, M. D. who delivered the Presidential address in the Behar and Orissa Conference, published in the previous April issue of our monthly, has been inadvertently omitted to be mentioned.