

615.5
MAT
THERA

Common Infectious Diseases

With

Therapeutics and Repertory



By

Dr. R. P. MATHUR

M.H.M.S. (Cal.), D.F. Hom. (London)

*Founder Principal Raj. Homoeo Medical College & Hospital Jaipur,
Emeritus Prof of Clinical Homoeo Materia Medica.*

R. H. Medical College & Hospital Jaipur.



DISTRIBUTORS:
B. JAIN PUBLISHERS (P) LTD.
1921, GALI NO. 10, CHUNA MANDI
PAHAR GANJ
NEW DELHI-110055 - INDIA
PH: 519128, 518445



Accession No. 7017

Date . 04.2017

Printed at :

RADHA GOVIND PRINTERS

Jaipur-3

2-1779

All Rights Reserved

By

Dr. R. P. Mathur

Orient Homoeo Publishers

C-24, Bapu Nagar

Jaipur-302 015

Edition : **FIRST 1984**

PRICE Rs. 32.00

DEDICATED

TO

The memory of my revered parents who
encouraged me to study Homoeopathy.



PREFACE

My aim in writing this book is to provide the readers, more to students of Homœopathic College, the description of the disease, auxillary treatment, medicinal treatment and repertory of characteristic symptoms with the each chapter. In giving the description of the disease, I have taken care not to be confusing to the readers.

The etiology, pathology, manifestations, diagnosis, sequelae, complications and differential diagnosis, are given in brief and to the point.

In dealing with the therapeutic of each disease, much care is taken to individualize the medicine by most characteristic symptoms so that one may be differentiated with other without difficulty. Only important medicines of experience are dealt with and correct medicine can be easily selected for the patient.

The knowledge of auxillary treatment is must for the treating physician so that he should be able to guide the attendants to observe hygenic measures and give proper diet to the patient, which is as essential as the right selected medicine.

The third feature of the book is repertory of characteristic symptoms and their medicines. The repertory in case of few serious diseases is exhausting to help in the right selection of the medicine in case of complications. In others only characteristic symptoms are given with their medicines. Thus every chapter contains three-in-one.

I hope this small book will prove useful to students and physicians. The quick acceptance of this book will tell its appreciation and usefulness.

Dr. R. P. MATHUR

BIBLIOGRAPHY

1. Hering condensed
2. Synoptic key to the Materia Medica by Dr. C.M. Boger
3. Dictionary of Materia Medica by Dr. J.H. Clarke
4. Materia Medica and Therapeutics by Dr. A.C. Cowperthwaite
5. Clinical Materia Medica by Dr. E.N. Farrington
6. Homoeopathic Materia Medica by Dr. J.T. Kent
7. Materia Medica by Dr. Royal George
8. Drug picture by Dr. M.L. Tyler
9. Systematic Materia Medica of Homoeopathic remedies by Dr. K.N. Mathur
10. Materia Medica with repertory by Williom Boericke
11. The Principles and Practice of Medicine by Sir Stanley Davidson.
12. Principles of Internal Medicine by Harrison
13. Savill's System of Clinical Medicine
14. Kent
15. Knerr
16. Boericke
17. Boenninghausen
18. Practical Homoeo Therapeutics by Dr. W. A. Dewey
19. Homoeopathic Therapeutics by Dr. S. Lilienthal
20. Therapeutic Pocket book by Dr. C. Von. Boenninghausen
21. Therapeutic key by Dr. I. D. Johanson
22. Science of therapeutics by Dr. Carroll Dunham
23. The special pathology and diagnostics with therapeutic Hints by Dr. C. G. Raue

CONTENTS

1. Acute Infectious diseases and Homoeopathy	1
2. Erysipelas	4
3. Cholera	10
4. Measles	17
5. Small Pox	27
6. Diphtheria	36
7. Scarlet Fever	45
8. Malaria	52
9. Mumps	73
10. Whooping Cough	78
11. Influenza	85
12. Chicken Pox	92
13. Typhoid	94
14. Lobar Pneumonia	115
15. Cerebrospinal Fever	142
16. Dysentery	153



ADDENDA & CORRIGENDA

Page	Para	Line	Content	Correction
1	2	1	origen	Origin
2	2	5	She quite	She is quite
6	2	2	skin	Skin
7	2	3	becom	become
12	5	2	muscxles	muscles
17	1	3	elivated	elevated
17	1	4	aggrigated	aggregated
17	2	2	to attack	to its attack
20	4	3	disquamation	desquamation
22	5	7	symptomes	symptoms
27	2	11	abundent	abundant
41	4	5	articales	articles
49	6	3	discoves	discover.
52	2	4	Anopheline	Anopheles
54	1	5	epieodes	episodes
75	7	1	PROPHYLECTIC	PROPHYLACTIC
88	2	3	in	delete
94	3	2	Payer's	Peyer's
95	1	11	dilirium	delirium
117	2	3	permnaent	permanent
124	1	2	checks	cheeks
124	2	21	equealy	equally
124	2	21	insted	instead
129	1	5	shrface	surface
135	3	2	Pneumoni	Pneumonia
135	5	3	tnstad	instead
136	1	1	it	It
137	4	5	imperceptible	imperceptible
142	2	6	chorrid	choroid
142	2	7	plexuses	plexus
148	4	4	scizes	seizes
158	1	5	startling	starting
161	3	2	drowing	drawing

The Acute Infectious Disorder and Homoeopathy,

It is a group marked by the common characteristic that they are communicable and always reproduce their kind. They include the pestilences which from time to time visit like cholera and influenza; the continued fevers- typhus, typhoid, and so forth; the Exanthemata-variola, scarlatina, measles; the primarily local infections, such as Diphtheria and Erysipilas. They are those which have hitherto been classed as "Zymotic", from some analogy in their development to the process of fermentation by the reception of a contagium vivum, to whose life history their course of symptoms is supposed to be due

These infectious disorders are parasitic in origin; should not their treatment be parasitical? Should we not deal with germs inside the body as we do with those outside, and attack the cause with antiseptics rather than the effect with similar medicine? We can say with full confidence that parasitical treatment is not at all necessary and never without danger but homoeopathic medicine on law of similars will certainly cure the patient of whatever infection one might be suffering.

To attack acari on the surface and worms in the intestine, with their appropriate poisons; to guard breaches of surface against intruding spores or clean them when infected by local sporicides-this is rational and harmless enough. But when you have the whole mass of blood in the body swarming with those organisms, you need large doses of poison to kill them; and can you expect that the host will remain immune while

your toxic agents are destroying his guest ? Medical profession is now realising the folly of parasitical treatment by large doses of poisons to kill the bacterias, because experience of many great doctors tell that such process of treatment is injurious. Not only Hahnemann but many other writers have shown the harm done by suppressing, with strong. parasiticides any extensive itch; Filox mass has been the agent of many a poisons. Dr. Keith has decelared that in his Laparotomies he has seen as much harmful result from carbolic dressings as from the operation itself, and Asepsis rather than Antisepsis is now the aim of most of wise surgeons and obstetricians.

Now we have to see how nature defends hereselfand what part is played by homoeopathic remedies combating these infectious deseases, Nature has the power of limiting the developement of, and so promoting recovery from the infectious deseases. Were she quite passive in their presence, there seems no reason why their ravages should ever cease, save with the death of the patient. The spores once introduced must fulfil their destiny of indefinite multiplication, until the whole body becomes the seat of their operations and the prey of their requirements.

Nature goes upon the principal, that for germination, two factors are needed-the Seed and the Soil. To kill the seed when it has once sprouted would be a wasteful exertion of her power but she makes the soil such as will forbid its furthers development, Nature has provided certain defence forces to our body against these infections and they are same production of defensive phagocytes,, some exhaustion of combustible or alimentry material, some establishment of callousness to provocation which at lenght disallows the life of the foreign invader and brings its history to a close. In this way nature provides immunity and that not only for the once, but in the future-always for a time, often for a life time; so that the subject of a specific infection is proof against it henceforward.

Now the part played by Homoeopathic remedies in such diseases is to favour the introduction of this immunity. Chosen on account of the similarity of their effects to those of the contagium in question, they must evidently act on the same parts and in similar manner. Such action is provedly in compatible with the idiopathic morbid process; it neutralises, obliterates, extinguishes it. The bacteria present find no scope for their activities; they languish and die while the disorders they have introduced are rapidly subdued. This defensive change is maintained by the repetition of doses until all the present need for it has passed away. We are then on rational ground if we treat the infectious diseases on ordinary Homoeopathic principles, regardless of their presumed causation by the reception and development of animated germs. There is too, in so directing our therapeutic, this further advantage that we provide for the prevention which is, proverbially and confessedly, better than cure.

ERYSIPELAS

(St. Anthony's Fire)

DEFINITION

Erysipelas is an acute localized streptococcal infection of the skin with associated systemic manifestations like fever, chills, headache and vomiting. It is most often seen on face, though it may affect any part.

ETIOLOGY

Group A streptococci are the usual causative organisms, Face is the site of predilection. It occurs in both sexes and at all ages, Incubation period is 2-4 days.

MANIFESTATIONS

The onset is abrupt; skin is hot and painful at the site of infection and soon rapidly spreading erythema appears with oedema in the subcutaneous tissue. The advancing border is raised from the surrounding normal skin. Face is involved in about 80% of cases. Constitutional symptoms like malaise, fever, chills, headache and nausea are maximum at the peak of the disease. Recovery starts from the seventh day; the colour fades and complete healing occurs with desquamation of the superficial layers of the skin. Usually no scar is left.

COMPLICATIONS AND SEQUELEE

Like in other streptococcal infections, bacteremia can occur in a few cases. In individuals with poor nutrition abscess formation at the site of infection is common. Infective endocarditis, brain abscess and nephritis are also not uncommon.

DIAGNOSIS

The diagnosis of erysipelas is usually easy. It may resemble acute dermatitis in appearance; however, the later is not ushered in by chills and high temperature, and the skin lesions do not show advancing sharp outline.

TREATMENT

- 1 **Aconite**-Sudden violent onset after exposure to cold wind. High grade fever, restlessness, and fear of death.
2. **Apis Mel**-Great tumefaction, skin pale and shining, stinging and burning pains with oedema and vesiculation. Eye lids like sacs of water. Amelioration from cold; aggravation from heat. Fidgety, nervous, fretted and sleepless.
- 3 **Arsenicum**-Sudden inflammatory conditions like gangrene and erysipelas. Inflammation that tends to produce malignancy in the part. Secretions are acrid; characteristic burning, relieved by dry heat; marked anxiety, restlessness and prostration.
4. **Baptisia**-Drowsy, dusky, comatose; face dark red with besotted expression. May be roused, but falls asleep answering. Typhoid conditions, in the course of disease. Acts very rapidly; rapid collapse, and rapid restoration,
5. **Belladonna**-Swelling, smooth, bright red, streaked red, or dark red. Not much tendency to oedema or Vesiculation. Throbbing pain; throbbing in brain. Violent delirium. Jerking of limbs. Bell is acute, sudden, violent, red, intensely hot and dry.
6. **Cantheris**-Erysipelas of face with large blisters and severe burning (Rhustox). Burning in eyes. Whole atmosphere looks yellow; scalding tears; but in Canth it soon changes

its colour to black; looks as if gangrene would set in. Burning like fire from touch (unlike Rhustox). "The little blisters, if touched, burn like fire,—Kent." Erysipelas of eyes, with gangrenous tendency. Unquenchable thirst with disgust for drinks.

7. **Croton tiglienum**-Erysipelas that itches very much "Eruptions that itch very much, but can not bear to scratch, as it hurts. Slight scratch, a mere rub, serves to allay the irritation" (Gurrnsey). Sensation "Insect creeping on face". Cough disappears and the eruption comes; then eruption goes and cough comes back.
8. **Crotalus Hor**-Frequently recurring erysipelas of face. General local phlegmonous, or oedematous erysipelas. skin bluish-red; low fever. Gangrene: skin separated from muscles by a fetid fluid. Black spots with red areola and dark, blackish redness of adjacent tissues. Crotalus is yellow and haemorrhagic. "Crotalus is indicated in disease of the very lowest, the most putrid type coming on with unusual rapidity, reaching that putrid state in an unusually short time" (Kent).
9. **Cuprum**-Erysipelas of face disappears suddenly. Eruptions "Strike in" and cramps, spasm convulsions supervene. To bring the eruptions back, with relief. Cramps begin characteristically in fingers and toes.
10. **Hipozaninum**- "Malignant erysipelas, particularly if attended by large formation of pus, and destruction of parts. Non-healing ulcers, livid appearance" (Clarke).
11. **Lachesis**- Purple, mottled, puffy and not blotted. When the cerebral condition does not yield to Bell. Bell is red; Lach is less red and more blue, affects left side. Lachesis, typically, is worse after sleep; is loquacious, suspicious and jealous. Hypersensitive to touch, especially on throat. Wants face free or suffocates

12. **Mercurius**- Erysipelas with sloughing; with "brown mortification". With burning ulceration. Chilliness and heat alternately or heat and shuddering at the same time. Salivation bitter or salty in taste. Breath and sweat offensive.
13. **Rhustox**- Erysipelas of the Vesicular variety, accompanied by restlessness. Erysipelas of face with burning, large blisters, rapidly extending, become very purple and pit on pressure. Often extends from left to right across the face. Rhustox is worse from damp, and cold; relieved temporarily by motion.
14. **Secale**- Gangrenous erysipelas (Ars). The only distinguishing feature between the two remedies may be that Secale wants cold and Ars wants heat. Burning "sparks of fire falling on the parts". Formication; "mice creeping under the skin".
15. **Thuja**- Edematous erysipelas of face. Post vaccination erysipelas. A characteristic symptom is profuse sweat, only on uncovered parts.
16. **Veratrum Viride**- Indicated when erysipelas, is accompanied by great delirium, and a narrow, well defined, red streak right through the middle of the tongue (Nash). Phlegmonous erysipelas of face and head (Clarke).

LESS SEVERE CASES

1. **Arnica**- Erysipelas of face, with soreness, and sore bruised feeling all over the body. You need not wait longer before prescribing Arnica. "Bed feels too hard: must move to get into a new place". Rhus moves with restlessness and uneasiness, can not lie still. Arnica, to ease the soreness by getting into a new place" (Kent)
2. **Ammonium Carb**- "Erysipelas in old, debilitated persons. Eruptions faintly developed, or has seemed to disappear, from weakness of vitality to keep it on the surface. With

cerebral symptoms, simulating a drunker stupor" (Nash.) Eruption comes out and gives no relief to the patient. Erysipelas of old people when cerebral symptoms are developed. Defective reaction.

3. **Graphitis**- "Eruptions oozing out a thick, honey like fluid. Erysipelas sometimes takes this form, and in such cases recurs again and again. (Sulph); erysipelatous, moist, scurfy sores, or thin, sticky, glutinous, transparent watery fluid". (Guernsey).
4. **Hepar**- Any trouble occurring on the skin, when there is great sensitiveness to the slightest touch. Extreme sensitiveness runs through the whole remedy, to the slightest draught of air; to the slightest noise, and also mental sensitiveness and irritability-almost to murder, when angered.
5. **Pulsatilla**- Erysipelas in the typical Puls patient. Mild, but irritable; weeps, craves sympathy. Craves open air, cool air; worse for heat. Not hungry or thirsty.
6. **Sulphur** - Recurrent attacks of erysipelas. Much burning; worse from heat of bed or room. Purplish appearance (Lach). "For erysipelas, as a name, we have no remedy, but when a patient has erysipelas and his symptoms conform to those of Sulphur, you will cure him with Sulphur" (Kent.). The typical sulphur patient is hungry, especially at 10 to 11 a. m.; loves fat; eats anything; kicks off the clothes at night, or puts feet out. Craves, or hates or is worse for fats. Eruptions itchy; worse from heat, warmth of rooms, warmth of bed; worse from washing; worse at night. Sulphur may be given on a paucity of symptoms

REPERTORY

1. Around Carbuncle - Anthrax
2. After circumcision - Apis
3. Bruised pain, much swelling - Apis

4. Burning - Ars.
5. Burning, drawing - Rhustox.
6. Burning stinging - Apis.
7. Children (Neonatorum) - Puls.
8. Exudes transparent glutinous fluid, with night fever - Graph.
9. Gangrenous - Anthrax, Ars, Carboveg, Lach, Muriatic acid, Secale.
10. Inflammation running in streaks - Graph.
11. Intense fever and inflammatory symptoms - Ferr. phos.
12. Metastasis to brain - Apis, Bell.
13. New born, syphilitic or scrofulous - Merc.
14. Purplish colour of affected parts - Lach.
15. Vesicular, violent affection of brain - Stram.
16. With chills and fever - Rhustox.

Note —

CHOLERA

DEFINITION

Cholera is an acute infectious disease, characterized by violent vomiting, massive diarrhoea, prostration and loss of extracellular fluid.

ETIOLOGY

The causative organism is *Vibrio cholerae*, it is gram-negative, comma shaped, motile bacillus. Cholera is endemic in West Bengal and Bangladesh; in the Western World last epidemic was reported in 1866-67. The spread of disease is water borne or direct contamination of food. Individuals with relative or absolute achlorohydia are more prone to get this infection. In endemic areas, children suffer more than adults. When there is an epidemic, the incidence in children and adult is equally high. The carriers of the disease are mostly elderly individuals in the convalescent stage.

PATHOGENESIS

The organism multiply in the lumen of the gut but it does not penetrate in to the wall. There is secretion of an enterotoxin by the *Vibrio cholerae*, which in turn secretes electrolytes and fluids from the cells lining of the gut and produces diarrhoea, severe electrolyte imbalance and fluid loss resulting in shock.

MANIFESTATIONS

The incubation period is usually very short (6 to 48 hours). In the beginning there is diarrhoea with some faecal matter but soon stools become just watering in nature, clinically known

as "Rice water stool". Diarrhoea is mostly painless. In a short time there is marked loss of fluids and electrolytes and patient enters into the state of shock. Vomiting in these cases is characteristically effortless and there is no feeling of nausea.

On examination patient appears severely ill, cyanotic, skin is dry and wrinkled. pulse is weak, voice is low, respiratory rate is high and blood pressure shows a noticeable fall. Urine output is markedly reduced. If not properly managed patient may die of shock due to fluid loss or uremia due to kidney damage.

DIAGNOSIS

During an epidemic this is easy, but when there are only a few sporadic cases, then the diagnosis can be confirmed by culture of the organism from the stools or by direct microscopic examination.

PROGNOSIS

The prognosis of cholera is grave if not managed in the initial stages. In epidemics the mortality ranges from fifty to sixty per cent, but much less in homoeopathic treatment.

TREATMENT

1. **Aconite**:— Premonitory stage—Nausea, sweating and diarrhoea; white stool and red urine; hypogastrium painful and sore to touch. Collapse out of proportion to the evacuation; great and sudden sinking of strength, but with no alarm.
2. **Angustura**:— Spasms and cramps in back, thighs and calves; eye lids spasmodically opened. Nausea and diarrhoea with cutting pain in abdomen; copious, thin, white stools with shivering after every stool.
3. **Arsenicum**:— Incessant restlessness and change of position; intense thirst, satiated for moments by a small quan-

tity of water. Drinking of large quantities, with vomiting and purging; violent vomiting of water, bilious; or slimy, green, brown or black masses; lips and tongue dry; icy coldness of the skin, and clammy sweat, with subjective heat. Stool not rice water but frequent scanty and watery. Hippocratic countenance; pulse, small, feeble, intermittent or tremulous; tonic spasm of the fingers and toes; sudden collapse, with drowsiness verging on stupefaction and great indifference.

4. **Camphor**:— Good for initial stage only. Sudden and overwhelming prostration, unable to stand; cramps in calves; coldness of body, dry, or in cold sweat; great burning in esophagus and stomach. No thirst, marked nausea; coldness after vomiting. There may be no vomiting, no diarrhoea but only scanty stool. Cannot bear to be covered. Extremities cold and blue with cramps. Dry cholera representing a terrible shock to sympatheticous. Sometimes scanty rice watery stools.
5. **Carbo Veg**:— After exposure to great heat of sun or of fire, as in cooks, blacksmiths, masons, etc. In premonitory stage, collapse with diarrhoea and vomiting or without stool. Nose, cheeks and finger tips icy cold; lips bluish, cold breath and cold tongue; respiration weak and labored; desires to be fanned; cramps in legs and thighs.
6. **Cicuta**:— Loud, dangerous hiccough; little diarrhoea; but the vomiting alternates with violent tonic spasms of the chest; sopor, convulsions, staring or upturned eyes; heavy breathing; congestion of blood to the head or chest; vomiting or diarrhoea nearly ceases.
7. **Cuprum Met**:— Spasmodic variety. Spasm starts in lower limbs, and then spreads to upper limbs, and muscles of abdomen and chest; cannot bear even a cloth approached to his face; it takes away breath. Colic with nausea vomiting; vomits are watery; drinking sips of cold water prevents vomiting; spasms in throat prevent speech, Coll-

apse. Skin cold and blue, severe nausea, suffocation, epigastric distress and cramps.

8. **Gratiola** :—Cholera resulting from drinking excessive quantities of water of moderate coolness: yellow-green, frothy, watery stools, gushing out forcibly, with rumbling in abdomen; cold feeling in abdomen; frequent spitting, with inclination to vomit; nausea not relieved by vomiting; cramps spread from epigastric region to whole of the body.
9. **Secale Cor** :-Vomiting stops, but diarrhoea continues; brownish, flocculent, colourless stools. Aversion to heat or being covered, icy coldness of the extremities; great exhaustion or prostration. The stools are ejected with force and where there is still vomiting, it is painless, without effort and is followed by weakness. Dry thick viscid coating of the tongue; unquenchable thirst; burning in epigastric region. Facial muscles are especially affected, distortion of features; mouth closed or distorted; bites the tongue.

Secale Cor is very similar to Arsenicum in many of its symptoms. The two drugs are complementary. Arsenic may be distinguished from Secale by motions. In Secale, motions are copious and come in spurts; Secale has not the restlessness that belongs to Arsenic. When there are many spasmodic symptoms present, is often the case, you will find under Secale; fingers spread asunder, with tingling in the hands and feet, intolerance of heat.

10. **Veratrum Album** :—Violent vomiting and severe diarrhoea; excessive weakness: cramps in the calves; eyes hollow or sunken; countenance pale; extremities cold; cold clammy perspiration; violent pain in the region of the navel, abdomen tender on touch; pain and cramps in the fingers: skin shrivelled on palms
11. **Elaterium** :— Profuse watery diarrhoea; no vomiting; stools frequent, frothy, watery and of pea green colour; cutting

gripping pains in the bowels; chilliness with continued yawning; difficult breathing; suppression of urine; great prostration.

12. **Euphorbia Corollate**:- Violent vomiting of large quantities of water mixed with mucus, then clear fluid like rice water and purging of watery light-yellow liquid with warm sweat on forehead and face; the ejections are thrown out with much force; cramps in calves and coldness of body; patient wants to die.
13. **Ricinus**:- Rice water stools; complete anuria; collapse; voice becomes husky; forehead covered with cold sweat; extremities moist and cool; violent purging and vomiting; diarrhoea almost incessant and colliquative; anuria followed by albuminuria, urine deeply coloured and highly albuminous.
14. **Ipecacuanha**:- Frequent vomiting, the purging not being violent, a mild form caused by eating fat, meat or sweets; gripping, pinching pain in abdomen; aggr. by motion, amel. by rest. Constant nausea; no thirst.
15. **Tabacum**:- It is indicated in cholera, when the nausea and cold sweat persist after Veratrum Alb, Secale or Camphor has stopped the diarrhoea. The nausea is accompanied by burning heat about the abdomen, the rest of the body being cold. The patient persists on uncovering the abdomen.

PROPHYLATIC

Patient must be isolated to prevent the spread of cholera. All discharges must be promptly disinfected and destroyed, clothings, wearing apparel and utensils must be sterilized. Hahnemann recommended as a prophylaxis Cupurm 200 and Verat Alb 200 on alternate week throughout an epidemic. For those who look after the patients of cholera, Hahnemann (1832) suggested a few drops of spirit of Camphor on sugar. He also said that Camphor fumes would destroy cholera cont-

agion, and recommended that spirit of Camphor should be distributed free during an epidemic

REPERTORY OF CHARACTERISTIC SYMPTOMS

1. Cholera with abdomen, sensitive to contact, with drawing and cramps in fingers — Verat alb.
 - spasms of abdominal muscles, in severe cases- Plumb.
 - asphyctive stage, Camph, Carb V, Laur, Op, Phos.
 - Breath cold-Camph, Carbo Veg, China, Verat V.
2. Cholera, during epidemic, in persons debilitated and relaxed by heat of summer - Phos acid.
3. Cholera with colic violent, especially around navel, as if abdomen would torn open- Verat.
 - Collapse- Atrop-s, Camph, Carbo-v, Cup met, Secale Verat.
 - Cramps - Cup-met, Mag phos.
 - cramps in calves- Phos, Sulph, Verat, Cup-met.
 - followed by croup- Spong.
 - with exhaustion- Ars, Carbo Veg, China. Secale, Verat.
 - deathly anguish, face bluish or pale. blue margin around eyes- Verat.
 - cold tongue- Verat.
 - tongue gluey- Phos acid.
 - retention of urine = Verat.
4. Cholera with vertigo:- Verat.
 - Vomiting-Ant T, Ars, Camph, Colch, Cup met, Hell, Jatroph, Kali phos, Verat.
 - Vomiting predominating- Bism.
 - more retching than vomiting - Secale.
 - violent eructations upward and downward - Verat.
 - vomiting and constant desire for cold drinks - Verat.
 - Voice feeble, hoarse - Verat.

5. **Cholera infantum** - Acon, Aethusa, Ant cr, Ant t, Apis, Ars, Cal c, Calc ph, Camph, Carbo veg, cham, China, Colch, Crot tig, cup met, Gamb, Ipecac, Ign, Mag carb, Manc, Nat M, Op, Phos, Phos acid, Podo, Rob, Secale, Sulph, Verat

- followed by convulsions with hydrocephaloid - Zinc.
- with cough and golden yellow stools - Phos.
- whooping cough - Ars.
- crying out during sleep - Phos.
- during dentition - Acon, Aethusa, Ars, Bov, Cham, China, Colocy, Cup met, Ferrum met, Ipecac, Mag c, Podo, Psor, Rheum.
- during, child smells sour - Calc, Mag c, Rheum,
- with stupor, snoring and convulsions - Op.
- with frequent thirst for small quantity of water-Ars.
- with thirst for large quantity of water - Bry, Verat.
- with thirst, water heard gurgling down to stomach - Laur.
- with tongue cold Verat
- with vomiting - Ars, Ipec, Iris, Lach, Verat.

Notes :—

MEASLES

SYNONYM—MORBILLI

Definition—May be defined as an infectious febrile disease attended by the catarrh of the ocular, nasal and respiratory mucous membrane, and by eruption of minute elevated papules which as they enlarge, become aggregated into irregular and often crescentic groups.

Etiology—Measles is of universal geographical distribution. Both sexes are equally liable to attack. It is extremely infectious and there is little evidence that natural immunity ever occurs. More than half the attacks of measles occur in the first five years of life. In advanced age it is rare. Malnutrition, rickets, bronchopneumonia, whooping cough and tuberculosis are adverse factors. The disease is always endemic in large cities, and cases are particularly numerous in December, January and February, again increasing some what in May and June. Epidemics recur every two or three years and every tenth year an especial incidence is said to be noticeable. The Virus resides in the secretions of the respiratory tract and direct infection is the rule, a very intimate contact not being essential. Infectivity may be present as long as 4 days before the appearance of rash and then rapidly declines. It may be transmitted by fomites.

Symptoms—The period of incubation averages about ten days.

Prodromal stage—Prodromal phase usually lasts for 4-5 days.

The stage of invasion is ushered in, with all the symptoms of an influenza. The patient has coryza, the eyes run and sensitive to light; there is pharyngitis and laryngitis with hoarseness; there is bronchitis with dry cough. The patient

feels chilly, but has no distinct rigor. The temperature runs upto 102 F to 103 F at the onset, to drop a little on succeeding days until the eruption appears, when temperature rises abruptly to 103 F to 104 F. The tongue becomes covered with a thick white fur, the tip and edges remaining red. Epistaxis sometimes occurs. Convulsions are rare.

Stage of Eruption—Usually, about the third day, it may be the second to the sixth, the eruption begins to show itself. It appears in the buccal cavity, on the soft palate, uvula and mucous membranes of the cheeks, this is sometimes known as 'Koplik's spots'.

From twelve to twenty four hours after the appearance of the eruption in the mouth, it begins to show itself on the skin. It appears on the face, then on the chest, arms and legs in the order named. The eruption consists of minute red papules that can be felt before they can be seen. At first they are distinct, but soon they form themselves into groups or patches, with curved or crescentic out lines. The colour of the skin is not uniform, but has a mottled appearance and is swollen. It feels hot and dry, and some times there is intense itching. The rash is dark red and disappears on pressure. It takes thirty six to forty eight hours for the body to become completely covered. The eruption at any given point remains at its maximum for about twelve hours and then begins to fade in the order in which it appeared. The stage lasts four days to a week.

During the eruption period, lachrymation and photophobia are more marked. The bronchitis increases and the cough becomes more frequent and looser and with more or less expectoration. The temperature rises as the rash appears and reaches its maximum in five hours. It may be as high as 105 °F. The patient is restless at night and drowsy by day. The appetite is lost and the patient is usually very thirsty. The tongue is coated and the enlarged red papillae showing through. There is a bad taste in mouth. Sometimes there

is nausea and vomiting; more often there is diarrhoea. Occasionally there is delirium.

The stage of desquamation lasts from four to eight days. It begins when the rash begins to fade. All the symptoms decline as the eruptions disappear. The temperature falls by crisis. The skin does not peel off, like in scarlet fever, but is given off in fine bran like particles. Convalescence is rapid. In ten to fourteen days the patient is perfectly well.

COMPLICATIONS AND SEQUELAE

1. **Respiratory**—The complications of measles of most importance are those of the respiratory tract. Catarrhal symptoms of the eyes, nose, throat and bronchial tubes always accompany measles and are a part of it. Pneumonia and capillary bronchitis occasionally occurs.
Miliary tuberculosis, especially in young children is said to follow measles with comparative frequency.
Laryngitis, even aphonia may complicate measles.
2. **Gastro-intestinal**—Stomatitis is quite common. Gastro-enteritis, sometimes occurs in measles.
3. **Special senses**—Otitis media, conjunctivitis; corneal ulcer.
4. **Skin**—Impetigo; furunculosis.
5. Neurological complications are more common than in any other exanthema. Encephalitis either occurring at onset and probably due to measles virus or later due to hypersensitivity phenomenon.

Varities—Modified, attenuated or aborted measles indicate a very mild attack, either as a result of natural immunity or of the use of prophylactic measures.

Haemorrhagic or malignant variety fortunately now rare, is very severe, and is attended by haemorrhage from different areas of the body; it is usually fatal. Occasionally bullous lesions are seen in severe attacks.

In toxic or suffocative measles chiefly of rachitic and avitamised children, death usually occurs before the fourth day from cardio-respiratory failure.

Congenital measles is a rare and mild form in which the mother and the child which is often born prematurely, both have the rash at the same stage.

DIFFERENTIAL DIAGNOSIS—

The pre-exanthematous stage of measles during invasion may be confounded with influenza. The subsequent course of the disease will leave no doubt as to its character. It also simulates common cold and catarrhal stage of whooping cough.

EXANTHEMATOUS STAGE—

- (a) German measles may be mistaken for measles. The German variety has no stage of invasion, no stage of disquamation. The eruption appears at once and is paler than that of measles. As a rule, the spots are fewer, and do not tend to coalasce. The suboccipital, posterior cervical, posterior auricular lymph nodes are palpable. In measles mucous membrane is infected and dirty, in rubella it is pale and clean.
- (b) In scarlatina the onset is more sudden than in measles, and the evidences of systemic poisoning are more marked. The pulse is rapid, there is usually vomiting; a true angina supervenes; the catarrhal symptoms are lacking and eruption comes on with in twenty four hours. Some times punctate bleed. The scarlet fever rash is mere of a difuse redness, the colour is a bright scarlet. When in patches the out line is irregular, where as in measles it is crescentic or curved.
- (c) Variola presents lumbar and sacral pains in the beginning. Unlike measles, the temperature drops on the appearance

of the rash. The rash itself is vesicular and appears earlier in the disease. Later it becomes pustular.

- (d) **Drug eruptions**—sulphonamides, phenobarbitates, diltin produce eruptions which are maculo-papular rash resembling rubella. They are rarely papulo-vesicular or petechial.
- (e) **Serum rash**—Rash dense at site of injection, typical wheels.
- (f) **Roseola infantum**—This is an acute viral disease of young children. High temperature lasts for 3-4 days. The fever falls by crisis and pink maculopapules appear on chest and trunk and fade in 1-3 days.
- (g) **Erethema multiforme**—Circular or irregular erythematous blotches usually appear on dorsum of hands and fore-arm. Constitutional symptoms may be present. It is often recognised by the absence of catarrh, pyrexia and koplik spots.
- (h) **Typhous**—Early prostration; mental symptoms; rash bright red, subcuticular mottling, no well defined edges, not marked on face.
- (i) **Paratyphoid**—Some times profuse pinkish brown maculopapules. Longer prodromal illness, characteristic temperature chart, agglutination test positive.
- (j) **Cerebrospinal fever**—Signs of meningitis.

Prognosis—The prognosis of uncomplicated cases of measles is good. Prognosis is influenced by the treatment. Homoeopathy has much less mortality than old school of treatment.

Treatment—

Aconite—Catarrh and high fever. Red conjunctiva; dry, barking cough. Itching, burning skin, rash rough and miliary. Restless, anxious, tossing, frightened.

Antim Crude—Pain in ears; white coated tongue, gastric derangements.

Antim Tart—Eruptions do not come out properly or is repelled; head confused with drowsiness; rattling breathing; dyspnoea; cough loose, but hardly any sputa; gastro-enteric affections.

Apis—Rash goes in, and brain symptoms appear. Stupor with stinging pains, extorting cries. Thirstless; worse from heat, hot room, hot fire. Better cool air; urine scanty. A great remedy for oedema and effusions. Violent cough; catarrh of the bowels, with diarrhoea; prostration; muttering delirium.

Arsenicum—Black measles, or retrocession of the eruption; shallow complexion, with blue or greenish brown stripes; Crusts around mouth; bloated face, pale and red burning heating pains in the eyes, with photophobia; typhoid symptoms; vomiting, diarrhoea; characteristic great sinking of strength; all worse about midnight and mid-day. Frequent thirst for small quantity of water.

Belladonna—Rash bright red; skin hot and dry; such cases as suggest scarlet fever. Congestion to head; injected eyes; thick white coated tongue; sore throat with difficult deglutition. Dry cough with suffocated fits. Convulsions; jerking of the limbs.

Bryonia—Rash tardy to appear. Hard, dry cough with stitching pains. Little or no expectoration. Rash disappears and the patient is drowsy; pale, twitching face; chewing motion of jaws, and motion causes child to scream with pain. Mild delirium; wants to go home while at home. Or, instead of rash, bronchitis or pneumonia, with Bry symptoms tongue coated dry; lips dry; stool dry; thirst for large quantity of water.

Coffea—Measles with nervous, restless agitation preventing sleep; short dry hacking cough.

Cupr ac—Measles, with bronchitis and delirium; wants to go home; expectoration only during night. On falling asleep, begins to talk, scold, turn, twist and scream: on being aroused was perfectly rational; tongue and mouth red.

Cuprum—Symptoms violent. Starts up from sleep. Spasm; cramps; convulsions. Cramps of fingers and toes.

Drosera—Cough with drawing together of the epigastrium, similar to whooping cough; cough as a sequelae of measles; in paroxysms worse in the afternoon and evening; sometimes attended with bloody and purulent expectoration.

Dulcamara—Retraction of eruption from exposure to damp cold air.

Euphrasia—Cases with great catarrhal intensity, Streaming of hot burning tears from eyes, with great photophobia; profuse running from the nose, without burning; cough only during the day; intense throbbing, pressing headache before eruptions come out.

Ferrum Phos—Initial and prodromic stage, with inflammatory affection of eyes, ears, nose and chest; restlessness and sleeplessness.

Gelsemium—Chills and heat chase one another. Sneezing and sore throat; excoriating nasal discharge. Severe, heavy head and occipital pain. The restlessness is the rule with Gels, (Puls). Drowsy and stupid. Lids heavy; eyes inflamed. Face dark-red, swollen, besotted (Bapt). When the eruption turns livid, with cerebral symptoms.

Helleborus—When entire sensorial life is suspended and child lies in profound stupor. Head turning to sides.

Hepar Sulph—Croupy cough, with rattling in the chest, but without expectoration; worse in morning.

Kali Bichrom—Violent stitching pains extending from ear to roof of mouth and salivary glands of the affected side

swollen. Catarrhal deafness. Kali has stringy, ropy discharges; measles with purulent discharge from eyes and ears. With pustules on cornea.

Lachesis--Livid eruption, countenance almost black, tongue coated dark brown, sordes on teeth, inability to protrude the tongue. Aggravation after sleep.

Mercurious Sol--Diarrhoea, or dysentery with pain in bowels and tenesmus which continues even after motion; moist barking cough or day cough in double strokes, without expectoration. The tongue is wet and flabby with imprints of teeth and salivation,

Morbillinum--said to be prophylactic.

Phosphorus--Violent dry exhausting cough, with desire to vomit or with vomiting; typhoid symptoms. unconsciousness; watery diarrhoea; tongue coated with sordes; black lips; debility; Tightness in chest. Cannot lie on left side.

Pulsatilla--Acon and Puls have an old reputation for measles but "if much fever, Puls will not be the remedy Profuse Lachrymation, dry mouth but seldom thirst."

Rhustox--Fever with restlessness, body pain, diarrhoea, triangular tip of the tongue, Posterior part of tongue coated. Thirst.

AUXILLARY MEASURES :—

1. The patient should be isolated.
2. If the eruption is itching, carbolized vesseline will relieve it.
3. For stomatitis, antiseptic mouth wash of boric acid may be used.
4. In conjunctivitis, a saturated solution of boric acid may be used as a solution.
5. The diet should consist of milk and liquids only.

REPERTORY :

Bronchial and pulmonary symptoms- Ant Tart, Bell, Bry, Ferrum Phos, Ipecac, Kali Bi, Phos, Rumex, Verat Vir.

.....Croupous cough preceeding or accompanying-Phos
Cough hoarse after or during, worse after midnight-
 Drosera.

..... Cough with tough mucus-Kali Bi.

..Cough spasmodic-Bell, Carbo veg., Cina Cup-
 met, Dig, Dros, Hyos, Ipecac, Rumex.

Catarrhal Symptoms-Ars, Euph, Gels, Kail Bi, Merc S, Puls.

Brain Symptoms-Apis, Bell, Cup met, Hell, Stramon, Verat V.

.....Convulsions before eruptions-Verat V.

Diarrhoea-Ars, Apis, Bapt, Cinch, Ipecac, Merc sol, Puls
 Verat alb.

Diphthoritic symptoms-Apis, Lach, merc, cy.

Eye symptoms-Ars, Euphrasia, Kali Bi, Puls.

Insomnia-Coffea.

Tardy development of rash-Ant Tart, Apis, Bry, Cupr ac,
 Cup met, L ach Merc Sol, Stram, Sulph, Verat Vir. Zinc met.

Repercussion of rash-Ant Tart, Apis, Ars, Bry, Cup met, Cul,
 Gels, Hell, Lach, Phos, Puls, Sulph.

After cold, nothing but bluish spots visible, with watery
 evacuation, nausea and colic-Cham.

With convulsions, vomitting and gagging, twitching of
 limbs-Cup met.

With livid spots-Gels,

Low fever toxemia-Ars, Bapt, Lach, Mur acid, Rhusiox
 Malignant types (Black or Epidemic) Ars, Cort h, Lach.

Otalgia and rheumatoid symptoms-Puls.

Sequel

Asthma-Brom.

Chronic Catarrh—Thuja.

Tetanic convulsion—Cham.

Cough worse eating and drinking—Kali Carb.

Cough originating in remnants of particular pneumonia—Sulph.

Chronic loose cough—Puls.

Diarrhoea—China, Apis.

Dysentery—Elatrium.

Nocturnal enuresis—Puls.

Eye weak—Kali Carb.

Hoarseness—Carbo. Veg.

—With spasmodic cough—Drosera

Otorrhoea—Puls.

Swelling of parotid—Dulc.

NOTES:—

SMALL POX

SYNONYM : VARIOLA

Definition : Small pox is a severe, contagious, febrile disease characterised by a vesicular and pustular eruption. The virus spreads by droplet infection from the respiratory tract or by contamination with material from the skin lesions. There are also two variants of this virus-(i) Variola minor virus, causes a much milder disease, which is similar in its clinical features and mode of spread, but is seldom fatal; (ii) Vaccinia virus (Cow-pox) is seldom the cause of systemic disease, and can not be spread readily from one person to another.

Pathogenesis and pathology— The virus gains access to the body by the respiratory tract and multiply in unidentified sites, probably in lymph nodes or liver. After several days, during which there is no evidence of infection viremia insues, with swelling of endothelium of blood vessels in corium and perivesicular inflammation. Loculated vesicles are the results of cellular destruction and exudation of serum. The extent of skin involvement is greater in small pox than in Chicken pox & reaches into the corium. Pitting, most commonly seen on the face, is said to result from destruction of sebaceous gland which are abundant in this area. The liver, spleen, and lymph nodes may be enlarged and may show focal accumulation of large mono-nuclear cells.

Clinical Features— The principal symptoms of the prodromal illness are malaise, shivering, frontal headache, pain in back, sore throat, cough & hoarsness of voice. In addition there may be a prodromal perpeuric, erythematous or urticarial rash.

On the third day succeeding the abrupt onset the true small pox eruptions appear, first on the forehead & face & about

the buccal, faucial, pharyngeal, laryngeal & nasal mucosa and are soon transformed into shallow gray ulcers. During the next 24 hours the eruption extends to the scalp, arms, hands, thence over the body and down the legs, reaching its height in 2 or 3 days. The eruption appears first as a small papules with a hard shotty feel. After three days the papules begin to change to vesicles and by the fifth day all are vesicles. They contain a clear fluid and are round with a depressed top umbilication, which is characteristic and diagnostic point. During this stage the temperature, pulse and respiration go down and the patient feels comfortable. About the sixth day the contents of the vesicles become pus like, the change taking place in the same order as does the original appearance of the rash. The pustules become rounded up, i. e. the top is no longer depressed. The skin adjacent to them becomes red and oedematous, so much so that the features become almost obliterated in the general swelling. With the pustulation, the fever returns, reaching 103° F or higher. The patient may become delirious. At this stage these eruptions also appear on the mucous membrane of mouth and throat. If the case is mild, after another day or two, the pustules begin to dry up and the general symptoms subside. The eruption's development is usually ended in about two weeks. From now on, desquamation takes place, a process lasting from 2 to 4 weeks. The pustules break and crusts are formed which dry up and disappear. There may be intense itching. The skin is left in a more or less mottled condition which eventually disappears. If the eruption has been deep enough to reach into the corium, pitting is left, otherwise the skin becomes smooth.

The severe type of small pox may be confluent and haemorrhagic. Confluent small pox is characterised by the fusion of rash whilst still papular, but more commonly does so in the vesicular and pustular stages. All the symptoms are more acute; toxæmia is severe and the remission of symptoms before the stage of pustulation may be absent or ill marked.

Severe conjunctivitis, salivation, cough, aphonia and diarrhoea are common. Some patient may pass into typhoid condition.

Haemorrhagic type may be vesicular haemorrhagic small pox in which haemorrhage occurs in corium after development of vesicles, and the true haemorrhagic or black small pox, in which diffused haemorrhagic rash begins on second or third day of the prodromal symptoms, is followed by haemorrhages into skin and mucous membrane. Death may occur before characteristic rash of small pox develops.

Abortive type : In persons who have been vaccinated shortly before exposure to small pox, macules and papules involute with great rapidity or there may be no eruption at all and there is mild febrile illness.

Variola minor (Alastrim) : Alastrim is similar to mild and moderate forms of variola major, in that it has the same incubation period and prodromal illness, but the skin eruption is less extensive and fatality is rare and usually related to the secondary bacterial infection.

COMPLICATIONS :

1. Bacterial pneumonia and sepsis may be seen in severe form of small pox.
2. Mild conjunctivitis is quite common, and iritis and keratitis have been recognised.
3. Encephalomyelitis may occur in the late state of the disease and is similar to other post infectious encephalitis.
4. Osteomyelitis and joint effusions may complicate the disease.
5. Orchitis has also been reported.

DIFFERENTIAL DIAGNOSIS :

1. It is to be differentiated first from Chicken pox. In chicken pox there are usually no constitutional symptoms of

note. The eruption is most numerous on the back and in the scalp. Spots appear in all stages of development at the same time. The papules are not hard. Desquamation leaves reddish spots. Small pox is preceded by longer prodrome than Chicken pox, and the eruption vesiculates over a period of days instead of hours. The small pox lesions are all characteristically in the same stage of development, whereas those of chicken pox may in one area, display all stages of evolution.

- 2 In measles we have Koplics spots, the early appearance of rash on the buccal mucous membrane, which are absent in small pox. In measles the temperature rises with the onset of the rash, in small pox it falls.
- 3 In scarlet fever the onset may be somewhat like small pox but it also has sore throat which small pox dose not have. The temperature sharp-up in scarlet fever whereas in small pox it falls as the rash appears. The small pox rash in its development is different from that of measles and scarlet fever.
4. Other conditions which are sometimes confused with small pox include eczema vaccinatum, eczema herpeticatum, drug eruption, and some cases of contact dermatitis and Stevens-Johnson syndrome. The fulminant, haemorrhagic small pox may closely resembles meningo-cocccemia typhus and haemorrhagic fevers.

Prognosis—In the unvaccinated, small pox is a quite fatal disease. Statistics of different epidemics show a mortality of 15 to 50 percent in the unvaccinatad; whereas it is much less in the vaccinated.

TREATMENT

In the first stage before the eruption appear. :-

Aconite—High fever, restlessness, intense thirst, fear of death.

Belladonna—Red eyes, red face, little or no thirst, burning heat, aggravation in the afternoon, convulsions, nervous derangement; looseness of bowels or constipation, flatulence, tongue coated thinly with edges clear. High fever.

Apis—High fever, burning heat, flushed face; thirstless; face swollen, lower eye lids inflamed; stinging pain.

Gelsemium—Dullness, dizziness, drowsiness, nausea, vomiting, flatulency; fine and slow pulse; constipation or looseness of bowels.

Ferrum Phos—High temperature, redness of the eyes, face and tongue. Vomiting.

When the eruptions appear (Before Pus formation) --

Malandrinum—Both preventive and curative as soon as it is settled that it is small pox.

Antim Tart—A great remedy before pus formation Nausea, vomiting; pulse irregular, feeble; face pale; prostration of the body and mind. Bronchial complications.

Belladonna—With its characteristic symptoms as mentioned above, pulse full, bound and rapid. Eyes congested—throbbing headache, body red.

Bryonia—Very important medicine; unwilling to move; thirst for large quantity of water at long intervals. lips dry, constipation, tongue coated, slow eruptions; high fever, scanty urine.

In case of retrocession or suppression:—

Zincum—Suppression due to weakness; moving one hand and leg; crying suddenly and occasionally. Repeats what is said. Fidgety.

Antim-Tart—Pale face; pulse intermittent; respiration slow; violent vomiting. Rattling cough.

Cuprum Met—Green vomiting; cramps and spasm of extension muscles. Retrocession of eruptions.

Baptisia—High fever, pain all over the body; quick pulse; great prostration and stupor. Haemorrhage takes place before pus formation. Offensive breath and other discharges. Limbs feel scattered.

Kali Sulph—High fever, want of perspiration, dry heat, tongue coated thick yellow. It is a good oxygen carrier.

Bryonia—Also can be used before secondary fever. General symptoms of Bry must be present.

Sulphur—Tendency to metastasis to brain during supuration, stage of dessication, or occasionally intercurrent, where others fail. Cold feet, hot head burning of soles and palms.

Ailanthas Glandulosa—Violent vomiting, severe headache, rapid and small pulse, drowsiness, insensibility, with constant muttering delirium; dark or green coloured rash; elasticity of rash, retrocessions.

Asteries Rubens—Where the eruptions are not elastic.

Hyoscyamus—Eruptions fail to appear, causing great excitement, rage, anguish, delirium in paroxysms. Wants to get out of bed and uncover.

Secondary stage or Pus formation:—

Merc sol—Formation of pus; great pain, tongue flabby moist swollen with great thirst; ptyalism. Tendency of blood to head. Diarrhoea or dysentery with tenesmus especially during dessication.

Thuja—It will cause the pustules of Vaccination to wither and abort; should be one of the great remedies of small pox also. Lilienthal says, "Areola round pustules marked and dark red. Pustules milky and flat, painful to touch, give especially during stage of maturation, where it may prevent pitting.

Phosphoric Acid—Confluent, with typhoid conditions, "Pustules fail to pustulate; degenerate into large blisters, which leave raw surface". Stupid; wants nothing; not even a drink.

Answers questions but does not talk. Subsultus tendinum; restlessness. Fear of death. Watery diarrhoea.

Rhustox—Eruptions turn livid and typhoid symptoms supervene. Dry tongue. Sordes lips and teeth. Wants to get out of bed. Great restlessness (Ars.). Confluent; great swelling at first, afterwards eruption shrinks, and becomes livid.

Anthracinum—Gangrenous cases, with severe burning.

In case of Haemorrhage:—

Crotalus Hor—Pustular eruption. After vaccination. Eruptions become boils, pustules turn to gangrenous conditions, when fever is low and parts bluish. Haemorrhagic cases.

Lachesis—Haemorrhagic cases. Characteristics are worse after sleep. Dusky or purplish appearance with excessive tenderness to touch.

Hamamelis—Haemorrhagic cases, oozing of dark blood from nose, bleeding gums; haematemesis, bloody stools.

Phosphorus—Haemorrhagic diathesis. Bloody pustules. Hard dry cough; chest raw. Haemorrhage from lungs. Back as if broken; faintings. Great thirst for ice cold water.

Arsenicum—Great sinking of strength. Burning heat; frequent small pulse. Frequent thirst for small quantity of cold water. Great restlessness. Rash irregularly developed with typhoid symptoms. Haemorrhagic cases, of when pustules sink in, and areolae grow livid. Metastasis to mouth and throat. Worse cold. (Apis worse heat).

Carboveg—It is also used, in collapse stage. In case of complications such as bronchopneumonia etc, respective sphere of treatment is to be adoped.

Auxiliary Measures—

1. The patient is to be kept in a well ventilated room. The eyes must be protected from light.
2. Daily sponging or tapid bath is necessary before the formation of pustules.

3. If rash does not come out well, warm bath and hot drink will hasten the maturation.
4. The skin, mouth, teeth, nostrils, and tongue should be daily cleaned with hot water and little salt, or with a few drops of alcohol mixed with water.
5. Olive oil or somraj oil should be used from the beginning of the disease till desquamation is complete.
6. Boric or alum lotion and rose water may be applied in the eyes to protect the eyes from danger.
7. During desquamation, the scabs should be carefully swept away and collected and should be left aside so that the epidemic and poison may not spread.
8. Segregation is imperative.
9. Clothes of patients, bed sheets etc. should be daily washed with soap or phenyl water and well dried in the sun.
10. The room of the patient should be daily cleaned with phenyl or other antiseptic solution.
11. Sacral part of the back should be daily cleaned with spirit and dusted with boric powder.

Repertory :—

Adenitis—Merc-i-rub Rhustox.

Asthenic cases, pustules sink, areolae grow livid—Ars.

Asthenic cold breath, prostration—Carb veg.

Brain affected, congestion—Bell.

Brain, during suppuration, metastasis to—Sulphur.

Confluent—Apis, Bapt, Corbolic acid, Hydras, Nat mur, Sarrac,
— with cough loose—Antim Tart.

Collapsic Symptoms—Ars, Carbo Veg, Muriatic acid.

Desquamation stage—Sulphur.

Developed illy—Bry, Gels, Zincum Met, Rhustox.

Diarrhoea with—Antim Tart, China.

Disiccating without leaving pit, under—Sarrac.

Dropsical Swelling—Apis, Ars, Cantheris.

Fever Violent, with Cerebral Congestion—Ferrum phos, Bell. Stram, Veratrum V.

Fever initial—Acon, Bapt, Gels, Variol.

Fever Suppurative—Merc sol, Rhustox.

Haemorrhagic—Ars, Crot. H; Hamamelis, Lach, Phos, Secale.

Rhus tox, Mur acid.

Itching—Hydrast, Sulphur.

Malignant—Ars, Bapt, Carbo acid, Crot, Lach Mur acid, Phos Rhus tox, Secale.

Ophthalmia—Merc sol, Sulph.

Prevents Pitting—Thuja, Variolinum.

Pulmonary Spmptoms—Ant Tart, Bry, Phos, Sulph, Verat V

Repercussion of eruption—Antim Tart, Ars, Bapt, Camphor,

Cup Met, Gels, Hyos, Sulph, Zinc met.

Notes :

DIPHTHERIA

Definition : An acute infectious disease caused by *Corynebacterium diphtheriae*. It is characterized by severe inflammatory lesions over mucous membrane, mostly in the upper respiratory tract, and systemic effects resulting due to liberation of toxin, which affects heart and peripheral nerves in particular.

Etiopathogenesis : The causative organism, *Corynebacterium diphtheriae*, is a gram-positive, non-motile club-shaped organism. Children between 1 to 9 years of age are more prone to get this infection. The usual mode of spread of this disease is through droplet from an active case or carrier. Most common mode of entry is through upper respiratory tract and rarely skin, eye and middle ear. The organisms remain localized at the site of infection and produces severe inflammation and a pseudo-membrane. Remote manifestations in which heart, kidneys and peripheral nerves are involved, are due to an exotoxin produced by the bacillus.

Manifestations : The incubation period is 1 to 7 days. Onset is gradual with malaise, low grade fever, and sore throat. Most common site of primary infection is pharynx where a gray coloured elevated membrane of variable extent is formed. The edges of the membrane are well defined and is surrounded by a zone of erythema. Membrane is firm and adherent; when removed, bleeding spots can be seen at the site of detachment. Lymph nodes in the neck are enlarged and tender.

When the patient's resistance is high, one may not find the classical membrane and instead there may be just congestion in the fauces, Under such circumstances diagnosis can be confirmed only by bacteriological examination.

Nasal diphtheria is always mild. The main clinical feature is nasal discharge, which is thin and serous in the beginning and

get mixed with blood. Diagnosis of nasal diphtheria is important from the point of view of spread of infection

Toxic Manifestations : They are seen in severe form of the disease. When cardiovascular system is involved it presents tachycardia with soft compressible pulse, blood pressure falls, heart sounds become feeble. In about two third cases with diphtheria there is myocarditis, which is evident clinically in 10 percent cases only. Ventricular fibrillation is the common cause of sudden death.

Peripheral neuritis some times occurs during the course of the disease. Paralysis of soft palate and posterior pharyngeal wall at times appears in very early stage of the disease (2-3 days); in majority of cases, it occurs around tenth day. Voice becomes nasal and fluids regurgitate through nose. Another common paralysis is accommodation, when patient complains of difficulty in reading. It is mostly motor component which is affected while sensory remains normal. Peripheral neuritis where sensory loss is in the distribution of glove and stocking, occurs, quite late, after 2-3 months. Motor weakness appears still late. Complete recovery is the rule in this late peripheral neuritis. In rare, cases paralysis of diaphragm, respiratory muscles, may result in respiratory failure.

Other rare problems in diphtheria could be due to local extension of membrane involving larynx and obstruct air passage. Rarely bronchopneumonia and collapse of lung may occur due to inhalation of membrane.

Diagnosis : Diphtheria must be considered in the differential diagnosis of all those conditions giving risk to sore throat and particularly conditions where exudate is membranous.

- 1 **Streptococcal tonsillitis :** Onset is abrupt, constitutional symptoms are severe. Exudate is usually yellowish white in colour and can be removed easily with swab. Culture will reveal strep. pyogenes. The lesions are limited to the tonsils.

2. **Thrush** : This infection is due to a fungus, *Candida albicans*, and produces white thick deposits in the buccal mucous membrane, palate and tonsils. There is no enlargement of cervical lymph nodes. Microscopic examination will show classical fungus.
3. **Glandular fever** : Presence of fever, lymph node enlargement, palpable spleen and changes in blood helps in differentiating with diphtheria.

TREATMENT

1. **Apis Mel** : Throat bright red, puffy and varnished. Uvula long and edematous. Nothing should touch throat (Lach.), Sore and blistered tongue with stinging pain. Tough gray coloured membrane forms on tonsils. Swallowing is most difficult owing to oedema. Urine is suppressed.
2. **Arsenicum** : Membrane looks dry, shrivelled, restlessness and prostration is marked. Worse at 1.00 a. m. and 1.00 p. m. Chilliness, incessant thirst for small quantity of water at short intervals. Prefers to swallow hot liquid, which gives relief due to warmth.
3. **Baptisia** : Putridity with dull red face; drowsiness; patient as if drugged. Membrane dark; dry brown tongue. The whole body aches as if pounded; face dark, flushed like the intoxication of a poison; typhoid condition.
4. **Carbolic Acid** : Low grade fever with great prostration; weak pulse and paleness of face; absence of severe inflammation and pain in throat, but abundant formation of membranes, with great danger of septic poisoning and great fetor oris. The septicemia of the disease can be controlled by this remedy. The secretion of antitoxin succeeding diphtheria, may be due to this remedy. Most antitoxin is preserved with phenol or tri-kresol in amounts equalling the 3x potencies of these preparations.

5. **Diphtherinum** : Allen has much to say about this remedy. His symptoms are "cured" symptoms and he has verified them in twenty five years of his practice. The remedy is prepared, like all nosodes according to Homoeopathic Pharmacopoeia and is like all homoeopathic remedies, entirely safe when given to the sick. It should not be used below 30th potency and should not be repeated too frequently. "It will cure in every case that antitoxin will, and is not only easy to administer but safe, and entirely free from dangerous sequelae". He has used it for twenty five years as a prophylactic and never known a second case to occur in a family after it had been administered.

Symptoms : When the attack from the onset tends to malignancy. Painless diphtheria. Symptoms almost, or entirely objective. Patient weak, apathetic. Stupor. Dark red swelling of tonsils and throat. Breath and discharges very offensive (Merc cyn). Membrane thick, dark gray or brownish black. Temperature low or subnormal. Pulse weak and rapid. Vital reaction very low. Epistaxis. Profound prostration from the onset. Collapse almost at the very beginning; swallows without pain, but fluids are vomited or returned through nose. Laryngeal diphtheria, post diphtheric paralysis (Caust, Gels). "It will cure every case that crude antitoxin will, and is safe and easy to administer. To remove persistent diphtheria-organism."

6. **Gelsemium** : It is highly recommended in post diphtheric paralysis and the guiding symptom is regurgitation through nose. (Lycop.-Caust; Cocc and Diph).
7. **Kali Bi** : Nasal diphtheria; ropy discharge, Exudation tough and firmly adherent
8. **Kali Chloratum** : Useful in diphtheria when gangrenous spots appear; ulcer with foul secretions and offensive

discharges. It is one of the best remedies to prevent extension to the nasal mucous membrane.

9. **Kali Mur** :-Indications are, pain on swallowing; and white deposit in throat; prostration; thick exudation over the tonsils and entire soft palate; breath is foetid. It is better indicated in croupoid form of diphtheria.
10. **Lachesis**:- Membrane starts from left side, spreads to right. Face and throat look cyanotic. Choking. Cold things more easily swallowed than hot. Great sensitiveness of neck and throat, so that patient cannot stand the touch of bed clothes. General and local aggravation from heat, and all symptoms are worse after sleep. The longer the sleep, the worse he is on waking. Mental characteristic of Lach are loquacity and suspicious.
- 11 **Lac Cannium** : Nervous, imaginative, highly sensitive Skin hypersensitive (Lach). Touch unbearable, though hard pressure gives no pain. Membrane pearly, or silvery white. Milky coating on tongue. Characteristic feature is, pain will jump from side to side and back; alternation of side anywhere. Throat swollen both internally and outside as under Apis, and it has restlessness like Ars and Rhus tox. Scanty urine as in Apis and Cantharis.
- 12 **Lycopodium** :- Patient worse from 4.00p.m. to 8.00p.m. Diphtheric membrane starts in nose (Kali Bi) or on right side of throat and spreads to left. Warm drinks more easily swallowed, but reverse is sometimes the case. Movement of nostrils. Diminished urine or copious sediment of urates or fine red sand. Distended abdomen due to wind formation.
13. **Merc-Iod-Rub**:- Pseudo membranous deposits on tonsils, uvula, palate and pharynx. Tongue coated, thick, yellow and dirty. Saliva is foeted. Tonsils swollen; great difficul-

ty in swallowing; breath very offensive and hoarse breathing. Swelling of parotid and submaxillary glands.

14. **Mercurius Cyanatus:-** Fairly rapid onset with prostration. One or both sides of throat affected. Membrane spreads rapidly over entire throat. Colour white, yellow or greenish. Tongue thickly coated and moist; salivation always putrid. Tepid liquids better swallowed than hot or cold. Patient generally worse late evening and night. Tongue with imprints of teeth.
15. **Naja trip:-** Suffocating spells on lying down particularly when in bed; must get up and held erect in order to restore easy respiration; suffocating spells of cough after every sleep, however short. The cough is deep and hoarse, respiration-wheezing, gasping, very tight and difficult. Better in morning from day light to 11.00 a.m. Retention of urine in some patients.
16. **Phytolacca:-** Frequently indicated, membrane gray or white, may start on uvula. Spreads from right tonsil to left (Lyco), but unlike Lyco, the pain is worse from heat. Fauces dark red. Complains of lump in throat, or as if red hot ball had stuck in throat. Pain radiates to ear on swallowing.

Proph. Iaxis:- Isolation of the patient, it will protect the patient from excitement as well as to prevent the spread of disease to others. All unnecessary furnishing should be removed. The clothing and bedding should be changed as often as necessary and soiled articles should be sterilized at once by being immersed in an antiseptic solution or by boiling.

AUXILLARY TREATMENT

- 1 Complete rest in bed for two weeks or longer if necessary.

2. **Diet**—fluids in acute phase, soft or semi-solid diet in early convalescence.
3. **Glucose**—to counteract hypoglycemia associated with toxemia
4. Saline throat gargles.
5. **For peripheral failure and shock**, raise foot of bed.
6. **When there is complication of toxic myocarditis**—absolute rest is essential. Patient must be nursed flat with no pillow under head. If congestive failure is suspected, salt should be restricted. Oxygen should be given and such medicine should be administered so that the patient may pass urine freely and in sufficient quantity.
7. **Paralysis of pharynx**—Raise foot of bed for drainage of mucus. Digital swallowing or tube feeding may be necessary.
8. **Respiratory paralysis**—Use of respiratory and maintenance of adequate air way is essential.

REPERTORY

Diphtheria with albuminuria-Ars.

- **Bleeding**—Ars, Carbo veg, Crotal, Lach, Merc cy
- **Burning**—Ars, Secale.
- **Cellulitis**—Rhus tox.
- **Debility**—Ailanth, Apis, Ars, Arum T, Bapt., Crotal Kali phos, Lach, Merc cy, Mur acid.

Exudate

- **Dark coloured with left to right**—Lach.
- **Dirty grayish tough**—Apis.
- **Dry wrinkled**—Ars.
- **Glisening**—Lac can.

- Changing locality-Lac can.
- Multiple small patches-Merc cy.
- In patches, greenish-Ign.
- Pearly-Lyco. Phyto.
- White like-China

Concomitants

- With low fever and absence of pain-Carbol Acid.
- Gangrenous-Carbo veg, Kali Bi, Kali Ph., Lach.
- Impending paralysis of heart-Apis. Ars iod, Arum T; Lach, Merc cy, Naja
- Malignancy confined to fauces, with terrible fetor oris-Kreosote.
- Worse from hot drinks-Phyto
- With measles-Apis.
- With pain in neck and back of head-Ign
- With stiffness of neck, head drawn to one side-Lachn.
- With remarkable nervous phenomena-Ign.
- Epistaxis following detachment of membrane in nose-Phos.
- Parotids inflamed-Rhus tox.
- Absorption, causing pyaemia with hectic fever-Crotal, Lach.
- With Salivation -Arun T.; Lac, can, Merc cy, Merc iod fl; Merc-iod rub; Nit acid, Rhus tox.
- Worse after sleep-Lach, Lyco.

Sequelae

Albuminuria-Merc cor

Defective sight-Apis, Gels, Lach, Phyto, Nux V., Sil

Dropsy-Apis, Ars, Bry.

Dysphagia-Amyl.

Endocarditis-Lach.

Hearing dull-Phyt.

Hemiplegia, left side-Nux Vom.

Hoarseness-Phos.

Hoarseness and persistent sore throat-Phyto.

Nasal Voice-Kali Phos.

Paralysis-Arg Nit, Caust, Coccul, Gels, Hyosy.

Rheumatic and neuralgic affections-Phyto.

Notes :

SCARLET FEVER

(SCARLATINO)

Definition : This is one of the manifestations of streptococcal infection. It is characterized by sore throat, high grade fever and generalized rash.

Etiology : The causative organism is streptococcus hemolyticus. Scarlt fever is common in cold season; children suffer frequently. Usual mode of entry of bacteria is through inhalation and primary site of infection is probably pharynx or tonsils. Clinical manifestation depends on; type of organism, its virulance and resistance of the host. Development of erythema depends on the production of erythrogenic toxin by the organisms.

Manifestations : The incubation period is usually 2 to 4 days. Onset of illness is sudden with fever, shivering, headache and sore throat. Nausea and vomiting are common in children. On the second day rash appears behind the ears and then spreads all over the body. Face is flushed but there is no rash. Punctiform erythematous rash is more severe in the flexures of the extremities.

On examination, one finds congestion in the throat and tonsils with yellowish exuade. The edges and tip of the tongue are angry red. Fever is usually of high grade. Tachycardia is out of proportion to fever.

The prognosis is usually good. Fever returns to normal in 4-5 days. Rash fades in about seven days with desquamation of skin.

COMPLICATIONS & SEQUELAE

Infection may extend along eustachian tubes and cause acute suppurative otitis media. Cervical adenitis may present

even after 6 weeks. Occasionally there may be associated upper respiratory tract infection in the form of sinusitis and rhinitis

As a result of hypersensitivity reaction, some cases may develop rheumatic fever or acute Glomerulonephritis. Pleurisy with pneumonia is one of the most dangerous complications.

DIAGNOSIS

Sudden onset of fever, congestion in oropharynx and tonsils, appearance of classical rash and profuse growth of haemolytic streptococci on culture from throat swab are suggestive of the diagnosis of scarlet fever. Measles, German measles and drug rash should be considered in the differential diagnosis. Probably measles is the disease most often confounded with it. It should be remembered that measles is ushered in with a coryza accompanied by fever which subsides in a day or two and that the rash appears first on the face with a second rise in temperature and that there is no sore throat, whereas scarlet fever has no initial coryza but does have sore throat with fever, and a rash which appears promptly, first on the body and rarely on the face.

TREATMENT

1. **Apis mel** : Thick, rose coloured rash, feels rough; or when rash does not come out, with great inflammation of throat; with scarlet fever in family. Throat sore, swollen, oedematous with stinging pain. Convulsions when rash fails to come out (Zinc and Bry), Worse from heat; wants covers off, and a cool room (Reverse of Bell which needs heat).
2. **Ailanthus** : Scarlet fever with copious eruptions of bluish tint. Eruptions are slow to appear and remain livid. Throat livid and swollen, tonsils swollen with deep ulcers. Pupils widely dilated. Semiconscious, cannot comprehend. Dizzy, cannot sit up. Restless and anxious; Later

unsensible with muttering delirium Tongue dry, parched and cracked Malignant scarletina from the start.

3. **Ammonium Carb** : Throat swollen internally and externally with enlargement of glands, and bluish dark red swelling of tonsils; infiltration of cellular tissue around engorged cervical lymphatics; gangrenous putrid ulceration of tonsils. Burning pain in the throat. Nose obstructed particularly at night. Upper half of the body covered by eruptions with violent itching. Involuntary defecation and urination; threatening paralysis of brain.
4. **Arsenic Alb** : The eruption delays or grows suddenly pale, with rapid prostration. Putrid sore throat Great anguish, extreme restlessness, and fear of death. Intense thirst, drinking little and often. Wheezing respiration. Fetid diarrhoea.
5. **Arum Tr.** : Corners of mouth and lips sore and cracked. Redness of tongue with elevated papillae. Putrid sore throat. Submaxillary glands swollen. Nose blocked or discharging a burning ichorous fluid, excoriating nostrils and upper lip. Eruption all over body, with much itching and restlessness
6. **Baptisia** : Scarlatina, with extensive ulceration in throat. Offensive discharges and other typhoid symptoms of Bapt.
7. **Belladonna** : Bright red hot face. Glossy, scarlet skin, intense heat; burns the hand. Eyes red; injected; pupils dilated. Lips, mouth and throat, red, dry, burning. Strawberry tongue Twitching, jerking; possibly wild delirium. Apis wants to be cool uncovered; Bell wants to be warm. Bell also has more thirst.
8. **Lachesis** : Advanced stage of malignant Scarlet fever. A purple face belongs to Lach. Worse from heat (reverse of Bell). Bursting, hammering pains in head. Throat worse left side; may extend to right; jealousy and suspicious sug-

gest Lach. Impelled to talk. Loquacious delirium. Lach sleeps into aggravation and wakes with aggravation.

9. **Mercurius** : May follow Bell, for sore mouth, throat, tonsils, with ulceration and excessively foul breath. Perspiration which aggravates the symptoms. Tongue with imprints of teeth and salivation.
10. **Muriatic Acid** : Malignant cases; tonsils and throat swollen inflamed and covered with dark coloured ulcers. Great tendency for sloughs to extend. Dark redness of face, and purplish colour of skin. Discharge thin, acrid pus from nose, excoriating the parts. Sliding down in bed.
11. **Opium** : Extreme drowsiness; stertorous breathing, and vomiting. Delirious talking with eyes wide open, face red and puffed, Impending paralysis of brain. Spasms with loud screams.
12. **Phosphorus** : Sudden disappearance of eruptions without cause; the chest symptoms become alarming. Pulmonary complications; typhoid conditions, with dry hard tongue and lips covered with sordes; loss of speech and hearing difficult; sopor, delirium; glandular enlargement; diarrhoea; burning sensation, which makes him constantly change his position; perfect apathy; inability to retain the urine; falling of the hair.
13. **Rhustox**: " Useful in Scarlet fever with coarses rash; or rash suppressed with inflammation of glands and sore throat" (Kent). "You may rely on Rhus tox when ever acute diseases take typhoid form, as in Scarlet fever, when no other remedy is positively indicated" (Farrington). Rhus tox supplements Bell when child grows drowsy and restless. Fauces dark red with oedema (Apis); tongue red, and smooth with triangular red tip.
14. **Sulphur** : Rash coalesce into large spots and around these spots the skin is unusually white; cerebral affections,

with sopor, sudden starting, distortion of eyes, red face; dry nose; dry cracked red tongue. Skin hot and itchy; thirst and difficulty in swallowing; coma at the beginning of the disease. For suppressed or receding eruption.

15. **Terebinthina** : Albuminuria and uremia following Scarlet fever. Intoxication; confusion; better on profuse urination. Often indicated in dropsy after scarlet fever. Haematuria; urine cloudy and smoky; dyspnoea; drowsiness Tongue dry glossy.
16. **Zinc met** : Threatening paralysis of brain. The child lies in state of unconsciousness. Jerking of whole body or twitching of single limb. Grinding of teeth, shrill, frightful screams during sleep. Incessant and violent fidgety feeling in feet or lower extremities; must move them constantly. Child repeats every thing said to him. Small frequent pulse. Fixed, stupid expression of the eyes. Icy coldness of skin from sunken vitality.

SEQELAE

Belladonna displays a valuable and specific power in removing the after sufferings remaining from scarlet fever. Consequences of scarlet fever are equally dangerous as the fever itself.

Hahnemann says "where ulceration has followed scarlet fever and where Bell is no longer of service, in few days Chamomilla will remove tendency to ulceration; and the suffocating cough that sometimes follows the disease is also removed by Chamomilla especially if accompanied by flushing of the face.

PROPHYLAXIS

Hahnemann writes of Belladonna : The remedy is capable of maintaining the body healthy uneffactable by the miasm of scarlet fever, I was so fortunate to discover!

found also that the same remedy given at the period when the symptoms indicating the invasion, if the disease occurs, stifles the fever in its very birth.

AUXILLARY MEASURES

1. Isolation.
2. Rest in bed for 2-3 weeks.
3. Frequent gargles.
4. Swabbing of mouth with boroglycerin.

REPERTORY

- 1 With signs of blood-poisoning-Lach.
2. Bright edge of inflammation surrounds eruption with itching particularly at night-Rhus tox.
3. Convulsions-Arg nit, Cup met, Gels, Verat V, Zinc met, Hyoscy, Stram.
4. Coxalgia, originating from suppressed or mis-managed-Phos acid.
5. Desquamation tardy-Dulc.
6. Dropsy with albumen and fibrin, casts in urine-canth, Hell, Apis, Ars, Dig, Tereb.
7. Febrile stage with cerebral congestion-Verat V.
8. Fever intense with nervous erethism during prodromal stage, then profound prostration of muscular power-Gels.
9. Itching with desquamation-Arum Triph.
10. Malignant-Ailant, Ammon C, Apis, Ars, Arum T, Carbolic acid, China ars.
11. Nasal catarrh-Nit acid.
12. Rash bluish-Verat, Lach.
13. Rash delayed-Ars.
14. Rash recedes-Amm C, Bry, Cup ac, Gels, Op, Zinc.
15. Sleeplessness-Verat V.
16. Swollen glands on neck-Merc-Iod-Rub.

17. Swelling of cervical glands, black lips and reddish tongue-Lach.

Sequelee

1. Albuminuria with convulsions-Mosch.
2. Angina-Maniac.
3. Ascitis-Apis, Lycop, Tereb.
4. Blindness-Bell.
5. Convalescence retarded-Hep s.
6. Convulsions-Verat V.
7. Caries of bones of ear-Aur met, Sil.
8. Deafness-Lach, Nit acid, Puls.
9. Dropsy of legs with diminished urine-Rhus tox.
10. Drowsiness-Tereb.
11. Endo-Carditis-Lach.
12. Glandular affections-Baryta C, Calc carb, Sil, Sulph.
13. Hectic fever-Aur mur.
14. Mind dull-Tereb.
15. Mouth sore during desquamative stage-Kali C.
16. Mucus membrane of nose inflamed-Hep S.
17. Neck twisted to right shoulder-Aur mur.
18. Neuralgia-Gels.
19. Otitis or otorrhoea-Bell, Bov, Calc, Hep s, Lycop, Merc, Psorinum, Puls, Tell, Verbescum.
20. Pericarditis-Lach.
21. Rheumatism-Apis, Lach, Rhus tox, Verat V.
22. Urine, Scanty, black with oedema-Lach.

Notes :

MALARIA

DEFINITION

Malaria is a specific infectious fever; caused by sporozoa of the genus plasmodium. The parasite is transmitted to human host by the bite of an infected anopheline mosquito. Rarely malaria may also be transmitted by blood transfusion

ETIOLOGY

Mainly four species of plasmodium are concerned with human malaria, *Plasmodium falciparum*, *Pl. vivax*, *Pl. malariae* and *Pl. ovale*. For the transmission of the parasite, there should be Anopheline mosquito, suitable warm ambient temperature and humidity, infected population and new hosts.

The life cycle of the parasite starts in female mosquito after sucking human blood, containing sexual forms (gametocytes) of the parasite. In the stomach of mosquito male and female gametocytes conjugate and result in formation of sporozoites which later on reach upto salivary gland by piercing through the wall of the stomach. This process takes about seven to fourteen days; mosquito then remains infective for the rest of its life. These sporozoites when enter into human tissue, they soon enter in blood stream and on reaching liver, invade parenchymal cells, where they mature and divide producing merozoites. On rupture of liver cells these merozoites either enter into new liver cells or into the blood stream and erythrocytes. Only in *P. falciparum* all the parasites in liver mature about the same time and all are discharged into the circulation, whereas in other forms the cycle remains in liver cells for months, thus prevent drugs to reach upto the parasite. On entering into the red cells, the parasite appears as a ring, later on matures and divide; red cells rupture and liberate number of merozoites; they then enter other red blood cells and deve-

lop into either asexual or sexual forms. The febrile episodes are related to late stages of the erythrocytic cycle and rupture of erythrocytes.

PATHOLOGY

Pathological changes in malaria are initiated in red blood cells, which result in destruction of RBC by the parasite. In severe cases, marked anemia may occur because of massive destruction of erythrocytes. Haemoglobin of the host cell is broken down by the parasite into globin and haem; the later combines with protein and forms malarial pigment (Haemozoin). When cell ruptures, haemozoin escapes in blood, it is then phagocytosed by the circulating macrophages and tissue macrophages of liver, spleen and bone marrow. Gross examination of visceral organs shows enlargement of liver and spleen. Deposits of malarial pigments are seen in nearly all organs,

CLINICAL FEATURES

Clinical picture of malaria can be divided into two main groups : 1. *P. falciparum* in which there is no persistent liver infection and 2, *P. vivax*, *P. Malariae*, *P. ovale*, in which parasite remains in liver for longer duration. First variety, where causative organism is *P. falciparum*, is an acute progressive disease, full of complications are often fatal; also known as malignant malaria. Whereas second group is benign, acute phase is self limiting but relapses are common.

A classical episode of malarial fever presents in three stages: Stage one-when patient feels extreme cold and starts shivering, this is followed by stage two-which is characterised by high grade fever (103-105 F) and this ends in stage three when patient sweats profusely. Severe headache, nausea and vomiting are often associated with high grade fever. At the end of the episode, patient feels markedly weak, but soon starts recovering and by the next morning he is nearly normal. Depending upon the type of infection, fever recurs with a set

periodicity. In *P. falciparum*, *P. vivax* and *P. ovale*, the peaks of fever occur every third day and every day when the mature in two major groups, 24 hours apart. Such fevers are called tertian and quotidian respectively. *P. malaria* takes 72 hours producing quartan fever; febrile episodes occur every fourth day. On physical examination, spleen and particularly in children, liver are palpable and tender.

COMPLICATIONS

They are mainly seen with *P. falciparum* and are mostly due to impaired capillary circulation and excessive intravascular haemolysis.

1. Cerebral malaria presents as coma, hyperpyrexia and at times signs of focal lesion such as aphasia, hemiplegia and monoplegia
2. When intestinal capillaries are involved there may be severe pain abdomen and diarrhoea.
3. Acute renal failure is not uncommon.
4. In chronic variety of *P. falciparum*. (Black water fever) episodes of rapid intravascular haemolysis occur; urine colour becomes dark red and black and it invariably ends in renal failure. Rarely one may encounter with-
 - (1) Splenic rupture,
 - (2) Ocular complications (Keratitis, optic neuritis, retinal haemorrhages), and
 - (3) deafness.

DIAGNOSIS

Malarial fever can at times simulate with Typhoid, Pyelonephritis and Puerperal fever. Factors like history of recent visit to malarious locality, periodic fever, enlarged spleen and positive blood film helps in differentiating from other diseases.

AUXILLARY TREATMENT

Regular D D T spraying of houses and breeding sites has markedly reduced malaria, Prophylactic treatment; while going or coming from an endemic area is equally important in eradication of malaria.

TREATMENT

1. **Antimonium Crudum**-Much gastric disturbance (Ipec-Nux V.). Tongue is very much furred; bitter and nauseous taste; belching. Sickness of the stomach; vomiting; little or no thirst (Puls), and constipation or diarrhoea. Great sadness and a woeful mood. Chilliness predominates. Great desire to sleep. Sticky sweat.
2. **Apis Mel**-Chill with thirst at 3.00 or 4.00 P. M. (Lycop) and no thirst with sweat are important indications for Apis. The patient is worse in warm room or near a stove; sweat alternating with dryness of skin. During apyrexia pain under short ribs, worse on left side. Sensation in abdomen as if something tight would break if efforts were made to void a stool.
3. **Arsenicum**-This is one of our most important remedies, and, next to Cinchona. It is more frequently indicated than any other. The characteristics are intensity and long duration of paroxysms, specially of the burning heat, the unquenchable thirst, anxiety and restlessness; a small quick pulse and a clean tongue. There is excessive thirst; drinking often but little at a time. Vomits whatever eats or drinks. Nausea and vomiting with bitter taste in the mouth. Headache continuing after the hot stage; buzzing in the ears during the sweating. The clearer the tongue in violent paroxysms the more it is indicated. After the attack there is pallor and exhaustion. It is the sovereign remedy for the malarial cachexia; it antidotes quinine and its attacks are accompanied with a high grade of gastric irritability. Other characteristics of Arsenic are the ill defined paroxysms

with, perhaps one of the stages wanting; the collapse of vital power and the marked prostration. All the sufferings of the patient, as the headache, pain in the limbs etc. are increased during the attack. The longer the disease has lasted the more likely will Arsenicum be indicated.

4. **Belladonna**-It has been found useful when two or more attacks occur in twenty four hours-the cold stage slight, and the hot stage violent or the reverse; violent chill and slight heat. Constipation or loose and scanty chalk like stools; sometimes attended with violent congestion to the head, a red face. severe pain in the head, and dullness or stupor. Choking sensation in throat, with dry mouth.
5. **Arnica**-Before and during the chill, great thirst drinks great deal, and vomits afterwards; yawning and stretching; pain in all the bones; bed feels too hard; chill is felt worse in the pit of the stomach; cold hands and feet with heat in the head and face, and redness of one cheek; heat, with indifference, stupor; drinks less; the sweat smells sour; during the apyrexia stitching pain in the region of the spleen; soreness of the spleen on pressure; aching in all the limbs as though beaten.
6. **Bryonia**-The chill predominates. Great thirst during all the stages, Violent, dry racking cough, with stitching pain in the region of the liver and abdomen. Hard dry stools as if burnt. Exceedingly irritable; everything makes him angry.
7. **Cact Grand**-Regular paroxysms at 11 A. M. or P. M. First chill, then burning heat with headache, coma, stupefaction, insensibility; thirst; shortness of breath; inability to remain lying. The whole body painful as if caged. The sweat is profuse and attended with inextinguishable thirst. The apyrexia is complete.
8. **Calcaria carb**-It is useful in chronic cases. Persons of a scrofulous diathesis; glandular swelling about the neck.

Hardness of hearing. Feet feel as if they had on cold, damp stockings; pot belliedness; enlarged spleen; diarrhoea white, undigested. Chill commences in pit of stomach: thirst during chill. Chill alternating with heat, or external coldness and internal heat.

9. **Capsicum**-Chill mostly with thirst and worse after drinking; the chill commences in the back and spreads all over, and is relieved by jugs of hot water placed on the back. After chill, comes sweat, or heat with sweat and thirst at the same time. Drowsiness during fever accompanied by perspiration. Much pain in back and limbs. During the heat, cutting pains in the bowels, and slimy burning stools, with much pressing and bearing down; headache.
10. **Carbo veg**-When the attack is preceded or attended by pains in the teeth and limbs; thirst only in the cold stage, with vertigo, redness of the face and sick stomach during the hot stage.
11. **Cedron**-Chill with clock like regularity, and very severe, with cramps, and tearing pains in upper and lower extremities. Dry heat, followed by profuse perspiration. Numb, dead feeling in legs (in fingers, *Sepia*); they feel enlarged. The entire body feels numb.
12. **Chamomilla**-Heat and sweat predominate, and are often together; red face, or only one cheek red and the other pale; sweat especially about the head, and mostly hot. The tongue is red in the middle and white on the sides or white in the middle and red on the edges; bitter taste; bitter vomiting; great oppression about the heart; diarrhoea. Much thirst in hot stage (only in cold stage-*carbo V*, *Ign*). Very irritable, can hardly answer one civilly. Pain in abdomen with frequent emissions of large quantities of pale urine.

13. **China**-This remedy is most suitable in epidemic and endemic form of chills and fever, being of little if any use in the general malarial cachexia. The paroxysms are irregular and it corresponds more to the tertian type if to any. The precursory symptoms to the chill are nervous excitement, anxiety, headache, nausea and irritability. The chill is of short duration and it soon becomes mingled with the heat, and the remedy may be said to be one of the thirstless remedies in fever, as there is very little, if any, thirst during the chill and no real thirst during the heat, it being from a desire to moisten the mouth, rather than to quench the thirst, that the patient may desire water. During the fever the veins appear enlarged and there is congestion to the head, redness and heat of the face, even though the other parts of the body be chilly. During the chill the patient sits near the fire and wraps himself up, but the warmth obtained does no good. During the sweat, however, which is long and profuse, there is much thirst. Cinchona is seldom of use in inveterate cases, where the liver and spleen are hypertrophied or where much quinine has been taken, though a swollen spleen does not contra-indicate the remedy. The apyrexia is marked with sweat, debility, restlessness, loss of appetite or great hunger, anaemia, congestion, backache and oedema, scanty urine with brick dust sediment.
14. **Chininum sulph**-This remedy has great periodicity, chill towards evening with slight or violent thirst and after the sweat there is much prostration, great weakness at the epigastrium and debility. It has been found that the lower potencies act better, such as two grain dose of the 1 x trituration every two hours. During the paroxysm pain in the dorsal vertebrae on pressure, is a good indication.
15. **Cina**-Vomiting and voracious appetite before, during or after the fever; thirst either during the hot or during

the cold stage; pale face during the cold and hot stage; constant rubbing of the nose.

16. **Eupatorium perfoliatum**—The bone pains and the vomiting as the chill passes off are the chief characteristics of this remedy. There are gastric symptoms similar to Ipecac; there is muscular soreness all over the body; and the chill is apt to occur on the morning of one day and in the evening of the next; it is preceded by thirst. The patient knows the chill is coming on because he cannot drink enough, the chill commences in the small of the back and is accompanied with a sense of pressure over the skull cap. Vomiting of bile at the conclusion of chill. Bayes considers this pressure and weight over the forehead, the surest indication for the remedy. With the heat, the aching increases and the sweat is inconsiderable or absent. The paroxysms calling for Eupatorium are irregular in their development.
17. **Gelsemium**—The chill runs up the back; there is aching all over the body; the patient wants to be held so that he won't shake so; noise and light are intolerable; sweat is partial, but it relieves all the pains; copious urination also relieves. The patient is characteristically drowsy, dull and dizzy; there is absence of thirst and great muscular soreness.
18. **Hepar**—Bitter taste in the mouth; bilious vomiting; diarrhoea, itching, stinging, nettle rash before and during chill; fever-blisters around the mouth; tettery eruptions on the chest; previous abuse of mercury. During the sweat keeps himself closely covered.
19. **Ignatia**—Partial in all its stages; the chill is relieved by external heat, and there is thirst with the fever. Pain in the bowels during the cold stage, followed by heat, with debility and sleepiness.

20. **Ipecacuanha**-Is useful in most cases of this disease, and will frequently, when properly selected, of itself, effect a cure. when there is any doubt in regard to the choice of a remedy, especially at the commencement of the disease, this remedy may be administered. The following symptoms, however, clearly point to its employment. Much internal chilliness, which is decreased by external warmth; little or no thirst in the cold stage, but a great deal in the hot stage; clean or slightly furred tongue: nausea and vomiting; and oppression of the chest immediately before the attack, or during the cold and hot stages.
21. **Lachesis**-One of the most important remedies after the abuse of quinine. The paroxysms are mostly in the afternoon, with pain in the small of the back and limbs, restlessness; oppression of the chest; jarking; headache: red face: talkativeness. During the chill wants to lie near fire, or be held tightly to relieve the pain in head and chest and prevent shaking.
22. **Lycopodium**-The paroxysm comes on about 4 P. M. and terminates about 8 P. M. Constant sense of fullness in stomach and abdomen, as though they would burst. Obstinate constipation. Red sediment like sand in urine. Great fear of being left alone (wishes to be alone-China, Nux).
23. **Menyanth**-Irregular time and type: chill predominating with thirst especially coldness of fingers, toes and legs: not relieved by external warmth of abdomen
24. **Mercurius**-It is indicated when there is quickly alternating chills and heat, with restlessness; thirst, palpitation of heart; profuse offensive sour perspiration.
25. **Mezerium**-In complete intermittent, consisting of chill with thirst, and sweat with sleep.
26. **Natrum Muriaticum**-This is a remedy seldom of use in recent cases, corresponding more to inveterate and badly

treated cases. The stages are very unequal. Chill perhaps being continuous, heat moderate with violent headache, and perspiration wanting or excessive and debilitating and relieving the headache. The complexion is yellow gray and the spleen and liver enlarged. The characteristic indications are—chill commencing at 10.00 a. m. with great thirst, drinking often and much at a time; chill begins in the back and feet. During heat there is violent headache relieved by sweating. Fever blisters or hydroa form on the lips, this is most characteristic.

27. **Nux vomica**—Paroxysms usually at night or early in the morning. Long lasting hard chills, with bluish cold face and blue finger nails. Great heat, notwithstanding patient wants to be covered up. Both chill and heat are accompanied with gastric and bilious symptoms. During chill pain in the sacrum. During fever, headache, vertigo, red face, pain in chest and vomiting.
28. **Opium**—Sleep during chill, heat and sweat. Congestive chill, Stertorous respiration, with mouth wide open. Congestive chills. Stertorous respiration, with mouth wide open. Congestion of blood to head with red and puffy appearance of face. Aged persons and children.
29. **Pulsatilla**—Is indicated particularly when the slightest disorder of the stomach brings on a relapse. It is particularly indicated by the absence of thirst during entire fit, or thirsts only during hot stage; heat and chilliness at the same time; bitter taste in the mouth; bitter or sour vomiting of phlegm or bile; the attacks come on in the afternoon or evening, and the patient complains of chilliness all the time.
30. **Rhus tox**—Paroxysm usually in after part of the day. Chill preceded by stretching limbs and yawning. Coldness of some parts of the body and heat in other (Bell). Perspi-

ration after midnight or towards morning. During hot stage nettle rash breaks out. Restlessness, constantly changing. Dry teasing cough before and during chill (during fever-Acon).

31. **Sambucus**—Profuse, debilitating, sweet, lasts through the apyrexia, commences in the face, is worst while the patient is awake, disappears and changes to a dry heat when he is falling asleep.
32. **Stramonium**—Chill, with icy cold skin, covered with cold sweat; hands and feet livid, head and face hot; vertigo; delirium; epileptiform convulsions. Wants to be covered during all stages.
33. **Sulphur**—Attacks mostly in the evening or at night, preceded by thirst and lassitude, chilliness in back, chest, and arms, with coldness of hands, and nose. During heat, thirst, with burning in hands and feet, and a bruised, tired feeling in limbs. Burning heat on top of head. Frequent weak, faint spell through the day. Early morning diarrhoea.
34. **Thuja**—According to Worlf if Apis is not sufficient, and the complaint originates in a chronic gonorrhoeal contamination of the system; only the uncovered portion of the body perspire; those which are covered are dry and hot.
35. **Verat alb**—Severe chill, with feeling of internal heat or both together, (Sec, Puls). Great thirst, especially during chill, and sweating. Profuse sweat, often cold and long-continued. Great exhaustion and sinking of strength. Vomiting and diarrhoea. Intermittents during the prevalence of cholera.

DIGEST OF INTERMITTENT FEVER CHILL STAGE

BEFORE CHILL

Vertigo—Arsenic.

Headache—Ars, carbo v, china.

Toothache and pain in limbs—Carbo veg.

Thirst, drinks a great deal and vomits afterwards—Arnica,
Eupat Perf.

Bitter taste, bilious vomiting, diarrhoea—Hepar.

Yawning and stretching, pain in pit of stomach and eru-
ptions; cutting pain in bowels—Arsen.

Pain in bones, bed or sofa feels too hard—Arnica.

Itching, stinging nettle—Rash, Hepar.

Sleeplessness the night before, and great sinking of
general strength—Arsenic.

CHILL BEGINS WITH

Yawning, stretching and collection of saliva—Ipecac.

TIME OF OCCURRENCE

Midnight after—Arsenic.

3 o'clock a. m. or p. m.—Cedron.

7 o'clock a. m.—Podoph.

7 to 9 o'clock a. m.—Eupat perf.

10 to 11 o'clock a. m.—Nat M. Sulph

11 o'clock a. m.—Nux Vom.

Noon, about—Nux Vom, Sulph.

1 to 2 o'clock p. m.—Arsen.

2 to 3 p. m.—Lach

3 o'clock p. m.—Apis, Bell

Afternoon and Evening—Gels

Evening—Nux Vom, Puls, Rhus tox

Any time—Ars, China, Eupat Perf, Eupat Purp, Ipecac,
Nat M, Nux vom, Puls, Sulphur.

Irregular time—China, Menyanth, Sepia.

At precisely the same hour—Cedron, Sabina.

Postponing—China, Cina, Ignat, Ipecac

Anticipating—Ars, Bryon, China, Ignat, Nat Mur, Nux vom

Quotidian—Ars, Carbo veg, China, Cina, Gels, Ignat, Ipecac, Nat mur, Nux vom, Puls, Rhustox, Sulphur.

Quotidian double—Ant crud, Apis, Bell, China, Elater, Stramon, Sulph.

Tertian—Ars, Bell, Carbo veg, China, Cina, Eupat Perif, Ignat, Ipecac, Nat M, Nux vom, Puls, Rhustox.

Tertian double—Ars, China, Eup Purp, Lyco, Rhustox.

Quartan—Ars, Carbo veg, China, Menyanth, Nat M, Nux vom, Puls, Rhustox, Sabina, Verat.

Quartan double—Ars, China, Eupat Purp, Rhustox.

LOCATION AND DIRECTION OF CHILL

Pit of stomach, commences in—Cale carb.

—Is felt most in—Arnica.

Back, between shoulders, commences in, and spreads all over, worse by external, heat—Bry, Caps

Small of back, commences in, and spreads all over—Eup-purp.

Hand and feet, commences in, or running up back from sacrum to occiput—Gels,

.....**Coldness of, with heat in head and face, and redness of one cheek**—Arnica.

Feet, begins in, and rises upwards—Lachesis, sepia.

Fingers, toes and legs, abdomen, coldness of, not relieved by external warmth—Menyanth.

In some parts, in others heat—Rhustox.

3 Left hand cold, right one warm—China.

Icy—cold skin, covered with cold sweat—Stramon.

CHILL ACCOMPANIED BY

Delirium—Stramon.

Loquacity—Podoph.

Anxiety, sensitiveness and restlessness—Acon, Ars.

Vertigo—Capsi. Stramon.

Pupils contracted—Acon.

Face bluish and nails bluish—Nux Vom.
—and head hot—Stramon.

Thirst during chill only—Apis, Calc, Caps, Carbo V. Cina,
Ignat, Mezer, Nux Vom, Verat.

Thirst during chill and during heat—Eup Perf, Eup Purp.
—and more during heat—Bry.

—between chill and heat—Sabad.

—during chill and all stages—Nat M.

—or in short spells, independent of any stage—Ign.

—or only during heat—Cina.

—worse after drinking—Ars, Caps.

—without—Ars, Cedron, Gels, Podo.

—during chill and fever—Ant Tart.

Morbid hunger or loathing of food—Sabad.

Gastric and bilious symptoms—Eup Perf, Nux Vom.

With or without nausea, vomiting and diarrhoea—Ipec.

Vomiting after drinking—Ars.

—between chill and heat—Eup Purp.

Chest, stitching pain in sides of, with hard cough—Bry.

Aching in back and limbs, as if the bones were broken
—Eup Perf.

Aching in small of back, drawing in limbs, formication
in fingers, with restlessness—Rhustox.

Drawing and stiffness in lower extremities—Nux Vom.

Pain in all the joints, as if the tendons were too short:
knee joints contracted—Cimex.

Rheumatic pains in limbs, worse from motion—Bryonia.

Pain in all the bones, bed feels too hard—Arnica.

Violent bone pains—Eup Perf, Eup Purp.

Blue nails—Ars.

Chill ends with a tired feeling in legs, must change
position—Cimex.

Sleepiness—Cimex.

with shuddering—Ant Tart.

Sleep during chill, heat and sweat—Opium.

Itching, stinging nettle rash—Hepar.

Sticky, cold perspiration—Verat alb.

Chill is aggravated

after drinking—Capsicum.

In warm room or near the stove, and motion—Apis.

By external warmth—Ipecac.

Chill is Relieved

By external warmth—Ignat

By being held tightly—Lachesis.

Wants to be covered in all stages—Stramon.

Chill and internal heat—Acon.

Chill intermixed with heat or cold inside and burning hot outside—Ars.

After Chill

Vomiting—Eupat Purp.

Vomiting Sour—Lycop.

Sweat—Capsicum.

Heat

At 10 a.m., without chill or thirst—Gels.

From 4 p.m. to 8 p.m.—Lycop.

Sometimes before the chill—Rhustox.

Mixed up with chilliness—Acon, Apis, Arnica, Arsenic, Bell, Cham, China, Eup Purp, Gels, Lach, Nux V, Podoph, Puls, Rhustox.

Mixed with sweat—Caps, Carbo Veg, Eup Perf, Ipecac, Opium, Podo, Puls, Rhustox, Sabad, Sepia, Stramon, Verat.

External heat; or heat in some, and coldness of other parts—Ignat.

Heat Accompanied by**Unconsciousness**—Ars, Nat mur.**Delirium**—Arnica, Arsenic, Bell, Chin Sulph, Gels, Ignat, Lach, Nat mur, Nux V, Opium, Podo, Stramon.**Loquacity**—Podo.**Indifference, Stupor**—Arnica.**Vertigo**—Ars, Bell, Bry, Carbo Veg, Gels, Ignat, Ipecac, Nat mur, Puls, Sepia, Stramon, Verat.**Headache relieved during sweat**—Nat mur.**Eyes injected**—Bell.**Pupils enlarged**—Cina.**Ears Cold**—Ipecac.**Nose cold**—Ignat.**Rubs at nose**—Cina.**Face cold**—Ipecac, Puls.**pale**—Arsenic, Bry, Capsic, Cina, Ipecac, Rhustox, Sepia.**and red alternately**—Acon, Bell, Capsic, Ipecac, Nux V, Opium, Puls.**One cheek pale and other red**—Cham.**Lips, burning of**—China.**fever-blisters on**—Hepar Sulph, Ignat, Nat mur, Nux V.**Tongue red in middle and white on edges, or white in middle and red on edges**—Cham.**Thirst**—Acon, Ars, Bell, Bry, Caps, Cham, China, China S, Eup Purf, Hepar, Ipecac, Lach, Nat M, Nux V, Podo, Puls, Rhustox, Sulph.**for bear**—Nux V.**drinks but small quantities at a time**—Ars, China, Puls.**large quantities**—Acon, Bry, Nat mur.**less during fever**—Arnica**only during heat**—Cina, Puls.

for warm drinks—Cedron.

for cold water—Acon.

No thirst—Ant Tart, Apis, Calc Carb, Capsicum, Carbo Veg, China, Ign, Puls, Sepia.

Hunger—China, Cina, Phos.

Nausea—Ant Tart, Ars, Bry, Carbo V, Eup Perf, Ipec. Nat M, Nux V.

Vomiting of bile—Cham. Cina, Eup Perf, Nat M.

after drinking—Ars.

after cold drinks—Lycop.

of ingesta—Cina, Eup Perf, Ferrum, Ign, Nux V.

sour—Lycop.

Diarrhoea—Cina, Puls, Rhustox.

Chest, heat in—Apis.

stitching pain in sides of—Bry.

oppression and short breathing—Apis, Ars, Carb V, Ipecac.

Nettle rash—Apis, Ignat, Rhustox

Sleep—Apis, Gels, Ignat, Nat Mur, Opium.

Sopor—Ant Tart, Bell, Opium.

Sleeplessness—Acon, Ars, Nux V, Puls.

with sleepiness—Bell

Restlessness—Acon, Ars, Bell, Capsic, Cham, Gels, Puls, Rhustox.

Wants to uncover—Acon, Arnica, Ars, China, Eup Perf, Lach, Nat Mur Puls.

Feels chilly when uncovering—Arnica, China, Nux V, Puls.

Sweat

Profuse—Bry, Carbo V, Cedron, Hep, Merc, Nat M, Rhustox Sambuc, Verat.

and sore—Bry, Carbo V, Cham, Hep, Ipecac Lyco, Rhustox, Sepia, Sulph.

Cold—Ars, Camph, China, Cina, Lyco, Sepia, Stram, Verat.

Hot—Cham, Opium.

Long continuing—Bry, Ferrum, Verat.

lasts through apyrexia, worse during waking, dry heat during sleep—Sambuc.

About head—Cham, Eup, Purp, Opium.

On forehead—China, Cina, Stram, Verat.

On head and chest only—Acon, Bry, Cham, China, Lyco, Nux V, Puls, Rhustox, Sulph.

On covered parts—Acon.

On uncovered parts, except face—Thuja.

Sets in some time after the heat—Ars.

—or immediately after the chill—Lycop.

Sweat alternates with dryness of skin—Apis.

Sweat Accompanied by

Thirst—Ars, Capsic, Cedron, China, China Sulph, Nat-Mur.

—after the sweat—Lycop.

No thirst—Apis, Calc Carb, Cina, Ignat, Nux V, Sambucus, Verat.

Hunger—Cimex, Cina.

Nettle rash—Apis, Rhustox.

Sleep—Arnica, Ars, Ignat, Mezer, Opium, Podo, Puls, Rhustox, Sulph.

Wants to uncover—Acon, Calc Carb, Eup Perf, Ferrum, Nat M, Op, Verat.

Uncovering causes pain—Stram.

Headache is better—Nat Mur.

Painful symptoms gradually subside—Ars, Nux V.

After the Sweat

Long continued headache—Carbo Veg.

Thirst—Bell, Lycop, Nux V, Sabina.

Hunger—Cina.

Diarrhoea—Puls.

Cough—EuP Perf.

Chill—Carbo Veg.

During Apyrexia

Tearful—Bell, Cina, Nux V., Puls.

Fear of being left alone—Lycop.

Headache—Arnica, Ars, Bell, Bry, China, Gels, Ign. Nat M, Nux V, Opium, Rhustox, Sepia.

Heat on the top of head, with cold extremities—Sulph.

Yellowishness of white of eyes—Sepia.

Swelling of lids—Apis.

Hardness of hearing—Calc Carb.

Ring in ears—China.

Face pale—Ars, Camph, Carbo V, China, Ferrum, Ignat, Lycop, Nux V, Puls, Sulph,

and flushing up easily from any excitement—Ferrum.

—**With circumscribed redness of cheeks**—Lycop.

Lips pale, cracked, swollen and crusty—Ars.

—**red**—Sulph.

About neck, glandular Swelling—Calc Carb.

Mouth, bad smell from—Carbo Veg.

—**taste bad**—Puls.

—**of water**—Nat mur.

—**bitter**—Ant Crud, Arnica, Ars, Bry, Cham, China, Nux V, Puls, Rhustox, Sulphur.

—**lost**—Ars, Puls.

—**sour**—Lycop, Nux V Sepia.

Tongue blistered—Nat M.

—**broad and indented**—Podo, Rhustox, Merc sol.

—**brown streak, down the middle**—Arnica, Eup Purp, Lach.

- dry**—Ars, Bell, Nat M, Puls, Stram.
 —**red streak on**—Ars, Lach, Nux V, Rhustox, Sulph.
Appetite lost—Ant Crud, Arnica, Ars, Bry, Carbo V, China, Ign, Ipecac, Rhustox, Nat M, Nux Vom, Podo, Puls.
Loathing of milk and meat—Sepia.
Thirst—China, Sulph, Verat.
 —**loss of**—Puls.
Belching—Ant Crud, Carbo Veg, Nux V.
 —**sour, after eating**—Nat M.
Bowels bloated—Apis, Ars, Calc Carb, China, Nat mur.
 —**rumbling**—Lyco.
Constipation—Ant Cr, Bell, Bry, Nat m, Opium, Sulph. Verat.
Diarrhoea—Ant Cr, Ars, Calc C, Gels, Podo, Puls, Rhsutox, Sepia, Sulph, Verat.
 —**after drinking milk**—Sepia.
Haemorrhoidal complaints—Sulphur.
Liver, pain in—Ars, Bell, Bry, Chima, Lycop, Nat m, Nux V, Podo, Puls.
Spleen enlarged—Ars, Bell, Calc C, Carbo Veg, China, Ferrum, Puls.
Kidney region Painful—Nat mur.
Urine Scanty—Apis, Ars, Bry, China, Nat mur.
 —**turbid**—Ars, China, Cina, Lyco, Nat mur.
 —**Profuse**—Eup perf, Puls.
Micturation, cutting in urethra after—Nat mur.
Menses suppressed—Ars, Calc Carb, Ferrum, Lycop, Nux V, Puls, Sepia, Sulph.
 —**scanty**—Lycop, Nat mur, Puls, Sulphur.
 —**profuse**—Calc Carb, Nux V.
Leucorrhoea—Sulphur.
Cough—Apis, Ars, Bell, Bry, Cina, China, Eup Perf, Ipec, Nux V, Puls, Sulph.
 in evening on lying down—Sulphur.
thick yellow, salty, expectoration—Lyco.

with heavy breathing and pain in chest—Sabad.

Congestion in lungs; shortness of breath—Ferrum.

Palpitation of heart—Acon, China, Ignat, Lach, Nat M,
Puls, Sepia, Sulphur.

Spine, soreness of—Nux Vom.

Limbs, aching as though beaten—Arnica.

—**cramps in**—Verat.

Skin itching—Hep, Ign, Rhustox, Sulphur

Sleepy, drowsy,—Bell, Bry, Calc C, Opium, Puls, Ant-Tart.

Sleepless—Ars, Bell, China, Cina, Ipec, Nat M, Rhustox, Sulph.

Feverish through the night—Sulphur.

Flushes of heat—Sepia.

Sweating—China, Sambuc, Verat.

—**One side**—Puls.

Diathesis Scrofulous—Calc C, Silic, Sulph.

—**Psoric**—Calc C, Carbo Veg, Cina, Sepia, Sulph.

—**Gonorrhæic**—Thuja.

Arsenic poison—Hep s.

Quinine poison—Arnica, Ars, Bell, Carb Veg, Ferrum, Ign,
Lach, Nat M, Nux Vom, Puls, Sulph, Verat.

Notes:

MUMPS

(EPIDEMIC PAROTITIS)

DEFINITION

Mumps is a contagious viral disease, characterised by painful swelling of salivary glands and occasionally involves gonads, pancreas, meninges and breast.

ETIOPATHOGENESIS

The causative organism is a virus. It is a world wide disease, the incidence is high in springs. Children between 6 to 10 are more prone to get the infection. One attack confers lasting immunity. Spread of the disease is by droplet infection and enters into the body through respiratory route. During the incubation period, which is 2 to 3 weeks the virus replicates in the respiratory tract and cervical lymph nodes and then spreads through blood stream.

MANIFESTATIONS

Constitutional signs and symptoms are mild to moderate and could be observed a few days earlier to classical attack of parotitis. The gland enlarges progressively and becomes tender and painful. Swelling is mainly in the front of the ear. The swelling of the gland subsides in a week's time. In most of the case the main complaint is difficulty in morning in the jaw, while eating, swallowing and talking.

Epididymo orchitis is frequently associated and appears after 7-10 days of the onset of parotitis. Onset of orchitis is with high grade fever, chills and malaise. Testicle becomes swollen, tender and painful. In about 50 per cent of orchitis cases, there is a subsequent atrophy of the testes and in some cases it results in sterility.

Pancreatic involvement is not common. It presents mainly as abdominal pain and tenderness. In some cases it can even cause gastro-enteritis. In rare instance mumps virus can lead to meningitis, hepatitis, nephritis, myocarditis and inflammation in the eyes.

DIAGNOSIS

Most of the cases are diagnosed on clinical presentation. Serological test and culture of virus can further confirm the diagnosis. Differential diagnosis will depend on the organ involved.

TREATMENT

1. **Pilocarpine (Jaborandi)**-Pilocarpine surpasses all other medicines for mumps. It acts immediately, subsides pain and brings soon cure, has a reputation for being effective when testis, breast and other organs are involved. When the swelling suddenly subsides, as a result of a chill, other worse troubles supervene.
2. **Aconite**-Fever with restlessness and anxiety and fear of death.
3. **Belladonna**-Inflammation of right parotid with bright redness and violent shooting pains. Glowing redness of face. Sensitive to cold. Pupils dilated. Headache.
4. **Bromium**-Parotid, especially left affected; especially after scarlet fever. Swelling of all glands about throat. Slow inflammation of glands with hardness. Brom especially helps those who are made sick by being over heated; but when attack comes on, sensitive to cold and draughts. Worse damp, hot weather.
5. **Lachesis**-Especially left side parotid, enormously swollen, sensitive to least touch: least possible pressure; produces severe pain; shrinks away when approached; can scarcely

swallow Throat sore internally. Face red and swollen. Eyes glassy and wild. There is not the offensive mouth and dirty tongue; but more throbbing with the usually Lachesis horrible tension.

6. **Lycopodium**-Begins right side and goes to left. It has not the offensive mouth and salivation. Desires warm drink. Aggravated 4 p.m. to 8 p.m. Much of wind formation in lower abdomen.
7. **Mercurius**-Mumps especially right side, with imprints of teeth on tongue and offensive salivation. Erethic fever, with alternate heat and chills. Hard swelling of gland with stiffness of jaws and difficulty of swallowing. Perspiration affords no relief. Dr. Ferrington says--"Especially left, where it is dark red" Foul tongue and offensive sweat. Flabby tongue.
8. **Pulsatilla**-Lingering fever, or metastases. If in mumps the patient gets a cold, the breasts swell in girls and testicles in boys. Puls is the common remedy for enormously swollen testicles from mumps. Puls breaks up complaints that flit about. Without thirst and no fever.
9. **Phytolacca**-Inflammation of submaxillary and parotid glands with stony hardness. Pain shoots into ear when swallowing. Worse from cold and wet. Rheumatoid arthritis has been cured when accompanied by swelling of the parotids.
10. **Rhustox**-Parotid and submaxillary glands highly inflamed and enlarged. Mumps on left side. Worse cold; cold winds; cold and wet. Always with herpes on lips.

PROPHYLECTIC

Pilocarpine acts as prophylectic. The patient should be at once isolated and liquid diet should be prescribed.

Auxillary Treatment:

1. Rest in bed for about 10 days.
2. Diet should be liquid or semi-solid depending on patient's ability to chew.
3. For orchitis-complete bed rest, ice compress to scrotum, suspending bandage.
4. Great care should be observed during convalescence to avoid taking cold, as the disease is very liable to be transmitted to the testicles or female mammae and seriously complicate the case.
5. Where inflammation and swelling is very considerable, hot fomentations to the parts will be found very beneficial.

Repertory of Characteristic Symptoms:

1. Swelling Parotid gland-Amm C, Arnica, Ars, Arum Triph, Aur met, Baryta carb, Bell, Brom, Bry, Cal c; Carbo A, Carbo veg, Cham, China, Con, Croc H, Hep s, Ign, Kali c, Kali bi, Lach, Lyco, Merc sol, Rhus tox, Sil.
Right-Baryta C, Baryta m, Bell, Kali Bi, Merc.
—then left-Lyco.
Left-Brom, Lach, Rhus tox
2. Cold air amel-Merc.
3. Axanthemata after-Arn, Baryta c, Brom, Carb veg.
4. Hard-Baryta m, Brom, Merc.
5. Menses, during-Kali carb.
6. Parotid gland, abscess-Rhus tox.
7. Indurated-Baryta m, Calc c, Carbo-an, Clematis Con, Kali c, Sil.
8. Parotitis without fever-Kali mur.
9. Parotitis gangrenosa-Anthrax.
10. —With metastasis to mammae-Puis.

11. —to testicles-Ars, Carbo veg, Puls,
12. Metasis to brain-Apis, Bell.
13. —with threatened suppuration and sensitiveness-Heps
14. —with profuse saliva-Merc, Nat m.
15. —As if pressed-Aurum met.
16. Stratoma over right-Calc carb.
17. Suppuration, especially if slow, painless-Sil.
18. Swelling in measles-Arn.
19. —of right, in angina-Ign.

Notes :

WHOOPIING COUGH

(PERTUSIS)

DEFINITION

A contagious respiratory catarrhal disease characterized by paroxysmal cough and the classical whoop.

ETIOLOGY

Caused by *Hemophilus pertusis*, a gram negative, non-motile bacillus. The disease is world wide. Children below 5 years of age are more susceptible. Incidence is high in winters. Mode of spread is mainly by droplet from respiratory tract and rarely by fomites. The incubation period is 7-14 days or even more.

MANIFESTATIONS

In the initial stages there is rhinitis, conjunctivitis, mild cough and low grade fever for about 7-10 days. This is soon followed by paroxysmal stage and is characterised by severe bouts of coughing. The coughing ends in loud, crowing inspiratory noise the WHOOP, and expulsion of thick mucoid secretions. Classical whoop is usually absent in children below six years of age. These bouts of cough are more at night; during these paroxysm, the face becomes congested and cyanosed, the throat and trachea become sore.

Physical signs are few ; there may be congestion in the pharynx and nose; auscultation of chest will reveal signs of bronchitis. One attack of whooping cough provides a lasting immunity.

COMPLICATIONS

Bronchopneumonia, collapse of lung and subsequent bronchiectasis are important complications. Hemoptysis, epis-

taxis, subconjunctival haemorrhage and prolapse rectum are some of the insignificant complications.

PROGNOSIS

Whooping cough is a much more serious malady among the children of the poor, and in those suffering from malnutrition, rickets, tuberculosis or a predisposition to chest troubles, than it is to healthy children in comfortable circumstances. Apart from this, age constitutes the most important prognostic factor. Infants and children under three years of age suffer considerable mortality and with the advancement of age the mortality decreases, and after 10 years of age is insignificant. Convulsions, especially if repeated, are of grave omen.

TREATMENT

1. **Ambra**-Cough worse when many persons are present. Foeter of mouth. Sour smelling urine; spasmodic, barking cough worse from talking and reading aloud. with frequent eructations and hoarseness.
2. **Anacardium**-Fit of vexation causes paroxysms of cough; dyspnoea accompanies and succeeds the coughing spell. Cough at night without expectoration; during day with expectoration of sweetish, flat tasting mucus, Cough aggravates every time they speak and after eating (not while eating): Vomiting of food with relief; much sneezing; after cough, yawning and sleepiness.
3. **Arnica**-A wonderful whooping cough remedy, violent paroxysms of whooping cough, often with expectoration of blood mixed with coagula, or of a badly tasting slime, which patient has to swallow. Child dreads and begins to cry before knowing it is to come; coughs till the blood gushes from nose and mouth; crying before and after the paroxysm; child places his hands upon chest to support it during the coughing fit.

4. **Belladonna**—Dry spasmodic cough, worse at night, wakes from sleep. Redness and heat of face with throbbing headache. Congestion in eyes.
5. **Bromium**—Crampy, rough barking or whistling cough, excited by tickling in throat, as if from vapour of sulphur, without expectoration; worse from motion, deep inspiration; tobacco-smoke; depression and melancholy; sensation of coldness in throat; much frothy mucus in mouth; dyspnoea; gasping for breath; chilliness with shuddering.
6. **Carbo An**—With feeling of coldness in chest. Severe dry cough shakes abdomen as if all would fall out; must support bowels.
7. **Cina**—The same rigidity, with clucking sound down in oesophagus as it goes out of paroxysm. Not relieved by eating. Stomach bloated, yet hungry. Grits teeth. Ravenous hunger. Rubbing of nose.
8. **Coccus Cacti**—Worse at night, when hot in bed. Better lying in cool room without much covering; wants room cold. If mother can get to it quickly enough with a drink of cold water, she can ward off the paroxysm. Child holds its breath to prevent coughing. "Walks in morning with paroxysm of whooping cough, which ends in vomiting ropy mucus, which hangs in long strings from mouth. Here *Coccus cacti* will cut short the disease". (*Kali Bi stringy* but yellow; *Coccus cacti*—clear or white).
9. **Corallium rub**—First of violent spasmodic cough. commencing with gasping of breath and continuing with repeated growing inspiration, until he grows purple and black in face, and is quite exhausted: worse in later part of night and morning. Severe fit of coughing followed by a loose cough, with vomiting of quantities of tough, ropy stringy mucus.

10. **Cuprum**—Better by swallowing cold water-- (Coccus C) uninterrupted paroxysm till breath completely exhausted. Gasps with repeated cramps beginning in fingers and toes. Thumb tucked in during cough
11. **Drosera**—Hahnemann says "A single dose of the 30th potency and not repeated is quite sufficient for the Homoeopathic care of epidemic whooping cough, according to the indication given by symptoms, which he enumerates--Impulses to cough, follow one another so violently, that he can hardly get his breath. Oppression of the chest, as if something kept back the air, when he coughed and spock, so that the breath could not be expelled. When he breathes out, a sudden contraction in hypogastium, which makes him heave and excites coughing".

Crawling in larynx which provokes coughing The cough makes him like a vomit (Kali Carb). On coughing he vomits water, mucus and food. When coughing, contractive pain in the hypochondria. Cannot cough on account of pain, unless he presses his hand on the acrobiculus cordis ("hollow of the epigastrium). The region below the ribs is painful when touched and when coughing, must press his hands on the spot to mitigate the pain. Spasmodic cough, with retching and vomiting caused by tickling or dryness in throat.

12. **Hyoscyamus**—Dry spasmodic cough. Uvula elongated. Aggravated lying down better by sitting up.
13. **Ipecac**—Spasmodic cough; loses breaths grows pale; then relaxed and vomits phlegm with relief. Convulsions in whooping cough: trightful spasms especially of left side. Nausea. No thirst. Tongue clean.
14. **Lobelia**—Violent racking cough in paroxysms of long continuance, followed by profuse expectoration ofropy mucus, which adheres to pharynx, excessive dyspnoea;

sensation of weakness and pressure in epigastrium rising to heart; nausea and profuse sweat. Cough ends with violent sneezing.

15. **Mag phos**—Violent spasmodic attack of cough with face blue and turgid. Ends in a whoop. (Schnessler's remedy for cramps and spasms)
16. **Mephitis**—Cough purely spasmodic, as if each spell would terminate life; spasm of larynx ending in a long drawn, whoop, with little or no expectoration; child is roused by sudden contraction of throat followed by rapid spasm: child cannot exhale. (Sambucus, cannot inhale); vomiting of all food, hours after eating; frequent paroxysms at night, worse lying down. Desire for salt.
17. **Sambucus Nig**—Cough; suffocative, with crying in children; worse about midnight; hallow, deep whooping with spasm of chest; with regular inhalation but sighing exhalation, profuse debilitating sweats.
18. **Veret alb**—Deep hollow cough, violent cough with blueness of face; involuntary emission of urine and cold perspiration on forehead.

AUXILLARY TREATMENT

- (a) Isolation in a well ventilated room.
- (b) Food taken should be in small feeds. Since feeding often excites paroxysm of coughing followed by vomiting in infants, it may be necessary to give a second feed after vomiting has occurred, this being more readily retained.
- (c) Oxygen should be given if there is persistent dyspnoea.
- (d) In case of strangling from excessive mucus,— it should be relieved by gentle suction and by placing the infant on his abdomen with head low to facilitate drainage.

REPERTORY OF RARE SYMPTOMS

1. Whooping cough with pain abdomen—Nux mos.
2. —worse in cold air—Cina.
3. — —from walking—Cina.
4. — — flatus escaping from anus—Graph.
5. — — hyperaemia of Brain—Verat V.
6. — grasps genitals when coughing—Zinc.
7. — during teething—Calc, Cham.
8. — with tendency to phthisis—Cap ac.
9. — with coma and cough awakens—Ant Tart.
01. — with convulsions—Hydro acid, Kali Brom.
11. — with distinct whoop after each paroxysms
—Cup_a.
12. — better by swallowing cold water—Cup met.
13. — aggravated by swallowing cold water
—Verat.
14. — aggravated after eating—Caust. Nnx v, Fer-
rum.
15. — better after a small quantity of food—
Ferrum met.
16. — worse on ascending steps—Mag m.
17. — with expectoration of dark blood—Mur
acid.
18. — with expectoration of much opaque white—
mucus—Kali m.
19. — with beg like swelling between upper lids
and eye b ows—Kali Carb.
20. — whooping cough with numbness of fingers
—Spong.
21. — with Cardiac weakness, blue or paller of
face after an attack and tardy return to

natural colour, threatening of pulmonary oedema or paralysis—Crot.

- ceases when lying down and recurs on riding
—Verat.
- worse lying—Coc c. con, Ayo, Sang
with palpitation Ars.
worse on awaking from sleep Cina, Goccus.
lach.
with emission of urine when coughing
Verat Caust.
after vaccination Thuja.

Notes :



INFLUENZA

DEFINITION :

An acute infectious disease of viral origin and is characterised by fever, headache, malaise and respiratory catarrh with prostration. The terms influenza and flue should be restricted to those cases with clear cut epidemiologic or laboratory evidence of infection with influenza viruses. The onset is sudden.

ETIOPATHOGENESIS :

The causative organism is a filterable virus. There are three distinct types of viruses, A, B, and C. It is virus A which is responsible for pandemics.

Infection with one type confers no immunity to infection with other two. Influenza B usually occurs sporadically or in localised outbreaks, particularly in schools and military camps. Illness with influenza C is rarely deducted. All age groups are equally affected. Incidences are high in winter season. The primary site of attack is respiratory epithelium which catches infection through droplets. In majority of cases there is only mild inflammation in the upper respiratory tract. When infection is severe the virus invades the entire respiratory tract resulting in fulminating pneumonia and toxæmia.

SYMPTOMS :

The incubation period is usually 18 to 36 hours but may be as long as three days. Mild prodromal symptoms of cough, malaise, and chilliness are sometimes present but extremely sudden onset is often such a characteristic feature that many patients can recall its exact time. The most common initial symptom is severe headache. Diffused myalgia; pain and spasm of abdominal muscles which may simulate

acute peritonitis and pain in joints are sometimes confused with acute arthritis. The patient may have chill or chills accompanied by a rise of temperature to 100F to 103F. Patient is completely prostrated. He is hot and feverish and yet if he moves it makes him chilly. The pulse usually ranges from 120 to 140. The tongue is coated, there may be nausea, even vomiting. Sometimes erythematous rash is visible. Fever lasts for 2 to 3 days or may persist for a week. A common variation in temperature course is rapid decrease after the initial peak, with a secondary rise to the original level on the following day. The pulse rate is usually slow in relation to the fever, but marked tachycardia may occur in severely ill patients.

In respiratory type of the disease, the type most commonly met with, are, sneezing with coryza, sore throat, occasional aphonia, bronchitis and broncho-pneumonia.

In nervous type of influenza, melancholy is profound and all other symptoms may be slight or absent. The temperature may be normal but the patient is apprehensive with fear of death and mental torture by committing suicide. This may accompany by palpitation and the true meningitis may occur. The urine in all of the cases may be increased or diminished. Frequently there may be albuminuria.

COMPLICATIONS AND SEQUELAE :

1. Various forms of pneumonia head the list.
2. Pulmonary tuberculosis following influenza.
3. Another serious effect of influenza is endocarditis, influenza with acute articular rheumatism and scarlet fever.
4. Another frequent complication or sequelae of influenza is middle ear disease. Mastoiditis and sinusitis may occur.

DIFFERENTIAL DIAGNOSIS :

Many bacterial and viral infections simulate influenza at their onset, but few febrile diseases have such a

self limited course. The pattern of clinical manifestation becomes readily apparent during an epidemic. Non influenza respiratory diseases are generally characterised by more gradual onset, milder systemic manifestation, and predominant symptoms of coryza, rhinorrhea, pharyngitis and conjunctivitis.

PROGNOSIS

The prognosis of influenza should be guarded. Uncomplicated cases nearly all recover. The greatest danger comes from the complications. The chest should be constantly examined during the course of the disease to detect pneumonic involvement or endocarditis. If any of these complications are supervene the prognosis is more grave than it otherwise would be.

TREATMENT

Isolation is necessary to stop the spread of the disease. It is supposed to be communicated by means of the nasal secretions mostly, so these should be destroyed and handkerchiefs handled in a careful manner. Clothes that could be destroyed as soon as used would be the ideal sort to use. Any sputa should be as carefully handled as in a case of tuberculosis.

The diet must be light. In the gastro-intestinal type of influenza, with nausea, vomiting and diarrhoea, the nourishment of the patient may become quite a problem. Milk diluted with water may be tried. It may be necessary to resort to nutrient enemata.

Aconite—Inflammatory symptoms, high fever, dry skin, restlessness; dry, violent, racking cough, with or without oppression, stitches in chest, after exposure to cold west winds.

Allium Cepa—Cold damp, penetrating winds in any climate are likely to bring on Allium Cepa complaints—Coryza in influenza and usually there is congestive headache. There

is fever with rawness in the nose, copious flow of water from the eyes, which is always excoriating. Cough tearing, excited by tickling in the larynx and when lying down at night in a warm room. On going to bed in the evening it has most troublesome aggravation. All his complaints are aggravated by warmth, are worse in warm room except tickling in the larynx and cough is excited by cold air.

Antimonium Tart—It is mainly useful where pneumonia is a complication. There is large accumulation of mucus in the bronchi due to which is great rattling in the chest but mucus is difficult to raise and if expectorated finds relief. The nostrils are dilated and flappy and there is dark sooty appearance inside the nostril. The face is covered with cold sweat and much prostration is marked.

Arsenicum Alb—Influenza in children with sudden onset and much prostration. Violent sneezing with blood tinged discharge; profuse watery discharge from nose, corroding nostrils and making the upper lip sore. Spasmodic cough with desire to vomit or with vomiting and expectoration of watery mucus; running eyes, excessive photophobia; inflamed eyes with ulcers on cornea.

Bryonia—Frequent sneezing, often between coughs; watery coryza; mouth and lips dry with much thirst. Dry hacking cough and constriction in chest. Headache always on coughing or stooping. Rheumatic pains in extremities. Constipation; stools hard and dry.

Causticum—Frequent sneezing, aggravation morning; nose stopped up at night, running by day; tired sensation, limbs as if beaten; cough with feeling of rawness and excoriation in the chest. From the start, sensation of weakness and paresis in all extremities.

Belladonna—is called for if there is congestive headache, the eyes red, and there is backache with chills

Cimicifuga—has headache at the back of the head and neck as a prominent symptom. Rheumatic, catarrhal attacks, with pains in limbs, head, face, eye balls; chilliness; heat and fluent watery coryza; stuffed nostrils with great sensitiveness to cold air.

Eupatorium Perfoliatum—is well indicated in influenza with hoarseness worse in the morning, and cough with extreme soreness along the trachea and even to the finest ramifications of the bronchial tubes; with this, will be the aching all through the body as if in the bones, which impels the sufferer to move but no relief is obtained thereby.

Gelsemium—is indicated in catarrhs excited by warm moist, relaxing weather, with excoriating discharge from the nose, making the nostrils and wings of the nose raw and sore: attended by a sensation at every inspiration as if a stream of scalding water rushed along the nasal passage of that side, the other nostril at the same time being stopped up. There is continuous accumulation of irritating mucus about the throat, with hard, painful cough. Thirstlessness with fever; worse at night.

Mercurius—Rheumatic pains in head, face, ears, teeth and extremities, with sore throat; pleuritic stitches, with dry, violent racking, unceasing cough, not allowing the patient to utter a word; dry or fluent coryza; frequent epistaxis; constipation or mucus, bilious diarrhoea; chill or heat with profuse, not alleviating sweat.

Nux Vomica—Rough and hollow cough with mucus rales and thick expectoration, headache, constipation, nausea and desire to vomit, pain in chest; fluent coryza by day but dry at night.

Pulsatilla—fluent or dry coryza; loss of taste and smell; sore nostrils, wings raw, later yellow green discharge; cough day and night especially when lying with distress in bowels

and mucus diarrhoea; evening aggravation; no thirst; does not want to cover.

Rhustox—It produces a copious coryza with redness and oedema of throat. It is indicated in influenza with some aching of all the bones; sneezing and coughing. The cough is dry in character and is worse in the evening until midnight and from uncovering the body. Especially Rhustox is indicated when the trouble arises from exposure to dampness

Sabadilla—is useful in influenza and that troublesome affection, hay fever. There are violent spasmodic sneezing and lachrymation on going into open air; the throat is also affected, giving you a perfect picture of tonsillitis. The difficulty begins on the left side and extends to the right, the pain is worse on empty swallowing and is relieved by warm drinks. Sometimes there is a sensation as of a thread or string in the throat; or also a sensation of constriction in the throat, as if it is tied by a string.

Sanguinaria—Intense irritation of the nasal mucus membrane. Smell in nose like roasted onion; fluent coryza, with frequent sneezing; raw throat; pain in chest; wheezing whistling cough, and finally diarrhoea which relieves the cough.

Spigelia—Influenza accompanied by facial neuralgia; fluent coryza; with dry heat and no thirst; headache; with hoarseness and anxiety about the heart; dry hard cough at night, with dyspnoea, worse when bending forward.

Influenza with Coryza

- **Better in open air**—Nux V, Puls.
- **Better from out door exercise**—Seneg.
- **with pain in back and limbs**—Bry, Eup Purf, Rhustox
- **with cough at night**—Con.
- **more during day and after meals**—Phos.

- with ringing in ears—Sil.
- with difficulty of hearing—Sil.
- Epidemic—Eupet perp ; Phos. Sabad.
- with facial neuralgia—Spigelia.
- with vertigo—Merc-Iod-Rubr.
- followed by weakness and hectic fever in children—Abrot.

Notes :

CHICKEN POX

(VARICELLA)

DEFINITION

A contagious viral disease characterised by fever and generalized discrete vesicular eruptions.

ETIOPATHOGENESIS

The causative organism is a virus. Children under ten years of age are more prone to get this infection. As compared to children, it is more severe in adults. Second attacks are rare. Same virus is also responsible for herpes zoster. Virus probably enters into the body through respiratory route, multiply at some obscure site and then released in the blood stream intermittently and results in multiple discrete lesions in crops.

MANIFESTATIONS

The incubation period varies from ten to twenty days, usually about 14 days. Occasionally there may be prodromal symptoms like fever and malaise. Mostly eruptive stage and fever appear simultaneously. Lesions may appear over palate even before they are seen over the skin. Rash over the trunk is seen on the second day and soon it appears over face and then extremities. Axillae are invariably affected. In the beginning rash is macular, then soon becomes papular and vesicular. Vesicles are then walled and surrounded with a zone of erythema. Within 24 hours, these vesicles turn into pustules. Since rash appears in crops, all stages of lesions can be seen in a particular area. The prognosis is usually good.

COMPLICATIONS

In the severe variety, haemorrhage into the vesicles and surrounding skin, though rare, may be seen in adults. Seco-

dary bacterial infection due to staphylococcus is common. Pneumonia is mainly a complication of adults whereas encephalitis is more frequent in children.

DIFFERENTIAL DIAGNOSIS

1. **Smallpox** : A typical case of smallpox used to be a problem. Since smallpox has been eradicated from the world, it can be easily eliminated from the differential diagnosis. However, the most distinguishing features of smallpox are its peripheral distribution, prodromal illness and uniform development in the lesions.
2. **Infected Scabies** : History of pruritus at night, presence of classical burrows and distributions of lesions particularly in the interdigital areas.

TREATMENT

The child should be isolated and kept in bed. The diet should be light and nutritious.

1. **Acor ite**—Early cases, with restlessness, anxiety and high fever.
2. **Antim Tart**—Delayed or receding: blue or pustular eruptions; drowsy. Sweaty and relaxed; nausea. Tardy eruption; to accelerate it. Associated with bronchitis, especially in children (Ant Crud).
3. **Belladonna**—Severe headache, face flushed; hot skin. Drowsiness with inability to sleep.
4. **Mercurius**—Should vesicles suppurate.
5. **Rhus tox**—Intense itching. Generally the only remedy required. Under its action the disease soon disappears. Restlessness.

TYPHOID

(ENTERIC FEVER)

DEFINITION

An infectious disease characterised by prolonged pyrexia of distinctive type, transient rash, enlargement of spleen, abdominal discomfort and leukopenia.

ETIOPATHOGENESIS

The causative organism, *Salmonella typhi* gains entry into the body through oral route or ingestion of contaminated food. Source of infection is either a person suffering from typhoid fever or a chronic carrier. Countries where sanitation is primitive, flies help in the spread of infection. Since *S. typhi* can survive freezing or drying, the possibility of spread through eatables, ice and dust are more. It is more common in adolescents and young adults. Countries with poor sanitation, incidence is high in summer season.

Once the organisms enter the small intestine they multiply there and penetrate the intestinal mucosa, reach Payer's patches and from there they enter into the blood stream. The bacteremia is transient and does not produce any symptom. Soon the bacilli are phagocytized by the reticulo endothelial system. When organisms multiply in tense cells and are released continuously in the blood stream, will result in clinical manifestations of disease. Main pathological manifestation is mono-nuclear hyperplasia, particularly, in the lymphoid tissue of intestine, spleen, lymph nodes and to some extent in the bone marrow and liver. Necrosis of Payer's patches may lead to haemorrhage in the intestine and when severe, can even result in perforation.

MANIFESTATIONS

Incubation period is about 10 to 14 days. Severity and duration of illness varies from individual to individual. On an average period of illness is about four weeks. The onset of disease is gradual and characterized by headache, anorexia, malaise and fever. Temperature rises in a step-ladder fashion during first 4-8 days; it is usually higher in the evening as compared to the morning temperature. After the initial rise it becomes continuous with little variations from 10-15 days. Pulse rate is often slower than would be expected with high grade fever. With the prolonged fever, mind becomes dull and in cases with high pyrexia delirium is not quite uncommon.

Abdominal symptoms are mainly in the form of discomfort, distention, constipation; in children diarrhoea and vomiting are common.

Classical rash (Rose spots) is seen in the second week. The lesions are erythematous. Maculars distributed over front of the chest and upper abdomen. Rash is transient and lasts for just 2-3 days.

Spleen could be palpable by the end of the first week. Liver is often enlarged and tender. Marked abdominal pain, distention out of the proportion and signs of peritonitis suggests perforation. Melena is quite common.

In fairly good number of cases bronchitis may develop during the early phases of the disease. At the end of the third week, recovery starts, fever gradually returns to normal; appetite improves and patient develops feeling of well being.

COMPLICATIONS

1. Intestinal haemorrhage is due to the erosion of blood vessels in the Payer's patches. Sudden fall in the

blood pressure or temperature may indicate massive haemorrhage.

2. Jaundice due to mononuclear cells infiltration and hepatic cells necrosis is a rare complication.
3. Intestinal perforation usually occurs in the third week. It is characterized by pain in the lower half of abdomen and soon signs of peritonitis develop.
4. Pneumonia can occur due to typhoid bacilli or due to secondary bacterial infection, mostly Pneumococcus.
5. Meningitis, osteomyelitis, myocarditis, cholecystitis, arthritis, deafness and alopecia are some of the rare complications.

Chronic Carriers—These are the individuals who excrete typhoid bacilli in the stool for more than one year. In these cases infection is eradicated from rest of the body except gall bladder. They keep on passing the organisms in the intestine through bile. Carrier state is three times more in females than males. Children rarely enter into the carrier stage.

INVESTIGATIONS

1. Low white cells count.
2. Anemia.
3. Occult blood in the stools.
4. Typhoid bacilli can be cultured from the blood
5. Stool culture is highly positive in the third week.
6. Widal test, a serological test, starts showing positive reaction after first week.

DIAGNOSIS

Clinically a continued fever without obvious cause is probably typhoid, malaria, tuberculosis, pneumonia or sepsis.

In typhoid the general symptoms will gradually become worse with unfolding of the typical typhoid fever curve. The dry furred tongue, slightly tumid abdomen, moderately enlarged spleen and appearance of rose spots are confirmatory. Special diagnostic methods are-blood culture. This is particularly valuable in the first week before the agglutinative reaction has appeared or the rose spots are evident but is also applicable during the second and third week and in relapse.

DIFFERENTIAL DIAGNOSIS

Typhoid should be considered in all cases with prolonged fever. Sometimes, tuberculosis, malaria, brucellosis, infectious hepatitis, lymphomas and pneumonia may confuse with typhoid.

GENERAL TREATMENT

The main factors in the treatment of typhoid are carefully nursing and a well regulated diet. The patient should be put to bed as early as possible in a well ventilated room. The nurse should record daily (i) the total quantity of urine, (ii) number and nature of motions, (iii) the quantity of food taken, (iv) the temperature, pulse and respiration, and (v) anything of special interest. As a rule purgatives should be avoided; the evacuation may be made by glycerine enema every third or fourth day.

DIET

Plenty of boiled and cooled water may be given to allay the thirst, in small quantity at a time, so that accumulation may not occur in the stomach, setting up vomiting. This should be done at regular intervals even in unconscious patients who never ask for it. Aerated water is harmful. Diet should be strictly fluid; milk should be the mainstay mixed with thinly prepared "pearl barley" water. The stool should be watched daily so that the appearance of milk in the form of curds

should be the indication to stop milk for two or three days. Fruit juices are beneficial, especially of pomegranate, orange, pineapple and grapes, when looseness of bowels is not present. Green coconut water is both food and drink. Some quantity of albumen water, glucose solution or sugar of milk (half to one ounce in a pint) are soothing and invigorating. Carbohydrates should replace proteins as far as possible, provided there be no flatulence. Whey, butter milk and barley water are useful in diarrhoea; solid food should not be given till twelve days have passed from the cessation of the fever. Relapses are more common from errors in diet and solid food is responsible for most of the perforation and haemorrhagic complications. Dr. Mill says "another very valuable food in typhoid which I have used many times with great satisfaction both to the patient and to myself is the banana. It should be thoroughly ripe. It is very nutritious, is almost entirely digested and absolutely harmless. It is keenly relished by patients who like bananas. I had many patients who regularly ate one banana a day throughout the entire course of the disease". The patient should never be kept in the same position and must be turned to prevent bed-sores and hypostatic congestion of the lungs.

The patient should be sponged on alternate days for cleanliness and comfort not primarily to reduce the temperature. The sponge bath should be given carefully, one part of the body being bathed at a time.

GENERAL TREATMENT OF COMPLICATIONS

(a) Abdominal distension

Omit sugar. Reduce amount of milk. Apply turpentine stupes—Flannel or piece of lint wrung out in hot water containing 20 minims of oil of turpentine in 2 pints of water. Use flatus tube if necessary.

(b) **Diarrhoea**

Reduce quantity of milk or dilute it further, give buttermilk and sago canjee or rice canjee in water, apple juice or pomegranate juice. Omit sugar. In severe cases give albumen water for two days and stop milk totally.

(c) **Hyperpyrexia**

Give tepid sponge and apply ice bag to head. Sponging with ice water sometimes become imperative to bring down the temperature.

(d) **Haemorrhage**

Absolute bed rest. Nothing by mouth. Raise foot of bed.

MEDICINE

1. **Apis Mellifica**—"I place apathy or stupor, interrupted with occasional sharp screams first and have frequently found it useful; or this may alternate with long continued spells of whiming. Another characteristic is general trembling. This trembling continuous and violent; shakes the bed; hands have to be held, they tremble so. Abdomen may be distended, sore and very sensitive to touch, with foul, bloody or involuntary stools; the anus sometimes remaining open or on the contrary the abdomen may be sunken, even hollowed out like a boat, with no stool, and very scanty or suppressed urine. In either case the patient is very weak, sliding down in bed, and the skin alternately hot and dry, or profusely sweating" Nash. Skin burning hot in some places and unnaturally cool in other; face puffed and dark red; lips dry, covered with a brown crust; prickling sensation in tongue and fauces and very tenacious, tough mucus in throat; in continuance of urine, pulse weak, full and soft; roseola well developed.

2. **Arnica**—Arnica frequently fits in this disease most usefully. It has many symptoms common to Baptisia and Rhus tox, yet its individual symptoms are marked. It is a remedy that is not so likely to be indicated early as Baptisia. There is a stupor and indifference to every thing, patients do not know that they are sick and careless; they go to sleep while answering questions; the head is hot, the body cool, and all over there is a bruised feeling; the patient tosses about the bed to find a soft spot; the stools and urine are involuntary; there are ecchymoses and bed sores; patchie appear all over the body; finally a condition of stupor arrives, characterized by dropping of lower jaw. The three-legged stool of Arnica in this disease is—

- (1) the bruised sore feeling all over the body,
 - (2) the ecchymoses, and
 - (3) the involuntary stools and urine.
- no other drug has this trio of characteristics.

3. **Arsenicum**—This is one of the remedies for typhoid fever when the case begins to look bad; but it is hardly ever indicated in the beginning of the disease, though Dr. J. S. Mitchall advocates it even here and many another recommend it from start to finish. but such routine practice is not Homoeopathy or even sense. The important indications are—

- (1) Rapid sinking of strength; great emaciation.
- (2) Least effort exhausts.
- (3) Great restlessness; constantly moves head and limbs; trunk still, because of extreme weakness.
- (4) Tongue dry, brown, black.
- (5) Face distorted, hippocratic, sunken, anxioxs.
- (6) Rapid sinking of forces; extreme prostration.
- (7) Anxiety: restlessness: exhaustion.

- (8) Thinks he must die.
 - (9) Worse 1-2 a.m. and p.m.
 - (10) Cadaveric aspect: cadaveric smelling stools.
 - (11) Thirst for cold sips.
4. **Arum triph**—During delirium boring in nose, picking at one spot or at the dry lips till they bleed. The patient would pick and bore into the raw surface, though doing so gives great pain, causing him to cry out, still would keep up the boring. Restless tossing about the bed; wants to escape; unconscious of what he is doing or of what is said to him; urine suppressed; putrid odor from mouth; buccal cavity raw and bleeding; great weakness; last stage, probably with uraemic poisoning.
5. **Baptisia**—Great prostration and soreness as if in whatever position the patient lies; the parts rested upon feel sore and bruised; stupor; falls asleep while being spoken to, in the midst of his answer; face flushed, dusky, dark red, with a stupid besotted, drunken expression. Tongue coated with a well-defined streak down the middle, at first white, but very soon turns brown, with red edges. Exhalations and discharges early become fetid, and offensive breath. Nervous, cannot get to sleep because she cannot get herself together; feels scattered about: tosses around to get herself together. The diarrhoea and decomposition of fluid set early and progress rapidly, and if not especially checked by Baptisia, will come to stage of Arsenicum, Carboveg or Muriatic acid.
- In provings of Bapt on examination of the blood, the typical typhoid agglutination was found to occur.
- 6 **Bryonia**—This is one of the great typhoid fever remedies and is, sooner or later, indicated in a majority of cases of the disease. The characteristic symptoms are those great soreness over the body; tired feeling. Every exertion

fatigues. He has a dread of motion. Lacerating, throbbing, jerking headache. Nausea and disgust, whitest tongue. Bitter taste. Thirsts for large draughts of cold water (Phos). "Nervous, versatile or cerebral typhoid. Sluggishness, then complete stupefaction. When roused is confused. Thinks he is away from home and wants to be taken home. The sleep is troubled, and the patient dreams of business. The bowels are generally constipated; indeed, some writers claim that Bry ceases to be of value when diarrhoea sets in; but soft mushy stools may be present and yet not contra indicated. The best place for the remedy is early, before the vitality is greatly lowered either by constipation or diarrhoea. Jhar gave it as soon as heaviness of limbs was felt, headache, white coated tongue, loss of appetite etc.

7. **Carbo Veg**—A sheet-ancher in low states of typhoid, in the last stages of collapse; where there is coldness, cold sweat, great prostration; dyspnoea-wants to be fanned. Cold tongue.

Desperate cases. Blood stagnates in the capillaries. Blueness, coldness ecchymoses; can hardly breath; air hunger. Says "Fan me; Fan me"

Haemorrhages, dark, decomposed, unclotted. Indescribable paleness of face and body.

8. **Calcarea Carb**—If at or about the beginning of the third week of the fever, the exanthema or miliary rash, has not made its appearance, and the other symptoms are not being controlled by other remedies, a few doses of Calcarea carb may develop the rash and stop the diarrhoea, if present, and so modify the case that the rest of the course is easily managed.

Calcarea may be given whether diarrhoea or constipation is present.

9. **Chelidonium Majus**—It is indicated in typhoid cases where is liver complication. If in such a case the tongue becomes thickly coated yellow with red edges; the stools are very yellow, yellow as gold; the urine also very yellow, whites of eyes yellow, and especially if the patient complains of pains in the region of liver, running across the abdomen, or under the right shoulder blade, then Chelidonium is the only remedy. Mercurious proto-iodatus is also useful if the base of the tongue is yellow; breath is foul smelling, with tongue showing imprints of teeth.
10. **Cina**—It saves the life when along with stupor, unconsciousness, tympany, diarrhoea and dry dark tongue, the two most prominent symptoms present are—
- (1) intense circumscribed redness of the cheeks, and
 - (2) frequent and violent rubbing of the nose, it may be due to presence of worms.
11. **Crotalus Hor**—Typhoid with decomposition of blood and haemorrhages-anywhere. Intestinal haemorrhage; blood dark fluid non-coagulable. Oppression of nervous centres; eruption dark purple, copious; during second week heart becomes markedly weak, systolic sounds can hardly be made out; pulse soft, tremulous. Tongue fiery red, smooth, polished (Pyrog), intensely swollen. Yellowness of skin is an indication for Crot H (Lach-cold and clammy). Crot cold and dry. Rapidly increasing unconsciousness. Besotted appearance (Bapt).
12. **Gelsemium**—This is a remedy often indicated in the first stage and especially in comparatively mild cases. The patient feels sore and bruised all over, as if pounded. He is dull and apathetic, with great prostration of all the vital forces. Drooping eye lids is characteristic, it shows general languour and malaise. With Gelsemium the tongue is thinly coated or not at all; there is no thirst; and the tongue trembles when attempting to protrude it. Nash

says Baptisia leads when soreness is most prominent and Gelsemium where prostration is most marked.

13. **Kali Phos**—Clinically, at least, this remedy deserves a place among the great typhoid fever remedies. The chief indications are : a dry, brown tongue; foul and putrid diarrhoea; great debility; low pulse; offensive breath; sordes on teeth; with great mental depression; delirium. The blood seems extremely vitiated and full of the typhoid poison. All discharges are extremely offensive.
14. **Hyoscyamus**—It is often indicated in true form of typhoid especially in the early stage when there is delirium and in advanced condition when symptoms of cerebral paralysis develop. There is entire loss of consciousness, and of function of the organs of sense. The delirium continues while awake; sees persons who are not and have not been present; muttering; with picking of the bed clothes; reaching surrounding objects; reaching into the empty air for them. Comprehends slowly, if at all, and stares at the physician. Tongue red, dry, brown cracked or paralyzed; puts it out slowly if requested, and forgets to draw it back or cannot put it out at all. Sordes on teeth and cadaverous smell from the mouth. Urine retained, suppressed or involuntary. Paralysis of sphincter ani and vesica; stools and urine unnoticed. Twitching of muscles; subsaltus tendinum. Sleeplessness with staring eyes, or constant sleep with muttering. Roseola spot on chest and abdomen.
15. **Helleborus Niger**—We may find it indicated in typhoid fever where sensorial depression is marked with the following other symptoms; there is a dark soot about the nostrils : the nostrils are dry; the tongue is yellow and dry, with red edges; the breath is horribly offensive; drinks roll audibly into the stomach. The fever accompanying these symptoms is most marked in the afternoon from 4 to

8 P.M. The face is at times pale and almost cold, and the pulse weak, and almost imperceptible. There is meaningless picking at the lips or clothing. Rolling the head on the pillow.

In its action on sensorium we find that *Helleborus* depresses sensorial activity. This condition is exhibited in a variety of symptoms, for instance, we note diminished power of the mind over the body; the patient is slow in answering questions, as though he did not comprehend what was asked of him; he sees imperfectly, or does not comprehend what he sees; hearing is imperfect; taste is absent or nearly so; he has the desire to work or to occupy himself but lacks the muscular strength to do so. Muscles do not obey the will readily unless the mind is strongly exerted.

The patient feels a heaviness or weight over the entire body. There is a pressing headache of a stupefying character. The face is expressive of the stupidity under which the patient is labouring.

- 16 **Lycopodium**—Comes at the end of second week when the rash fails to appear and the patient sinks into an unconscious state with muttering delirium, picking at bed clothes, distended abdomen with great rumbling of flatus: constipation: sudden jerking of limbs here and there; involuntary urination, leaving a reddish sandy deposit in the clothing or retention of urine. When awaking exceedingly cross, irritable, kicking or jerking the limbs, scolding or screaming. Cold hands and feet or one foot hot and the other cold. Now in addition to all this, the symptoms are generally worse from 4 p.m. to 8 p.m.; no remedy can act more beautifully than *Lycopodium*.
17. **Muriatic Acid**—One of our best remedies in typhoid. The cardinal symptoms are—Tongue dry, leathery, shrunken (*Hyos, Ars*). Muscular prostration comes first, mind

remains long clear (reverse of Phos acid). Lower jaw drops. Slides down in bed from excessive weakness(Phos acid). Cannot urinate without the bowels also moving. Nearer to Carboveg, than any other remedy.

18. **Nitric Acid**—It is indicated in typhoid fever, particularly in the ulcerative stage when Payer's patches have begun to breakdown. You will find the patient greatly exhausted. The characteristic indications for Nitric acid are these—Stools are green, slimy and offensive, and sometimes purulent due to the pus coming from the bowels, with fainting on the slightest motion. The tongue is either white and studded with vesicles or little sore spots or it is brownish and dry. We may have well marked pneumonia complications. There seems to be threatening paralysis of the lungs which you know is by no means an uncommon thing in typhoid fever. This incipient paralysis of the lungs is expressed by loud rattling of mucus in the chest. The pulse in such cases, you will find to intermit at every third beat.
- 19 **Lachsis**—This is a remedy also indicated in the later stage of typhoid, where the patient is in a stuporous condition; lower jaw dropped, perhaps a low muttering or loquacious delirium, all showing a tendency to cerebral paralysis. The tongue is dry and catches on teeth when it protrudes, also it trembles, here being similar to Apis; and in the dropping of the lower jaw and symptoms of paralysis of brain it should be distinguished from Opium, which has in addition a dark face and stertorous breathing; and from Hyoscyamus, which is especially characterized by muscular twitchings. Another indication of Lachesis is haemorrhage; the blood from the bowels is dark; indeed, haemorrhages may occur from any orifices of the body. The general hypersensitiveness of the choice is certain. Clothing cannot be tolerated; must not touch abdomen or throat. Tongue swells: difficult to protrude.

Suspicious,—"trying to poison her". Worse after sleep; sleeps into aggravation; cold clammy; (Crot hor-Cold dry). Stool with dark blood.

20. **Phosphoric acid**—It is one of our best remedies in typhoid in advanced stage, when there is slowly increasing prostration and characteristic sensorial depression. The patient lies in stupor, unconscious of all that goes on, but out of this condition he is easily aroused and is perfectly rational. The abdomen is distended and bloated; there is much rumbling and gurgling and painless diarrhoea; stools often containing undigested matter; there may also be present intestinal haemorrhage. The patient has a glassy stare, as if slowly comprehending. Dry brown tongue, dark lips. Teeth covered with sordes. There is aversion to conversation while in Stramonium desire to talk and wild look, jaw drops, as if must die of exhaustion.
21. **Phosphorus**—It is especially useful in typhoid pneumonias, where there is threatening paralysis of the lungs. The patient lies in a sort of coma, with hot breath and rattling breathing. It seems as if there is large quantity of phlegm rattling in the lungs. The limbs are cold and are covered with cold sweat. The pulse is scarcely perceptible. The other premonitory symptoms may be—abdomen distended, sore very sensitive to touch (Lach). Worse lying on left side : better right. Stools offensive, bloody, involuntary. The anus appearing to remain open (Apis). Burning in stomach; burning thirst for cold water and ice. "When there is constipation you may have characteristic dog like long slender stool which is evacuated with considerable efforts.
22. **Pyrogen**—(Burnetts great remedy for typhoid)—
- (1) Bed feels hard (Bapt).
 - (2) Great restlessness : must constantly move (Rhus tox), to relieve soreness of parts (Arn.).

- (3) Tongue typically clean, smooth. fiery red; or dry and cracked.
- (4) Horribly offensive diarrhoea (Bapt).
- (5) Sense of duality (Bapt.).
- (6) Pulse quick or out of proportion of temperature.

23. **Rhus tox**—The guiding symptoms are :—

1. Fever takes on the typhoid type.
2. Triangular red tip of the tongue.
3. Restlessness -cannot rest in any position.
4. Slow and difficult mentation. May answer correctly; talks to himself.
5. Refuses food and medicines. Fears poison.

It has restlessness both mental and physical, brown tongue and muscular soreness, all of which are found in Bapt, but the difference is that Rhus tox patient changes places to relieve his muscular soreness and Baptisia roles in bed in search of a soft place; then triangular tip of Rhus tox is also characteristic and which is not found in Bapt; but the discharges are less offensive under Rhus tox than under Bapt. The Mental symptoms of Rhus tox in this disease are muttering delirium; indifferent to everything; sometimes the patient has hallucinations that he will be poisoned. He will not take the medicine you give him, or the food and drink that is offered to him as he fears that his attendant desires to poison him. As the stupor progresses, he answers very slowly as if reluctantly. He has severe headache with sensation as of a board strapped to the forehead, and the headache is often relieved by expistaxis.

There is diarrhoea of yellowish-brown stools of offensive odor; and like Hyoscyamus, may be involuntary.

The abdomen is tympanitic and sensitive over the ileo-caecal region. It is especially indicated for backache that is severe. There is apt to be, when *Rhus tox* is indicated, some pulmonary congestions.

- 24 **Stramonium**—Stramonium differs from that of the other two remedies *Hyos* and *Bell* in the degree of its intensity.

The raving is something awful. Singing, laughing, grinning; whistling, screaming hideously, and above all remedies, loquacious. Stramonium is very violent, strikes, bites the attendant. Again the patient throws himself into all shapes corresponding to his changeable delirium, crosswise, lengthwise, rolled up like a ball, or stiffened out by turns, or especially repeatedly jerks up suddenly his head from the pillow. Things look cracked or oblique to him. The whole inner mouth as if raw; the tongue after a while may become stiff or paralysed. Stools loose, blackish, smelling like carrion, or no stool or urine. Later there may be complete loss of sight, hearing, and speech with dilated, unmovable pupils and drenching sweat which brings to relief, and death must soon close the scene unless stramonium helps them out.

By way of still further comparison Stramonium is the most wildly loquacious, and violent in behaviour.

Hyoscyamus is the most insensibly stupid with muttering delirium. *Belladonna* in this respect stands half way between.

Stramonium, throws himself about, jerking hard from pillow.

Hyoscyamus, twitches, picks and reaches, otherwise lying pretty still.

Belladonna starts or jumps when falling into or awaking from sleep. All have times of wanting to escape. High grade of congestion which is not in *Hyos*, is not violent like *Stram*.

25. **Sulphur**—Sulphur is a very important remedy here, especially in subjects having a psoric history, and if given as soon as the lungs trouble begins to develop, and especially at the beginning of the process of lung infiltration, recognised by the crepitation sound, may render the use of Phosphorus unnecessary. If, however, we have not given the Sulphur at this stage, and hepatisation has occurred, the time when red hepatisation is completed and the third or grey stage is beginning, is just the time when Phosphorus can do its best work.

The other most characteristic indications are—

1. Bright red lips.
 2. Redness of edges and tip of the tongue.
 3. Diarrhoea early in the morning, with great prostration after stool
 4. High fever.
 5. Burning of feet.
26. **Terebinthina**—Towards end of second week, bright red, smooth, and glossy tongue, as if deprived of its papillae; vertigo; fullness and flushiness of face. Extreme tympanitis; pain in iliac region and all over abdomen upon pressure; burning in kidneys and ureters; burning during micturition; albuminous urine; thick scanty urine, with mucus and disintegrated blood corpuscles; foetid urine and stools; diarrhoea with blood mixed: small wiry pulse; haemorrhage from nose and anus; bloody expectoration; profuse serous effusion in pleural and abdominal cavity; great prostration and emaciation.
27. **Veratrum Alb**—If during the course of a typhoid case there occurs— "sudden and rapid sinking of the vital force; complete prostration; cold sweat, especially upon the face and forehead; cold breath; face hippocratic; nose pointed

and cold, a picture of general collapse, no remedy can equal *verat alb.*" Nash.

28. **Zincum met**—Threatened cerebral paralysis; convulsions with trembling of the hands, cold extremities; loss of consciousness; sinking down in bed; depression of lower jaw; pale waxy complexion; decubitus on sacrum and trochanter; frequently involuntary discharges from bowels; frequent small, intermitting, scarcely perceptible pulse. Repeats what is said to him. Feet in continued motion; cannot keep still.

REPERTORY OF CHARACTERISTIC SYMPTOMS

Abdomen tympanitic—Ars, Bry, Carbo Veg, China, Colch Lach, Lyco, Manc, Opium, Podo, Rhus tox, Tereb.

Anxiety—Ars, Calc carb, Spong.

Apathy—Arnica, Ars, Carbo Veg, Op, Phos Acid.

Lying on back, thighs flexed on pelvis—Verat V.

Sliding down in bed—Ars, Bapt, Hell, Mur acid, Zinc.

Bedsore—Arn, Ars, Carbo Veg, Flour acid, Zinc.

Bilious—Chelid, Lach, Lept, Merc.

Brain alone involved—Hell.

Impending paralysis of Brain—Zinc.

Breathing stertorous—Opium.

Chest symptoms—Ant tart, Carbo Veg, Lach, Phos, Sulph.

Oppression of chest and difficult respiration—Phos.

Convalescence—Aur Mur, China, Flour Acid, Lyco, Nux, Psor.

Cough and chest symptoms supervening and complicating—Phos.

Cough, short hacking—Calc Carb.

Delirium—Bapt, Bell, Bry, Calc C, Crotal, Hyos, Lach, Lycop, Op., Rhus tox, Stram, Sulph, Verat V, Zinc.

Delirium furious—Ars, Bell, Canth, Hyos, Stram.

Diarrhoea—Ars, Bapt, Calc C, Hyos, Kali Carb, Mur Acid, Phos, Rhus tox, Stram, Sulph, Verat.

Deafness, ear—Bry, Hyos, Phos, Phos Acid, Sulph.

Desire to escape—Bell, Hyos, Op, Stram.

Face hot, body cold—Cham.

Fear—Bell, Hyos, Stram.

Fear of death—Ars, Bapt.

Fluids swallowed eagerly but with difficulty—Zinc.

Hands constantly trembling—Gels, Zinc.

Haemorrhages from bowels—Arn, Ars, Carbo Veg, Ham, Lach, Merc acid, Nit acid, Phos acid.

Home, wants to go—Bry.

Hopeless, feels—Bapt, Psorinum.

Jaw, lower, dropping—Ars, Bapt, Carbo Veg, Lach, Lyco, Opium, Verat V, Zinc.

Jaw, lower, trembling—Arn.

Lips, dry and black—Ars, Bry, Lach, Phos Acid, Rhustox.

Lips dry and cracked—Arn, Ars, Bry.

Lips sooty—Zinc.

Loquacity—Lach, stram.

Lung, cancer, tendency to gangrene—Crotal.

Loss of memory—Anacard.

Motion, convulsive of hands and feet as in hydrocephalus—Zinc.

Nose bleeding—Arn, Bry, Lach, Phos, Phos Acid, Rhus tox, Secale, Sulph, Sulph Acid.

Nose sooty—Zinc.

- Pain, violent in thigh**—Tarax.
Parotitis—Bell, Calc, Mang, Merc, Nat Mur.
Pemiphigus—Crotal.
Phlebitis—Lach.
Picking at bed clothes—Hyos, Op, Stram, Verat V, Zinc.
Pneumonic—Ant Tart, Hyos, Lycop, Phos, Tereb.
Psoric individuals—Sulph.
Restless, wants to go from one bed into another—Ars, Calc, Cina, Cham, Rhus tox.
Sequel—eating very little makes her immediately very full—Manc.
Nervous deafness—Phos, Phos acid.
Fear of getting crazy—Manc.
Mental dejection and apathy—Hell.
Progressive emaciation with cough—Hyos.
Hoarseness—Phos, Spong.
Legs feel weak with fear of paralysis, also nervous debility—Selen.
Paralysis—Cup Met, Phos, Rhus tox.
Sweat—Psor.
Sleepless—Bapt, Op.
Utters inarticulate sounds—Zinc.
Staring—Hyos, Op, Phos, Zinc.
Sweat one sided—Nux Vom.
Thirstless—Apis, Arn, Gels.
Tongue trembling—Gels, Lach.
Urine albuminous—Calc ars, Phos acid, Rhus tox.
Urination involuntary—Apis, Ars, Arn, Hyos, Lyco, Op, Phos, Rhus tox, Stram.
Urine dark—Carbo Veg, Merc, Nux Vom, Verat V.

Urine fetid—Ars, Bapt, Carbo Veg.

Visions when closing eyes—Calc c.

Notes :

LOBAR PNEUMONIA

DEFINITION

The term pneumonia is used for inflammatory consolidation of lungs.

ETIOLOGY

The causative organism in most of the cases is pneumococcus; a gram positive diplococcus. Rarely other organisms like staphylococcus, streptococcus, klebsella, H. influenzae, mycoplasma and virus, may also be the cause of pneumonia. It can occur at all ages but is more common in early and middle adult life. Cold is an important predisposing factor; highest incidence is seen in winters. Mode of spread is through droplet infection.

PATHOLOGY

Usually one lobe or segment of the lung is affected. In majority of cases, pneumonia begins in the right lower, right middle, or left lower lobe where secretions are passed through gravity. Broadly the pathological changes can be divided into four stages. 1st, congestion-lung appear congested, edematous, there is dilatation of capillaries, the exudate contains red cells, fibrin and leucocytes. 2nd, red hepatization-all air spaces are filled with exudate and red cells. The lung becomes solid and red. 3rd, grey hepatization-the exudate gradually changes in colour, from red it becomes grey and 4th, resolution-there is first liquification of exudate which is then partly absorbed and partly excreted out as expectoration. The resolution is mostly complete.

SYMPTOMS

The onset of pneumonia is usually sudden, with chills and high grade fever. It is associated with marked prostration,

loss of appetite, vomiting and headache. Breathing is rapid, shallow and may be painful; there may be associated dilation of alae nasi. Heart rate is also increased. Irrespective to the severity of the disease, the mind remains clear.

The chest pain is agonising and is of pleural origin; in most of the patients it is referred to chest wall but occasionally may be referred to shoulders or abdominal wall. Cough is dry initially but subsequently productive, sputum is tenacious and rust coloured.

PHYSICAL SIGNS

General : Patient appears severely ill, respiratory rate is increased with tachycardia; body is hot, flushed and dry. In the early stages in some cases cyanosis may also be seen.

Respiratory note is impaired, breath sounds are diminished and fine crepts may be heard during inspiration. Occasionally pleural rub on the affected area. Within 2-3 days signs of consolidation sets in when the breath sounds are high pitched and the breathing is bronchial type. With the onset of resolution, breathing returns to normal vesicular with numerous coarse crepitations.

COMPLICATIONS

1. **Delayed resolution :** complete resolution takes about 2-3 weeks when X-ray chest shows a clear lung. Occasionally, in old age and alcoholics, consolidation may persist and may terminate in the stage of fibrosis.

2. **Atelectasis :** It can occur at any stage and can involve part of total lobe. Usually when atelectasis sets in, there is severe pleuritic pain. Diagnosis mainly on radiological examination.

3. **Abscess :** This is an uncommon complication. The characteristic features are : continued fever, profuse purulent expectoration.

4. **Pleural effusion** : In most of the cases pleural effusion is minimal and is absorbed soon. Occasionally it may be massive to cause shift of the mediastinal structures and required aspiration.

5. **Empyema** : It is common when proper treatment is not instituted. It present fever and pleuritic pain. If not cared, may lead to destruction and permnaent scarring.

6. **Pericarditis** : It is a serious complication, where infection spreads to the pericardium. It is characterized by pain in the precordium, a friction rub and distention of cervical veins.

Amongst the rare complications are : arthritis, endocarditis, abdominal distention and paralytic ileus, meningitis and otitis.

INVESTIGATIONS

1. **X-ray chest** : reveals a homogenous shadow in the affected area.

2. **Blood** : White blood count is very high (12,000-25,000 cells per cubic mm).

3. **Blood cultures** : is positive during first 3-4 days of the onset of the illness.

4. **Sputum examination** : will show presence of diplococci.

TREATMENT

CONGESTIVE STAGE

1. **Aconite** : It is indicated almost in the beginning of the disease when the onset is sudden. There is marked restlessness, anxiety and fear of death. High fever with hard dry teasing cough with frothy thin sputa. There is always little expectoration with stitching pains mostly in the left side of chest with extreme thirst for large quantity of cold water. "Where

the lung is mostly involved and pleura at the same time is implicated, manifested by a sharp stitching pain on breathing and the cough, which would be very hard, were not suppressed on account of pain, is almost dry, very difficult to raise anything. The little that is brought up is tenacious falling in a round lump and of a dark cherry red colour". Dr. C. Peerson.

"Predicts the hours of his death. In the case of Pneumonia where the lung is involved it is likely to be the upper half of the left lung. Shooting burning, tearing pains and the patient is compelled to be in somewhat elevated position on the back. cannot be upon either side but upon the back". Kent.

Chill followed by intense fever, hot dry skin, quick and hard pulse and palpitation irregular. Labored breathing with pressing pain in the chest. Percussion sound is still clear and crepitating rales distinctly audible.

Unless indicated by the exciting cause i.e. from dry cold wind and the similar group of symptoms viz. restlessness, anxiety, uneasiness of mind and body, fear of death and thirst for large quantity of water, Aconite is always injurious to administer in the first stage of any disease.

"Aconite is never to be given first to subdue the fever and then some other remedy to meet the case; never to be alternated with other drugs for the purpose"..Dunhum.

Aggravation :—evening; night; warm room, rising from bed; lying on affected side.

Amelioration—in open air.

2. **Ammon Carb** : Asthenic pneumonia, slow labored stertorous breathing; cough at about 3 p.m. or a.m. with dyspnoea, palpitation, burning in chest.

3. **Antim Tart** : The peculiarity of the drug is that it works wonderfully in mainly all the stages; sputa changes to rusty colour.

The fine rattling can be easily differentiated from that of hoarse which is found in Ipec. There are sharp stitching pains and high fever as under Bry, with livid face, caused with cold sweat and having drowsiness. The tongue is mostly found with thick white coating; nausea, vomiting predominate with watery stool, great exhaustion and prostration. One should not wait for the rattling which is a late symptom. The child wants to be carried and won't let you feel the pulse. The cough though sounds loose and yet the child raise no phlegm. Rapid difficult breathing with flapping of the alae nasi, coughing and gasping. Pulse rapid, trembling and intermittent.

4. **Arsenic Alb** : It resembles Phos to a great extent except to the following symptoms to differentiate. Depressed, indifferent, fearful, extreme restlessness, anxious, irritable, fear of death, burning thirst for cold water, little and often; total loss of appetite; diarrhoea and great prostration, so weak can not move, (Bry). "Ars is most likely to come in after Rhustox if the restlessness continues and added to it, the weakness and prostration increases; feels better from warmth and is worse from 1 to 3 a.m. generally" (Nash).

Acute sharp, stitching, fixed, or darting pain in apex or through upper third of right lung. The cough of Ars is not so distinctive or peculiar in itself as that of many other remedies but its aggravations and ameliorations, the time or circumstances under which it occurs are always guiding. Wheezing respiration is most marked, aggravated by lying down. A white frothy sputa is marked. Palpitation, rapid pulse, dyspnoea and faintness.

Aggravation—After mid night and mid day; from cold, cold drinks, when lying on affected side or with head low.

Amelioration—Heat and warm drink.

5. **Belladonna** : In this medicine the cerebral complications are present from the very beginning, as in typhoid pneu-

monia from the very start with high fever and comparatively cold extremities. Skin unusually hot to touch, with face flushed and eyes congested with insomnia.

Among children, convulsions are usually present. Its clear cut symptoms—the violence of attack and suddenness of onset and disappearance, are generally present. Moaning at every breath, dry hoarse, spasmodic and barking cough with red face. The pain is mostly localized in the lower part of the right lung darting upwards to right shoulder, aggravated by coughing; deep inspiration, moving the arms, unable to be on the affected side. The pulse is full, firm, bounding, globular and is very characteristic of this remedy. The patient is over sensitive to light, noise and the least jar and touch. The tongue is inflamed, and red strawberry. The urine may be scanty or totally suppressed. Grinding of teeth has been frequently observed. According to few authors the medicine is just like Aconite but according to Dr. Boeher “In the case of very old people Bell is usually preferable to Aconite at the onset, like wise in the pneumonia of drunkards. In both kinds the symptoms have generally typhoid character from the very beginning”.

Aggravation—Afternoon and after midnight; from draught of air in hot weather, from heat of sun.

Amelioration—Rest; standing or sitting erect; warm room

6. **Bromine** : It is of great use in pneumonia when the lower lobe of the right lung is specially affected. Difficult and painful tickling cough. Nose bleed is its concomitant, symptom. Sensation of smoke filled in the bronchi may be present. Exhaustion with weakening of the chest. As Aconite patient falls victim after exposure to cold dry air the Brom patient suffers from being over heated in the sun with too much clothing on. The peculiarity is that generally the Brom is aggravated in hot weather, in hot room, going from cold into the heat but when sick, he is so sensitive to cold that a draught of air will freeze him. Continuous drowsiness and yawning with respiratory

trouble like Iodine. The Bromine patient is also subjected to glandular affection. Dr. Hering praised, Dr Kafka esteem it highly in croupous pneumonia when Iod fails.

7. **Bryonia Alb** : This medicine is almost specific after Aconite and when its characteristic symptoms are present. It is specially indicated in case of Pleuro-pneumonia when there are stitching pains, aggravated by coughing, breathing, or moaning, in right chest, between third and fourth rib in lower half of right lung, in front, in upper part of chest through shoulders, in the sternum on coughing. Cough is dry spasmodic with bursting headache, dyspnoea, catching for breath. Breathing quick, difficult, anxious, painful owing to stitches. There is always high fever, thirst for large quantity of cold water at long intervals, dry parched lips. The patient is drowsy and lies on painful side and does not want to move; desires open air. The child is sometimes very angry and irritable and peevish. The pulse is full, hard and tense with free perspiration on motion or otherwise now and then. Dry cough with tenacious jelly like lumps of white, soft, brick dust expectoration. The patient presses his hand upon the sternum and the parts which are the seat of subjective pain.

The tongue is generally coated white with great dryness and bitter taste. Nausea and vomiting may be present with constipation. Besides the above symptoms there is sometime instead of scanty urination, free and large quantity of watery urine.

Dr. Tessier frequently reinforced Bry with Phos giving one by day and the other by night, but, Jusset generally finds Bry alone to suffice.

Aggravation—Motion, exertion; warmth.

Amelioration—Lying especially on painful side; pressure, rest and cold things.

8. **Ferrum Phos** : Ferrum Phos was actually proposed by Dr. Schussler as a substitute for Aconite. It stands midway between Aconite and Gels. Dr. G.W. Lasrance writes "This remedy and Verat Vir gives me better success in the treatment of pneumonia than any other remedy I have ever tried". Ferrington has also confirmed it. The symptoms are—the pulse is full, round and soft, very little thirst, general heat of body, nose bleed, frothy pink expectoration. Secondary congestion following pneumonia; one side being inflamed when suddenly the other side becomes affected. Whenever the discharge contains blood and you have not the sthenic fever that belongs to Aconite, you may depend upon Ferrum Phos.

Infantile pneumonia when caused by a hot summer day. In Ferrum Phos cases the fever may be high with sore chest but there is no thirst or restlessness and anxiety like that of Aconite. It acts more in pale anaemic subjects who are prone to have flushes of heat and redness of face. Pneumonia of adults and debilitated, as long as no exudation has taken place.

Aggravation—at night and 4 p.m. to 6 p.m., touch, jar, motion, right side.

Amelioration—Cold application.

9. **Gelsemium** : It also acts well in the first stage of the disease when the following symptoms are present—Catarrhal condition growing out of relaxed and debilitated condition. Symptoms on return of warm weather with hoarseness and great burning. Pain under scapulae. Dullness of the mental faculties, unconsciousness, great drowsiness with incoherent talks; great exhaustion. Trembling of tongue, hands and legs; marked chill in spinal column. Fever without thirst. Frequent copious discharge of clear lumpid urine with or without diarrhoea may be present. The tongue is thickly coated. It works best when complicated with measles. Heaviness of the eyelids with headache. Desires to be quite, to be left alone; does not wish

to speak or have any body near him or her, even if the patient is silent.

Aggravation—Emotion, excitement, warmth.

Amelioration—Open air, continued motion: profuse urination.

10. **Iodium** : Iodium is not handled so much by the practitioners though it has rendered great services in cases of croup pneumonia nearly in both stages of congestion and consolidation.

Besides its peculiar and general symptoms, glandular affections with tubercular diathesis unlike Bromium; ravenous appetite with emaciation; longing for open air, weakness and loss of breath going upstairs, "the following symptoms are generally present—Dry cough with great dyspnoea, difficulty in breathing as though the chest would not expand; with blood streaked sputum. Continued fever with great thirst. Right sided pneumonia is more marked and especially the lower lobe is the seat of affection.

Dr. Kafka maintains on the strength of a prolonged experience that if Iodine be administered when the physical signs first appear it will arrest the progress of localization and about the whole disease. He gives a drop of first, second or third decimal dilution every hour or every half hour and says that improvement may generally be looked for after the fifth or sixth dose and that within 24 hours the disease will be evidently conquered. He considered that the Aconite is entirely unnecessary in the treatment of pneumonia. It is also favourably spoken of by Dr. T.F. Allen. Dr. Trinks needs no Aconite, rarely, Hepar Sulf and describes the favourable results obtained by the continued administration of Iodine in repeated and increased doses, if the intensity of the disease is not broken by the weak doses.

The fever is generally accompanied with restlessness, flushes of heat, red checks and indifference with profuse sweat.

Aggravation—When quiet, in warm room and right side.

Amelioration—motion and open air.

11. **Ipecacuanha** :{It is specially the infant's friend, and is commonly indicated in pneumonia of children. Nausea and vomiting are its characteristic symptoms. Grass green stools have generally been observed and only these two symptoms have been sufficient to cure a case in a very short time. In Ipecac type of pneumonia the trouble comes on pretty rapidly, not unlike Acon or Bell and the child is not flushed but it becomes pale or blue; very sickly and anxious looking. Breathing is generally spasmodic, rapid and wheezing; difficult; severe dyspnoea with rattling of large bubbles (Ant T) or fine rattling noise in the chest; haemoptysis is present. Commonly the patient is thirstless but may be restless like Ars without its prostration or that of Ant Tart. Sometimes there is great similarity of symptoms in Ipec and Ant Tart in chest troubles. Both have rattling and so the vomiting. The Ipecac symptoms correspond to the stage of irritation while that of other, symptoms appear in the stage of relaxation. The Ipecac comes on hurriedly where as Ant Tart sets in gradually. Both look drowsy but Ant Tart more so. Great accumulation of mucus but the oppression of breathing is accompanied with equealy wheezing breathing, insted of the coarse rattling of Ant Tart heard from long distance. The Ant Tart patient has thick white coated tongue with red edges but in Ipecac it is clean, In Ant Tart the pulse becomes very rapid, weak and trembling. In Ipecac vomiting gives no relief where as in Ant Tart the patient gets a decided relief. Ant Tart patient vomits in all positions except lying on right side which has been varified several times.

Aggravation—Winter and dry weather, warm moist south winds. Slightest motion.

12. **Opium** : It produces the same congestive symptoms as those of Ant Tart, though the face is congestive, drowsiness is marked with great tympanitis. The symptoms originate during sleep without much pain, laboured rattling respiration, suspended breathing. Startorus breathing. Staring immovable half closed eyes. Trembling, twitching and jerking about the whole body or else the rigidity of the body. High fever with general sweat. Congestive full pulse and great constipation. Urinary symptoms are prominent. The urine is always high coloured and scanty and in some cases even suppressed uraemia may develop.

Aggravation—During and after sleep (Apis, Lachesis), while perspiring from warmth.

Amelioration—From cold.

13. **Phosphorus** : It occupies a high place in the Homoeopathic therapeutics of pneumonia. Dr. Huges writes "Experience has shown that it is difficult to define its sphere of usefulness, and that it may either come into reinforce Bry when that medicine is not telling or from the onset when the later is not specially indicated with the utmost advantage. The comparative delicacy of the patient with absence of atmospheric exciting cause and some stitching pains of Bryonia, have been to be the sufficient indication for the drug. It would probably set an inflammation having a less fibrous and capsular exudation". "It is mostly adopted to tall slender narrow chest person of sanguine temperament with fair delicate skin, long silky eye lashes and easy graceful manner, quick lively perception, brilliant mental faculties, though defective in physical development. Over sensitive to external impressions, light, noise, touch, odors. Patients catch cold very easily; frequent attacks of bronchitis

with sensation of weakness and emptiness in the pit of stomach."-H.C. Allen.

The parenchyma of the lung is the centre of action and the pleura is not so much involved. The pulse is soft and abnormally rapid. Haemoptysis is usually present. In this stage we won't get older lung sound on auscultation, though dyspnoea with flapping of the alae nasi is prominent. Burning sensation in hands and spinal region or in the affected area is very much marked.

If tubercular individuals are attacked with pneumonia Phos with some exceptions is a distinguished medicine. According to Dr Behar neither very young nor very old individuals are calculated for the favourable action of Phos, nor are individuals with exhausted constitutions. Robust middle aged persons are most susceptible to restorative action of this agent.

There is a tearing cough with pain under the sternum as if something more is bearing from loose; suffocative pressure in the upper part of the chest. Panting and labored respiration. The sputa are of various kinds, bloody, yellowish, mucus with streaks of blood, rust coloured. It may be purulent and have sweatish or salty taste. There is great dryness of air passages with burning, excoriating, raw feeling in the upper part of the chest. There is great oppression, restlessness, rapid pulse with symptoms mostly indicating damaged heart, worse lying on the left side, whole body trembles with cough. Burning heat with flushed face and great thirst for icy cold water which is thrown up as soon as it gets warm in the stomach, and profuse perspiration. Among children, stool of green mucus character with grain like sago are often seen. Phos is a great tonic for heart and lung.

Aggravation—Physical exertion, warm food and drink; lying on left side painful.

Amelioration—Cold water, open air.

14. **Rhustoxicodendron** : This medicine is mostly indicated in pneumonia when there is history of exposure during rainy season. Characteristic pain predominates in the body with great restlessness at night. Tongue red at tip. Tearing cough; dyspnoea aggravates from the distention of the pit of the stomach. Rales are heard all through the chest especially in the lower lobes of the lungs. The cough which is at first moderate and dry, becomes gradually more violent and looser in sound but accompanied by very tenacious sputa now and then, streaked with blood, Diarrhoea may also set in the beginning. The general symptoms generally aggravate from cold and rest. Thirst is always present.

These are the only symptoms which may call to treat pneumonia in the first stage but actually speaking this is one of the the first rank medicine for typhoid pneumonia,

Aggravation—while at rest; after midnight; from getting wet: cold air and drinking cold water.

Amelioration—From continuous motion, from dry warm air.

15. **Sanguinaria** : This medicine is not of much reputation in this stage but when symptoms call for it, it acts well. The fever generally begins at 2 or 3 p. m. daily attended with circumscribed redness of the cheeks, among fair coloured children. Burning in various parts is characteristic. Flushes of heat passing over the whole body or flying from head to stomach or from chest to stomach or abdomen. Burning of soles and palms. There are sharp stitching pains specially about the right lung and in the region of nipple. These pains are in all probability myalgic. There is great dyspnoea. Cough dry with tough and rusty sputa. Prostration and sweat. Heart beat weak and irregular. Failure of heart action, before amount of hepatization can account for. Can lie better on back. Here it resembles Verat Alb in engorgement of lungs and in

the intensity of the symptoms. Verat v has more marked arterial excitement.

16. **Veratrum Virid:** This also is indicated like Aconite in congestive stage of pneumonia, because it produces such sudden and intense congestion and inflammation of the lungs with fever and great arterial excitement with full rapid pulse difficult and accelerated breathing or later on with nausea on rising; faintness, slow pulse and coldness. There is marked dyspnoea and vomiting and the tongue has red streak down and centre, the later group is the key note of the medicine. The other symptoms which may also be present are twitching during sleep, constant nodding and jerking of the head Jerking and trembling, severe prostration with marked thirst though vomitted.

The face is flushed with marked respiration so as to move the whole body. Tendency to meningeal symptoms. It is specially applicable in children with uncontrollable temperature in spite of using ice bags. The temperature is mostly continuous with very little variations". Dr. R. N. Ghosh.

"Hard quick and small pulse indicates Aconite; Strick out anxiety and alarm and insert an ugly delerium with deeply flushed bloated face and headache and you have Veratrum Virid". 'Dewy. "The abundant testimony in all schools that Verat V will cure pneumonia during its first stage is one of the fixed and positive facts in the therapeutic medicine which has been confirmed time and again" Dr. Burt. Dr. Gatchell writes as his own experience that it must be given early immediately following the chill. It is of no avail after hepatization has begun; again if it produces nausea; reduce the dose, watch the action to avoid cardiac depression." Dr. Sender says that in small dose it is as much of a tonic as Digit in large. but if given too large dose it will produce cardiac debility and finally collapse.

Aggravation—Morning and evening.

Amelioration—Bending forward and lying down.

SECOND STAGE

(Stage of Hepatization)

1. **Acid Hydrocyanic:** We should not forget the importance of this drug in this stage when the condition becomes toxic with convulsion, palpitation, pulse very weak, irregular and toxic; hiccough. The heart is greatly disturbed, blueness and coolness of the surface and the patient clutches at the heart as in distress.

“Symptoms of, sounds like water rolling into an empty barrel when swallowing a tea spoonful of liquid is very prominent. Cyanosis and collapse due to the pulmonary condition reminds us for administration. Greenish diarrhoea may be present. Change of colour of fingers is very prominent. Unconsciousness, prostration and spasms when coughing, are true guiding symptoms.

The condition of this drug resembles more or less Carbo Veg and Laurocerasus, In Carbo Veg generally the spasms are absent with a desire for fanning. Laurocerasus is a reactionary medicine and should be used when the well selected medicine acts for a while and fails. Acid Hydrocyanic and Lauro both work well when the heart is mostly affected along with the chest trouble.

2. **Anitim Tart** (See as given in first stage, but with the following additions).

Now in this stage the rattling sound becomes more prominent and even can be heard at a distance. In spite of having much mucus the patient is unable to hawk it out. The symptoms of cyanosis and dyspnoea are very prominent. In my experience the temperature falls down with greater drowsiness, perspiration and dyspnoea. There is great oppression and prostration with extreme want of breath and hollow cough though the pains in the chest have subsided.

3. **Arsenic** : In this stage when other medicines have not reacted and the case is advancing towards a fatal issue; rapidly he has been exhausted, nose has become pinched, lips are drawn, hippocratic countenance, cold sweat all over, too feeble to move; head rolling to and fro with urgent thirst, little and often: restlessness with fear of death, fear after midnight. It is here that Ars has done wonders being vital stimulant to lungs. It will make the patient warm and give strength when other reactionary medicines such as Sulphur may come in, to give life.

Besides the above conditions, steady temperature, pulse very feeble, dyspnoea with anxious toxic look, ulcerated or brown tongue, offensive breath, and scanty albuminous urine may be present. In some cases total suppression may be found. History of malaria may also give rise to think of the medicine.

4. **Bromium** : It is mostly useful in scrofulous children with enlarged glands. There is great exhaustion and weakness in chest. There is hepatization of the lower lobes: Emphysema following pneumonia, cannot lie down at night; loose rattling cough day and night without much expectoration. Cold sensation in larynx on inspiration.

5. **Bryonia Alb** : As already written, it acts best when the pleura is specially involved. At this stage the fever though controlled may continue with shorter expiration, shorter than inspiration. The expectoration may become thick yellow or soft brick shaded colour.

According to Dr. Nash if given high it will promote absorption and finish the case when the characteristic symptoms (given in 1st part) are all present. If it does not complete the case no remedy follows it so well as Sulphur.

6. **Chelidonium** : No medicine can compete it if called for. It resembles Bry in hepatic affection with stitching pains

under right shoulder blade; bitter taste, yellow coated tongue, swelling of the liver. It has been found very useful when jaundice develops with enlargement of the liver; bright yellow-clay coloured stools, having brick coloured scanty urine staining the linen yellow. There is a great oppression of the chest and fan like motion of alae nasi. One foot hot and the other cold (Lyco) with stitching pains. The cough is usually loose and rattling but the expectoration is not easily raised. Hiccough may be present.

Dr. Hughes is of opinion that constant pain under inner lower angle of the right shoulder blade with implicated liver, and right lung affected, with yellow slimy diarrhoea, and dark red cheeks are the prominent key symptoms for its use in pneumonia.

7. **Hyoscyamus** : Ordinary pneumonia does not come within the curative range and however it should not be neglected when the delirious symptoms call for it. Dry troublesome cough with cerebral symptoms, characteristic of the medicine, should be present along with other symptoms when the temperature is not so high. The tongue is very dry and the patient sometimes protrudes it to moisten the lips which are also dry and may look like Lach.

8. **Iodine** : It replaces Bry with high temperature but absence of pleuratic pains of the medicine. The patient has emaciated greatly though with good appetite. There is tendency to rapid extension of the hepatization with great difficulty in breathing, as if the chest would not extend. At this stage the dry wheezing difficult cough may be loose with large quantity of mucus frequently streaked with blood.

9. **Kali Carbonimm** : Kali carb is not less important at this stage when the right lung is mostly affected with stitching pains and great deal of mucus in the chest, wheezing and whistling respiration. Puffiness over eye lids. Unable to lie on affected side or breath deeply; little expectoration contai-

ning little globules of pus. Aggravates at 3 to 4 a.m. It must be remembered when the pneumonia is combined with pleurisy with stitching pains not only in the lungs but they may wander all over the body. The child is so oppressed that it can neither sleep nor drink. Previous history of influenza and tuberculosis in family is often present. There is a peculiar feeling of weakness and anxiety in the chest. Anaemia is usually present with oedema of the whole face and enlargement of liver. Nausea and vomiting may also be present along with dry hard racking cough and choking.

10. **Kali Iod** : It is an excellent remedy when hepatization has commenced but has produced Cerebral congestion. There may be effusion in the brain as a result of this congestion. Face becomes flushed, coma, dropped jaw, the pupils are more or less dilated, the patient is drowsy. There are stitching pains through lungs to back with great dyspnoea, copious salty sputa, frothy like soap suds. Cough aggravates from any motion. It is best suited to syphilitic and tuberculous constitutions.

11. **Lachesis** : There is nothing in the proving of Lach to suggest that it would be useful in pneumonia but it is of an extra ordinary value when delirious symptoms of typhoid supervene. It is of great use at this stage when there is great dyspnoea, cough during sleep and aggravate after it with cerebral symptoms such as muttering delirium and hallucinations. The sputum is frothy mixed with blood and the patient is bathed with profuse sweat; trembling of the tongue when protruded and a general aggravation after sleep, have led me to use this medicine to cure a few cases of pneumonia wonderfully.

12. **Lycopodium** : In pneumonia Lyco furnishes a wonderful remedy in no way less important than Sulph and Phos. It mostly resembles Sulph when there is a feeble reaction. It acts best when the right lung is chiefly affected and when

there is a tenderness over the hepatic region with marked tympanitis. Acid erructations and hiccough may be present. In this stage when the face is wrinkled with flapping wings of the nose, scanty expectoration, one foot cold and the other hot, rattling in the chest with thick yellow or green mucous, tough, and stringy expectoration with night sweats and fever in the afternoon, from 4 to 8 p. m. or when trouble goes from right to left with dyspnoea, Lyco is of inestimable value.

13. Mercurius : This is another important medicine to be thought of when there are symptoms for bilious pneumonia like Chelidonium. The trouble arises in the right lung with stitching pains and dry cough. At this stage when the cough has become moist after the primary symptoms have been nearly subdued by Acon. Bell, and Bry; greatly aggravated at night and lying on the right side. There is great tenderness in the hepatic region, and tongue moist, large flabby, showing imprints of teeth with thirst and profuse sweat without relief. There is roughness, burning, feeling of soreness from fauces down the sternum with hoarseness of the voice; sputa ropy; catarrhel headache and green diarrhoea. Mercurius is sometimes indicated in bilious pneumonia. It differs from Chelidonium in the character of stool more than in any thing. The Merc stool is slimy and is attended with great tenismus before, during, and after the stool, while in Chelid it is quite free. The Merc expectoration is apt to be blood streaked and there are sharp pains shooting through the lower portion of the right lung to the back, a symptom which, however, may also be of Chelidonium.

14. Phosphorus : The patient becomes more weak with feeble pulse; sighs occasionally with flapping of alae nasea. The patient is unable to use his lungs merely from weakness and hyperaemic stagnation. Hepatization with mucus or bloody spu:a, with difficulty of breathing with mental depression and slight delirium. The pulse is unusually rapid and soft with cold calm sweat. There is marked suffocation and

the face becomes lived and anxious look. The face seems to be flushed in some of the cases with brownish red tongue. Phos is often the remedy in hepatization to follow Ars when the restlessness, prostration and anxiety have gone; the patient has thirst for ice cold water with burning in chest. The expectoration may become thick yellow and sweetish at this stage and can not lie on the left side. Burning sensation in head extended over the spinal region is often present. The heart condition is very very weak. The first sound of the heart is feeble and there is extreme dyspnoea due to additional heart condition.

The temperature is very high with hard cough which trembles the patient and the patient wants to suppress it as long as he can. Its more brilliant effect is when the hepatization is complete and we want to break it up to promote resolution.

According to Dr. Farrington, Phos is indicated for typhoid symptoms in the course of pneumonia, specially in the later part of the period of deposit and in the early part of absorption i. e. just when the hepatization is coming on and just when it is going off.

Sulphur and Lycopodium are best complementary which may be needed to finish the cases.

In practice it has been observed, amongst children that there are mostly loose slimmy stools, of greenish colour having small yellow sago sized particles with flapping of alae nasae when Phos is indicated.

15. **Rhustox** : The importance of this drug at this stage is only when pneumonia assumes a typhoid tendency. Its clear cut symptoms are- triangular red tip; excessive restlessness, tossing about in bed with thirst and low delirium, loss of strength; hardness of hearing; unconscious defecation and urination; dyspnoea aggravated from distension of the pit of

the stomach. are always present. Dry tearing cough with bloody brick dust or green cold mucus with putrid smell. Dr. Nash is of opinion and has verified that it does not modify the symptoms and the delirium increases with stupor and unconsciousness Its natural follower is Hyoscymus.

16. **Sangunaria** : Along with the symptoms given in the drug previously we have to add that at this stage dyspnoea decreases and there is faint feeling about the heart. The patient is faint and covered with sweat and suffers from nausea. There is marked burning of hands and feet or else just the reverse icy cold. At every cough there is a feeling of knife like cutting, at the bifurcation of trachea. History of right sided hemiparesis.

17. **Sulphur** : It has been one of the sheet anchors in the treatment of Pneumonia- when there is slow solidification of the lungs or when cases have been badly neglected and when there is deficiency of reaction. Pneumonia passing through its first stage normally and then remains stationary and the patient does not rally, or when the second stage is apparently prolonged i. e. the 8th day has passed but the patient's condition remains unchanged i. e. the lung is solid and convalescence retarded then Sulphur may be administered with good results.

There is perspiration, tiredness and a strange sensation of a load in the chest; difficult breathing; flushes of heat alternating with coldness. Under such circumstances when there is hepatization Phos, Lyco and Sulphur leads them all. The patient wants open air, doors and windows open with short rapid breathing, much rattling of phlegm in the chest with difficult expectoration, responds sluggishly. and aggravation about midnight.

To bring out the reaction a dose of 30th is quite sufficient and in no case it should be repeated as there is every danger of its doing harm instead of doing any good.

18 **Terebinth** : it is not so common a medicine for pneumonia unless complicated with typhoid symptoms. There is unbearable burning and tightness across the chest with moist crepitating rales in upper or middle lobes. Pulse irregular, intermitting with great prostration along with marked tympanitis.

THIRD STAGE

(Stage of Resolution)

Dr. Wirrmbes says "If pneumonia is not complicated with other diseases then generally there comes a stage when febrile symptoms subside, the pain, dyspnoea etc cease i.e., the patient feels himself greatly relieved as soon as the infiltration becomes complete. At this stage the physician has only to support nature while she for the sake of removing the exudation increases the activity of the process of absorption. Here Sulphur corresponds well as it penetrates the entire organism, increases the activity of the vegetative life, and the process of secretion and absorption in particular. It accelerates interchange of elements and makes it more pervading, in a word it fulfills all the demands upon which the removal of an abnormal product is conditional. Upon these grounds we apply Sulphur to the removal of pneumonia infiltration and of serious exudation of old as well recent deposits in the skin, the parenchyma, the joints and bones."

When there is deficiency of reaction power and best selected medicines fail then Sulphur should be given.

Sulphur fits in when with psoric tint following symptoms are also present—Lean stoop shouldered persons; bursting in chest, palms and soles of feet; red tongue and lips or any orifices. Standing is the worse position for a Sulphur patient. Weak empty all gone feeling worse at 11.00 a.m. Chronic history of itch or eruptions disappeared during the progress of the disease and desire for open air are the chief symptoms when Sulphur is well indicated.

1. **Antim Tart** : It is undoubtedly one of the most important remedies in pneumonia specially at this stage. Dr. Baehar writes "If the resolution takes place rapidly and the reabsorption is slow, the dyspnoea generally becomes quite considerable. If great dyspnoea is present and there is spasmodic cough with expectoration which relieves and on auscultation loud and coarse rales are heard over a large surface of the lungs then Ant Tart will have a fine effect".

The rattling sound is prominent and the patient suddenly becomes livid and pale; and nausea with or without vomiting is usually present. The patient is usually drowsy, though in some cases, consciousness is fully retained. The pulse become quick and the abdomen is generally distended, and in some cases dysenteric stools may follow. There is great anxiety and restlessness with copious cool perspiration on the forehead.

In the pneumonia of old people or those greatly debilitated we must think of the remedy when in addition to the rattling of the mucus in the chest and the cold perspiration there is threatening paralysis of the lungs. Unlike Phos, the indication for Ant Tart points to a deficient reaction, hence it is more suitable for old people than for vigorous and young persons.

2. **Opium** : It has not been found of extensive use in pneumonia unless the cerebrospinal affections are accompanied. There is always absence of pain or sometimes extreme pain, Constriction of chest, laboured rattling stertorus respiration, very slow or almost imperceptible, soon suspended breathing; sudden blueness of face; staring, immovable half closed eyes; trembling, twitching and jerking about the whole body or rigidity with general coldness of the skin are important indications. Irregular intermittent pulse and constipation are the general symptoms.

3. **Phosphorus** : Phosphorus can be used at this stage when hepatization is incomplete and we want to break it and pro-

mote resolution. It is in no way less beneficial than Sulphur which again completes the work of Phos.

In this stage the indications are, the pulse rate is high even 140 p. m., restlessness with thirst for icy cold water, burning in chest, flushes of heat, flapping of alae nasi, expectoration thick muco-purulent mixed with blood will give true indication for this valuable remedy. The face perspires profusely or slightly, flushes along with a burning sensation in the head and the dyspnoea is still marked. There is great prostration, the tongue is dry and the sensorium is blunted. Sometimes there is great distention of the stomach which is sensitive to touch.

Dr. Fleishmann says that pneumonia, which can not be cured with Phos can never be cured homoeopathically. According to Dr. Baehar, Phos is only indicated during the first 24 hours or 48 hours when purulent dissolution of infiltration has evidently approached and no longer indicated if the suppuration is under full headway and under such circumstances Phos is less reliable. When it is properly administered suppuration will scarcely take place.

Sometimes to finish the case a dose of Sulph or Lpcio is needed.

4. **Sanguinaria** Dr. Ferrington says "It resembles Sulph in the stage of resolution when the hepatized area does not clear properly and the sputum becomes purulent. In this case Sanguinaria is preferable when the expectoration is very offensive even to the patient himself

REPERTORY

Type of Pneumonia :

1. **Bilious**—Ant T, Chelid, Merc, Iod, Podo.
2. **Catarrhal**—Ant T, Bry Phos.
3. **Pleuro-Pneumonia**—Bry, Phos, Ant T, Kali Iod.

4. Typhoid Pneumonia—Bapt, Hyosc, Lach, Phos, Rhustox. Sulph.
5. Oedema Lungs—Ant T.
6. Expectoration—Falling in water to the bottom, and leaving a trail of mucus behind like a shooting Star—Calc C.
Rust coloured—Sanguin.
Rust coloured, whole mouth full at a time, stringy and easily separated—Lycop.
— Pus and florid blood—Verat Vir
 clear blood—Ferrum Phos, Phos
7. Stitching, violent—Bry, Senega.
8. Stitching, burning or little pain—Sanguin.
9. Burning and heat—Ars Alb.
10. Can scarcely speak above whisper—Puls.
11. Expiration shorter than inspiration—Caust, Chlor, Med, Meph, Samb.
12. Great rattling of mucus—Ant Tart
13. Great tightness of chest—Phos.
14. Dyspnoea, great, extreme—Ant Tart. Senega
—Worse in afternoon or after sleep—Lach.
—Unto suffocation— Nit acid.
—Sudden attacks—Cup met. Ant Tart.
15. Suffocating spells, wants doors and windows open—Sulph.
16. Impending paralysis of lungs—Ant. Tart.
17. Heart beat strong—Phos.
18. Carotids pulsate violently—Phos.
19. Pulse quick—Phos.
20. Pulse quick and small—Sanguin.
21. Pulse small—Scarcely perceptible—Senega.
— irregular—Kali Carb.
— regularly intermittent—Verat Vir.

— intermittent, every third beat—Dig.

Concomittents :

22. **Stupor with burning hot head, red hot cheeks, red ears, contracted pupils, closed mouth**—Phos.
23. **'I wish if I could be in the house with my family'**
—Opium.
24. **Delirium, with murmuring and gesticulating**—Phos.
25. **Hot Vertex**—Sulphur.
26. **Pupils contracted**—Phos.
— insensible—Carbo Veg.
27. **Cheeks red and hot**—Phos, Sang.
28. **Cyanosis**—Ant Tart.
29. **Nose Cold and pinched**—Carbo Veg.
30. **Fan like motion of alae nasi**—Ant Tart, Lycop, Phos.
31. **Lips bluish**—Carbo Veg, Cup, Kali Iod.
32. **Lower jaw sunken**—Kali hyd.
33. **Tongue red at tip**—Rhus tox.
— red streak down the centre—Verat Vir.
34. **Takes water greedily when offered**—Phos, Sulph.
35. **When coughing, breath smells offensive and taste offensive**—Caps.
36. **Breath cold** Carbo Veg.
37. **Bilious symptoms**—Chelid, Merc sol.
38. **Diarrhoea**—Merc sol. Phos, Sulphur.
39. **Abdomen distended with gas**—Carbo Veg.
40. **Sleepless and restless**—Rhusiox, Sulphur.
41. **Snoring loudly**—Kali Iod.
42. **Cold extremities**—Ars.
— face—Sang
— Feet and hands blue—Carbo Veg.
43. **Bluish under nails**—Kali Iod

44. **Sweat whole body except lower extremities**—Opium.
 — very hot—Opium.
 — not profuse, some times sour smelling—Cuprum.
 — left side of chest—Puls.
 — Without relief—Cup, Lach, Merc sol, Lycop.
45. **Cutaneous eruption**—Sulphur.
46. **Skin dry**—Kali Carb
47. **Faint weak spells, worse in forenoon**—Sulph.
48. **The extremities, when raised, fall back, as if paralysed**—Kali lod.
49. **Threatening convulsions**—Bell.
50. **Lies on his back**—Sang, Kali lod.
51. **Lies on his back, cannot lie on the sides**—Puls.
52. **Lying still increases pain and dyspnoea**—Lycop.
53. **Cannot bear to be covered**—Lycop.
54. **Wants to sit up, because the bed feels too hot**—Opium.
55. **In traumatic cases**—Arnic.
56. **After a sudden check of perspiration with pain under the scapulae**—Gels.
57. **In protracted cases of weak cachectic individuals, where there is sudden abatement of pain and yet an increase of the pulse**—Nit acid.
58. **Pleuro—Pneumonia**—Ant Tart, Bry, Caps, Hep. Kali lod, Phos.
 — worse by deep inspiration—Bry.
 — with profuse exudation—China.
59. **Pleuro-Pneumonia Fibrous**—Sulphur.
With acute articular rheumatism—Iod.
 — With stabbing pains—Bry.
 — In tubercular subjects—Calc Carb.
 — after exposure to rain—Rhustox.
 — during resolution—Hep. Kali Carb.

CEREBROSPINAL FEVER

(Meningococcal Meningitis, Spotted Fever)

DEFINITION

Cerebrospinal fever is an acute infectious disease characterized by inflammation of the meninges of the brain and spinal cord. It is due to meningococcus and occurs in sporadic and epidemic forms.

ETIOLOGY

Weichselbaum in 1887 first described the organism. Its mode of entrance which is now known as *Neisseria meningitidis* and more popularly as meningococcus. Children below age of 5 were more frequently involved though it is not uncommon in young adults. The organism enters the body through the nasopharynx and is carried in the blood stream to the choroid plexuses and meninges where it enters the cerebrospinal fluids.

PATHOLOGY

The inflammatory exudate is deposited both on the convexity and at the base; especially along with course of great vessels, in the folds and depressions of the surface of the brain, between the variolli cerebellum. In rare cases the whole surface of the brain is uniformly covered. In the spinal cord, the exudation is found chiefly in the lumbar and at times in cervical region. The brain substance is congested with punctiform haemorrhages.

SYMPTOMS

The onset of cerebro-spinal fever is usually abrupt with headache, fever and chills. Headache spreads to neck. In some cases there may be pain in the back and extremities.

In children convulsions are common at the time of onset. Most of the patients are irritable, prefer peace, eye curled on side. Gradually he becomes confused and data comatose.

Convulsions are frequent, coma less so. Delirium may be an early symptom, especially in children. Projectile vomiting are common.

The temperature rises to 102 F, sometimes to 106 F or higher. The pulse and respiration are increased but the increase is variable and irregular.

As many as 75% cases develop petechial eruption. In malignant cases the eruption may be even purpuric.

Amongst the rare manifestations are purulent conjunctivitis; meningococcal pneumonia and bacterial endocarditis

Signs of meningeal irritation are present from the time of onset of the disease.

Neck rigidity : stiffness of the neck; patient is unable to touch his chin to chest. Kernig's sign when the thigh is flexed to 90°, it is then not possible to straighten the knee due to muscular spasm.

EXAMINATION OF CEREBROSPINAL FLUID :

Pressure is increased; fluid is turbid and contains thousand of polymorphonuclear leucocytes and meningococci; protein contents are very high and the glucose content low.

COMPLICATION AND SEQUELAE :

The most common complications are pneumonia and hydrocephalus.

As sequelae have been observed: "deafness, derangement of vision, chronic hydrocephalus and chronic meningitis with the consequent impairment of intelligence and the lesions of motility in the form of paralysis and paresis, and all this is

due to damage to the nervous system. Complication due to direct spread of infection from nasopharynx are otitis media, sinusitis, conjunctivitis and keratitis. Extrameningeal localisation of the organism from the blood stream causes multiple artheritis early, or monoarticular suppurative artheritis late; pericarditis, endocarditis, pleurisy.

The diagnosis is difficult in isolated cases and when the disease occurs in complication with other acute disease, occurs especially croupous pneumonia. It differs, however, from tuberculous meningitis by suddenness of its attack, the irregularity of pulse and temperature and its peculiar eruptions; from typhoid by the same peculiarities. In the first days, a distinction between the two may not be possible, but a few days of observation of the temperature will decide. When in complication with pneumonia its diagnosis may remain doubtful for sometimes; however, the stiffness of the neck and the painfulness of the spine will lead us to suspect such complication.

In all cases of suspected cerebro-spinal fever lumbar puncture should be made and some of the fluid drawn off. In this disease the fluid is turbid, not clear, and then microscopic examination will show the meningococcus; and large number of pus cells.

Lumbar puncture is made primarily for diagnosis. It has also been found that lumbar puncture, by relieving intradural pressure, is beneficial, as a method of treatment.

PROGNOSIS

Prognosis is grave, especially in infancy and old age and in all cases where the symptoms are very violent and the state of depression continues without many apparent reaction. Each single case has to be weighed by its own peculiarities and even these doubtful cases may take a favourable turn, while other prove fatal even under careful treatment.

TREATMENT

The patient suffering from epidemic cerebrospinal meningitis should be isolated. He should be placed under the most advantageous hygienic surroundings. All discharges particularly from nose and throat should be immediately destroyed.

The diet must be liquid at first. It should be full and nourishing during convalescence, Ice bags applied to the head and spine are valuable adjuncts

Lumber puncture, which should always be made for diagnostic purposes, has also been found to be of value as method of treatment. There is an excess of fluid in cerebrospinal meningitis and puncture will take away the excess, thus relieving the pressure symptoms. Lumber puncture may be repeated as often as occasion demands.

Medicines :

1. **Aconite**—Chill, fever, restlessness; dry skin, great thirst
2. **Act rac**—Intense pain in the head, as though a bolt were driven from the neck to the vertex with every throb of the heart; pain at the base of the brain and up and down the whole length of the spine; stiffness of neck and back; intense pain in eye balls; tongue swollen, or raw and red; redness of fauces and palate; soreness and bruised feeling of the muscles generally or sometimes confined to a circumscribed spot and often changing location; and with a feeling as if one abscess were forming; great sensitiveness of the skin. Creeping chills in the back; profuse, sometimes cold perspiration all over; tonic and clonic spasms; delirium, like delirium tremens; sees cats and dogs etc.
3. **Apis mel**—Stupor from effusion. oedema of face; pupils dilated, cold surface and cold extremities; screaming and crying out with a piercing shriek: no thirst for water, but

craves milk which agrees; scanty urine with frequent desire to pass it; tongue red dry cracked. Brain feels tired with throbbing in head which aggravates on touch and motion and better by pressing head firmly with hands; stiffness in back of neck; chest oppressed; sensation of suffocation as if he could not breath again; stabbing pain in occiput and obscuration of sight; apathy and indifference; prostration.

4. **Arnica**—It is indicated when meningitis is the result of concussion. Sopor, cringes when touched any where, even during unconsciousness; great soreness all over; heavy sleep with nervous twitching; constant dreaminess; heat and redness of face, simultaneously with coldness of the body; contraction of pupils; involuntary defecation and micturation; pulse full, strong; stertor.
5. **Arsenicum Alb**—In cerebral affections, it is to be selected by hot skin, pale and hot face. The child lies in stupor; suddenly it twists its mouth and jerk goes through the body; or the child lies as if dead, with half open eyes, dried mucus on the conjunctiva and no response to touch upon the eye lids. Great restlessness, fear and anxiety; prostration, Arsenic thirst; intermittent character are the leading symptoms.
6. **Belladonna**—In simple meningitis, also meningitis from erysipelas; drawn backwards; aggravation from light and noise. Violent burning and stitching pains in the head; red sparkling eyes, with furious look; red bloated face, with violent throbbing of the carotids. For simple meningitis, not the tubercular form, when every thing is acute and intense; when effusion commences, however, it ceases to be the remedy.
7. **Bryonia**—Pain in head, as if the skull were being pressed as under. Congestion of blood to head, with heat and burning. Delirious talk at night, with desire to escape

(Bell). Lips dry and parched, great thirst; wants to keep perfectly still as the least motion makes him worse. Sudden starting up from sleep. Sitting up in bed causes nausea and fainting. Dry hard stools. Very irritable. In delirium talks of daily business.

8. **Cicuta V**—After concussion of the brain; eyes sensitive to light, pupils dilated. Starting trembling of the head, worse on moving it. Face bluish, puffed up. Grinding the teeth. Thirst, with inability to swallow. Spasmodic drawing of head backwards.

Cicuta is useful in the irritative stage when there are general convulsions, twitching in fingers and unconsciousness. It also markedly controls the effusion. The head is spasmodically drawn back with stiff neck. Violent jerks in any part of the body. Strangles on drinking; dilated pupils and staring look; trismus; one of our best remedies, having a fine clinical record.

9. **Cnprum met**—It is a grand remedy for the affections of the brain. We find it indicated in meningitis when there has been an eruption suppressed, whether that be scarletina, measles or erysipelas. The symptoms which call for it are delirium of violent character, very much like that of Bell; the patient bites the offered tumbler; loquacious delirium on awaking from sleep, or on becoming conscious he appears frightened. Here it is exact counter part of stramonium, but is a far deeper acting remedy than Stramonium. The convulsions usually start from the brain with blueness of face and lips; the eye balls are rotated and there is frothing at the mouth and violent convulsive symptoms especially of the flexor muscles; convulsion is followed by deep sleep.

10. **Digitalis**—It has a profound action on brain. It produces symptoms which are very much like those of meningitis; even meningitis with effusion, or of hydroce-

phalus and also of cerebrospinal meningitis. The symptoms from which you will have to decide are these. There is throbbing headache which is referred to the forepart of the head; delirium which may be so violent as to simulate mania: decided errors in vision; bright balls of fire appear in the field of vision, or like santonin, objects appear of various colours, as yellow or green. Still later, as the trouble progresses, mental confusion increases and a neurotic congestion of retina takes place; the pupils become dilated and fail to respond to light; and finally coma appears. There is great general prostration with coldness of the body, which is covered with cold sweat. Even in these forms of cerebral disease, when *Digitalis* is your remedy, the pulse comes in as your chief guide.

11. **Glonine**—Throbbing in temples, vertex, occiput, and whole head. All the blood seems to be pumped upwards; the brain feeling too large; holds head with the hands. Redness of eyes, with soreness of eye balls. Especially suitable after sunstroke (*Acon Veret V.*).
12. **Helleborus**—Mental torpor marks this drug. A sensorial apathy with want of reaction. It corresponds to a later stage of the disease, when effusion has taken place. There is shooting pains in the head. If the patient is a child it will, of course be unable to describe this last symptom, but you will notice by the sudden screaming or crying out that it has these sharp shooting pains. The child bores its head into the pillow: the head is hot and the forehead wrinkled into a frown from contraction of the corrugator supercilli muscles. The pupils are dilated and there is automatic movements of one arm and one leg.

In the *Helleborus* child, the eye balls are drawn upwards, so that you can scarcely see the cornea; the face becomes flushed, and gradually turns pale. When offered a drink of water the child scizes the offered glass

with rapidity as though it were thirsty: this it does, not only on account of the thirst but also because of the nervousness. The bowles are usually constipated, or if there is any stool, it is white, scanty, and jelly like. The urine is dark, scanty, and loaded with albumen.

13. **Hyoscymus**--The guiding indications are : Drowsiness and loss of consciousness. Rolling the head. Delirium, with wild, staring look, jerking the limbs and throbbing of carotids. White coated tongue. Frothing at the mouth, staring, distorted eyes, with double vision. Starting up suddenly from sleep. (Bell). Muttering with picking at bedclothes. Involuntary stools and urine.
14. **Mercurious**--It often follows Bell in inflammations, even in inflammation of the meninges of the brain, when as under Belladonna, there are the same hasty speech in quick, nervous manner. The child talks so rapidly that one word runs into another. You will find the face flushed very much as in Bell, but you have in addition, to distinguish it from that remedy; glandular swellings, and tendency to sore mouth, imprints of teeth on tongue with salivation.
15. **Opium**--Lithargy, with stertorous breathing, eyes half closed. Stupefaction after waking. Delirious talking; eyes wide open. Face purplish and swollen (Cicu). Acuteness of hearing (Verat V). Fearfulness and tendency to start after grief, fright, or violent mental emotions. Stools round, hard black balls.
16. **Stramonium**--Stupefaction of the senses; he does not notice objects around him, Loquacious delirium, with desire to escape (Bell. Opi). Awakens with shrinking look, as if afraid of first object seen. Talks all the time, sings, makes verses. Grinding teeth with shuddering. Lips sore and cracked, and sordes on teeth. Glistening eyes and staring look.

17. **Tuberculinum**—Acute cerebral or basilar meningitis with threatend effusion; nocturnal haullucination; wakes from sleep frightened, screaming. When Apis, Hell, or Sulphur though well selected, fail to improve. Every thing in the room seems strange, as though in a strange place. There may be family history of tuberculosis. Is very sensitive to cold.
18. **Sulphur**—It is useful in tubercular meningitis; the child lies in a stupor with cold sweat on forehead, jerking of limbs; spasms; and suppressed urine. Retrocessed eruptions may be the cause.
19. **Veratrum Viride**—Intense cerebral congestion; rapid pulse, tendency to convulsions, followed by prostration. Dr. Elliot considers Veret Vir in the lower potencies, our best remedy in acute meningitis. Coldness of the surface; loss of consciousness; dilated pupils; laboured, slow, irregular pulse. Great fullness in head, throbbing arteries. A red streak down the centre of tongue. Increased sensitiveness to sounds. Dimness of vision with dilated pupils. Meningitis following sun stroke.
29. **Zincum**—The influence that Zincum has on the nervous tissue, is one rather of depression than stimulation. It weakens the cerebro-spinal nerves and also those of sympathetic, or ganglionic nerves, more accurately called. It is therefore, to be used in those diseases in which there is weakness of the nervous system. One very useful condition in which we may employ this drug comes under the second heading, undeveloped disease from enervation. Zincum is called for where meningitis develops due to suppressed eruptions, or it may be tubercular. Febrile disturbance is absent or slight; there are marked twitchings, jerkings and hyperaesthesia of all the senses and skin and tremulousness of feet. At the beginning there are sharp lancinating pains and great exhaustion of

nerve force. Repeats what is said to him. Repeats constantly what he wants till it is in his hand. Sudden shriek. Lower potencies are recommended.

REPERTORY

Meningitis

1. Albuminuric or alcoholic—Carbolic acid, Verat V.
2. Meningitis in children :—Acon, Apis, Arnica, Con.
3. Child calls for parents who are present—Stram.
4. Chronic—Phos, Plumb.
5. Chronic with effusion of serum into cavity of arachnoid Apis.
6. Bright light and glistening things cause convulsions—Stram.
7. During dentition—Calc c.
8. With dysphagia—Stram.
9. Complicated with otitis—Sulph.
10. After suppressed eruptions—Apis. Stram. Zinc met.
11. Frequently lifts head from pillow—Stram.
12. From metastasis of erysipelas—Verat V.
13. With nausea—Stram.
14. With screaming—Stram.
15. In scrofulous subject—Calc carb.
16. Involving bony structures of spine—Calc phos.
17. With stammering—Stram.
18. Stricking with hands and feet—Stram.
19. With stupor—Apis, glonine, Hell.
20. Exposure to sun after hair cut—Bell.
21. Traumatic—Arnica, Hyper, Opium.

22. **Tubercular**—Apis, Calc Carb, Calc Phos, Lycop. Spong. Tuberc.
23. **Suppressed urine**—Stram.
24. **After wetting**—Rhustox.
25. **With temporary blindness**—Glon.
26. **With intense pain in cervical occipital region**—Glon.
27. **With hysterical symptoms or complication**—Ign.
28. **With confusion and loss of memory**—Glon.
29. **With nose bleed**—Rhustox.
30. **With early paralysis**—Plumb.
31. **With tetanic stage**—Calc carb.
32. **With Vomiting**—Choloral.

Notes :

DYSENTERY

DEFINITION :

It is the clinical expression of congestive or inflammatory disease of the large intestine and rectum characterized by tenesmus, frequent stools, containing mucous and blood. There are two main forms of dysentery : (i) Bacillary dysentery, and (ii) Amoebic dysentery.

1. BACILLARY DYSENTERY :

ETIOLOGY AND EPIDEMIOLOGY :

The infective organisms belong to genus shigella. They are gram negatives bacilli, non-motile and non-capsulated. Clinically important species are *S. shige*, *S. flexner* and *S. Sonne*.

In an endemic form it is seen all over the world. It is limited to human race and the convalescent or asymptomatic carriers are the only recognised carriers. In tropics its spread could be through flies, whereas in advanced countries where sanitation is good, the spread is mainly through food and personal contact. Epidemics are common, whenever there is crowded population and poor sanitation.

PATHOLOGY :

The brunt of the disease is on the colon but at times lower end of the small intestine may also get involved. There is generalised inflammation; the mucosa is red and swollen. Exudate is fibrinous, mucosa is necrosed and ulcerated which bleeds readily. Ulcers are well defined and are not undermined.

CLINICAL FEATURES :

The incubation period is usually 24 to 48 hours. Severity of disease varies significantly. Asymptomatic infection occurs in a significant proportion of infected individuals; in some there may be just mild diarrhoea. In moderately severe cases, diarrhoea will be accompanied with colicky pain in abdomen and tenesmus. Initially stools are small in quantity; after a few motions the stool will show blood, purulent exudate and little faecal material. Soon there will be fever, dehydration, and marked weakness. On examination, tenderness could be elicited in the region of colon; it is more pronounced in the area of sigmoid colon (Left iliac fossa).

Only a small percentage of cases pass in the chronic form. It is characterized by repeated episodes of acute phases, discomfort in abdomen, loss of appetite, stools are frequent and the faecal matter is mixed with blood and mucous

DIAGNOSIS :

It is mainly based on bacteriological examination of the faecal matter. Microscopic examination of stool will show pus cells and blood cells.

2. AMOEBIC DYSENTERY

DEFINITION :

It is an infection of large intestine by *Entamoeba histolytica*. Most of the individuals are asymptomatic carriers; when symptomatic the disease ranges from chronic to severe diarrhoea.

ETIOLOGY :

The causative organism is *Entamoeba histolytica* a parasite, which exists in two forms : (1) trophozoite the vegetative form, actively motile, is found in the lumen and walls of the colon; second form is cysta form. Amoebiasis is world wide.

In Mexico, South Asia and Africa, the incidence is very high. The spread is through food and water. Children below ten are rarely involved. It is mostly seen in adult males

PATHOGENESIS AND PATHOLOGY :

The ingested cysts, on getting proper environment undergoes nuclear division and disintegrates in small intestine thus releasing trophozoites. The amoeba lives on mucosal cells and bacteria : when it becomes virulent it invades the mucous membrane and produces induration and ulceration in the intestinal wall. Unlike bacillary dysentery the mucosa between two ulcers is nearly normal. Caecum and ascending colon are most frequently involved. Through veins, it can enter the portal circulation and reach the liver.

CLINICAL MANIFESTATION :

In majority of patients *E. histolytica* lives as a commensal in the gut and does not produce any sign or symptom. When it is pathogenic the disease process can be divided in two groups : intestinal and extraintestinal.

Intestinal :

Usually it has a chronic course with flatulence and abdominal pain. There is intermittent diarrhoea consisting of 1-4 loose, foul smelling motions. In between the attacks of diarrhoea one may remain normal or at times constipated. Stools often contain mucus and sometimes blood. On examination one may find tenderness along the colon, more pronounced near caecum and pelvic colon.

Though rare, severe attacks of amoebic dysentery can occur, usually in debilitated individuals. The onset is sudden; it is associated with high grade fever (104-105oF) and severe pain in the abdomen. Diarrhoea is profuse and bloody. Stool examination shows presence of trophozoites.

Rarely it can cause appendicitis, perforation of gut leading to peritonites.

Hepatic Amoebiasis :

Hepatic complications are common in tropics and subtropics. They present as discomfort in the region of liver, intolerance of fatty foods, and low grade fever and sweating. The liver is tender and enlarged.

Other complications are—

Liver abscess : It may burst into lungs, pleura, stomach and large bowels;

Ulcer of the bowels may perforate, or may cause adhesions with subsequent obstruction to the lumen.

Lung abscess—It may be due to embolic invasion of pulmonary circulation by *E. histolytica* or liver abscess may burst into lungs.

Cerebral abscess of brain from--Blood borne infection, uro-genital, subacute cystitis and prostatitis.

Abscess of kidney, epididymis or testis, ovary or perianal region.

Abscess of spleen.

PROGNOSIS :

Large percentage of cases are curable. Some are very resistant. The prognosis in liver abscess varies; it must always be considered a serious condition. Cerebral amoebic are always fatal.

TREATMENT :

1. **Aconite**—After sudden check of perspiration; chill, high fever and dry skin. Usually in the beginning and when the days are warm and nights cool (Colch). Stools are frequent small, bloody or slimy. During stool, cutting pains and

tenesmus Vertigo on rising up General dry heat and great restlessness. Fear of death, is afraid he will die.

2. **Aloe**—It is useful in dysentery when is griping pain in the hypogastrium and sense of fullness and weight in pelvis before stools. The griping may or may not cease after stools. During stool there is tenesmus and burning in the rectum. The stool consists of blood and mucus, coming out in jelly like masses and large quantities of flatus escape with the stools. There is sudden urging and the patient has to run to the closet otherwise spoils clothes. Sometimes there is involuntary escape of faeces when passing flatus and also when urinating; loud gurgling in bowels, like water running out of a bottle Hunger is present. There may be pains in small of back.
3. **Alumen**—Tenesmus of bowels and bladder, no flow of urine except during an evacuation from the bowels.
4. **Arnica**—Dysentery caused by mechanical injuries; stools, clear mucus or bloody, with tenesmus. Bitter or putrid eructations, like bad eggs. Offensive breath.
5. **Arsenicum**—Stool dark or blackish fluid, mixed with blood, of a putrid foul smell; involuntary. During stools tenesmus and burning in the rectum Great anguish, restlessness, and fear of death. Extreme thirst, drinks often but little. Rapid prostration and sinking of the vital force (Veret). Aggravation at night or after eating or drinking.
6. **Baptisia**—It is to be given when discharges are offensive, bloody and are attended by tenesmus, lent with a significant absence of pain. Showing an alarming depression of vitality. The tongue is dry and brown and there is typhoid tendency,
7. **Belladonna**—Discharge greenish, slimy, bloody, with great tenesmus. bearing down and shuddering; afterwards

burning in the anus and rectum; the mucus membrane of the anus appears swollen and is pressing out; urine suppressed; abdomen very sore to pressure; cutting tearing, and constricting pain in the abdomen; so violent that the patient screams out; thirst, belching, vomiting; starting in sleep; delirium. Pain comes suddenly and goes suddenly.

8. **Bryonia**—During summer heat; pain and, discharges are brought on from motion, even from turning in bed, raising the arms or bending the toes.
9. **Cantharis**—It is of great use in dysentery. The discharges are bloody and slimy, and are mixed with flakes and look like scrapings of the intestines. These are not really portions of the bowel or pieces of the mucous lining, but are fibrinous formations, resulting from the inflammation. There is tremendous burning pain through the whole intestinal tract, from the bowels down to the anus, with painful sensitiveness of the abdomen, to the slightest touch; unquenchable thirst, There is frequent urging to urinate, with burning after urination
10. **Capsicum**—It is best indicated in stout flabby persons. The pains and other symptoms are increased by the slightest draft of either warm or cold air. Abdomen distended, as though it would burst; very frequent discharges, streaking with black blood, with violent tenesmus and burning both in the rectum and bladder. Every stool is followed by thirst and every drink by shuddering.
11. **Carbo Veg**—It is called for in severe cases. There are burning pains situated deep in the abdomen usually in one or the other of the bends of colon. The abdomen is greatly distended and tympanitic. The pulse is weak and intermittent. The breath is cold, skin is cold with general collapse. The discharges from the bowels are

horribly offensive and brown, watery and slimy in appearance.

12. **Colchicum**—The stools are frequent, watery and bloody, and contain shreds which were formerly supposed to be portions of the lining membrane of the bowels, but which are now known to be a plastic formation from exudation. Tenesmus is violent, and is followed by spasm of the sphincter and with a shuddering over the back; such spasms occur also without a discharge. There may be oedema of lower extremities which are cold. Ascites may be a complication. Urine is dark brown and scanty.
13. **Colocynth**—It is an important remedy for dysentery and gastro-enteric symptoms. The discharges are slimy, bloody with abdomen bloated. There is violent pain in the abdomen as though intestines were squeezed between the stones, which compels the patient to bend double. Pains are relieved after stools, and bending double.
14. **Dioscorea**—Stools deep yellow, then watery; dark green and mucus; severe twisting colic with intervals of relief; faint feeling in the abdomen after stools. While passing stool there is burning in rectum, and sensation as if foeces were hot. Before and during stool, severe pain in sacral region and bowels. Pains are better on bending backwards.
15. **Dulcamara**—Stools green mucus or bloody. If the disease was induced by exposure to cold. Symptoms all aggravated by every cold change in the weather. Dry heat of the skin, and much thirst.
16. **Hamamelis**—Copious stools of dark blood, amounting to an actual haemorrhage. Soreness of the abdomen. Suitable to persons troubled with varicose, passive haemorrhages etc.

17. **Ipecac**—When caused by eating unripe, sour fruit: great disgust and loathing of any sort of food; much nausea and vomiting. Constant nausea and no thirst, Great pressing to stool, with griping and pinching about navel. Stools bloody, or bloody mucus, fermented like frothy molasses.
18. **Kali Bichrom**—The stools are brownish and watery, and mixed with blood and attended with great tenesmus. The distinctive symptom is the appearance of the tongue, which is dry, smooth, red and cracked. Much thirst, desire for acids. Slimmy stools with stringy mucus.
19. **Magn Carb**—Stools bloody mucus, or green, frothy, like scum on frog-pond. Before stool, cutting and pinching in abdomen. During and after stool tenesmus. Sour vomiting, tongue coated dirty yellow. In children during dentition.
20. **Merc Cor**—Stools pure blood, or bloody mucus, green, bilious painful pressing, straining and tenesmus. Severe pain in the rectum, continuing after the discharge. Almost constant cutting pains in abdomen, mostly around umbilicus. Great tenesmus of bladder, with scanty urine. The more blood, the better indicated.
21. **Merc sol**—Stools slimy, bloody, with colic and fainting; great tenesmus during and after, not relieved by stool, followed by chilliness and a "cannot finish" sensation. Wants to remain a long time at chamber. Prolapsus ani; profuse night sweats, particularly on head. All symptoms worse at night, and in damp, rainy weather. Tongue may be wet flabby with imprints of teeth and salivation.
22. **Nitric acid**—Profuse discharges of blood before stool; spasmodic contraction of the anus; cutting and straining in the anus and rectum. After stool, burning in the anus;

ineffectual urging; colic; anxiety and great uneasiness. Spreading ulcers in mouth, with fetid breath

23. **Nux Vom**—Stools thin, bloody mucus, sometimes mingled with lumps of faecal matter (Ereg). Before stools, constant urging; backache. During stool, violent tenesmus, and cutting pain in hypogastrium with desire to vomit. After stool, relief. Persons of intemperate habits, or the victims of drugs. Symptoms worse in morning. Patient very irritable, and wants to be alone.
24. **Phosphorus**—Stools green, slimy or bloody. Painless dysentery (Hepar). The anus remains open, as if paralysed. Symptoms worse in morning and from lying on left side. Thirst for very cold drinks, which are ejected as soon as they get warm in stomach.
25. **Plumbum met**—In violent cases with bloody masses of exudation; drawing pains as if abdomen drawing inwards to back. Burning in anus during discharge and long lasting tenesmus afterwards.
26. **Podophyllum**—Stools bloody, streaked mucus, or jelly like mucus with little or no pain. Prolapsus ani with stools. Children toss their heads from side to side. Gagging or empty retching. Loud rumbling in bowels.
27. **Pulsatilla**—Discharges white slimy; whitish coated tongue; pappy, sticky taste in the mouth, without thirst; great difficulty in breathing; all worse at night.
28. **Rhus tox**—The stools consists of blood and slime mixed with reddish yellow mucus, with tearing pains down the thighs during defaecation. Remission of the pains after stool, and from moving about. After getting wet.
29. **Staphisagria**—Cutting pain before and after stool; tenesmus in rectum and bladder during stools; always worse drinking cold water. After indignation.

30. **Sulphur**—It is used where tenesmus has ceased and mucus and bloods are still being discharged. Also when before stools tenesmus with painful sensitiveness of abdomen; as if the internal parts were raw and sore. After suppressed cutaneous eruptions. Lean persons who walk stooping, or who suffer from piles. When the other remedies have failed. Worse early in the morning, driving out of bed, faintish feeling in pit of stomach about 10 or 11 A. M.

REPERTORY

scia Dhriges

1. **Chocolate**—coloured—Ars, China, Lach
2. **Green, watery, with green scum like that of a frog-pond**—Mag Carb.
3. **Greenish**—Bell.
4. **Dark green mucus**—Diosc.
5. **Bloody**—Acon, Ars, Ipec.
6. **Bloody mucus or slime**—Bell, Colch, Colocy, Ipec, Mag Carb, Merc Sol, Thrombid.
7. **Pure blood, with very little mucus**—Bapt.
8. **Pure blood profuse**—Kali Phos, Nit acid.
9. — dark in colour—Hamam.
10. **Like scrapings from the bowels**—Canth, Colocy.
11. **Like jelly**—Aloes, Colch, Ipec., Rhustox.
12. **Like pus**—Calc Sulp, Thrombid.
13. **Mixed with hard lumps of faeces**—Eriger.
14. **Putrid, foul, cadaverous, terrible smell**—Ars, Carbo Veg, China, Kali Phos, Lach.

Before Stool

15. **Colic**—Nit acid.

16. — **great tenesmus**—Aloe, Bapt, Canth, Merc sol, Merc Cor, Nux vom.
17. — **Cutting in abdomen**—Staphis.
18. — **pinching and twisting in abdomen**—Merc.
19. **Pain in abdomen**—Mag Carb, Nux Vom.
20. **Pains, torturing, as if abdomen were being constricted**—Ars.
21. **Pressing pain in back as if broken**—Nux Vom
22. **Anxiety and trembling**—Merc Sol.

During Stool

23. **Abdominal pain**—Mag Carb, Merc Sol
24. **Colic; tormina**—Merc Cor, Colocy.
25. **Pressing pain in back as if broken**—Nux Vom.
26. **Burning pain in the anus with riger**—Lach, Merc, Sulph.
27. — **in the rectum and bladder**—Capsicum.
28. **Cutting n rectum**—Nit acid, Sulph.
29. **Mucous membrane of anus is pressed out and is swollen**—Bell.
30. **Pressing and straining**—Bell, Ipecac, Kali Bi, Merc Sol, Merc Cor, Nit acid, Sulph.
31. — **with voluptuous sensation in genitals**—Nat Carb.
32. **Tenesmus**—Aloes, Bell, Capsicum, Kali Bi, Mag Carb, Merc Sol, Nat C, Nit acid, Nux Vom, Merc Cor, Sulph, Thrombid.
33. — **at times, at other times not**—Colocy.
34. — **in rectum and bladder**—Alum, Merc Cor, Staph.
35. — **and prolapsus ani**—Thrombid.
36. — **and cutting in urethra**—Sulph.
37. **Bearing down and shuddering**—Bell.
38. **Spasmodic constriction of anus**—Ars, Nit acid.



39. Flatus escapes in large quantity—Aloes.
40. Catching of breath, palpitation, chills about lower part of body—Sulphur.
41. Eructations, nausea, faintness, heat and perspiration—Merc sol.

After Stools

42. Burning in anus and rectum—Ars, Bell, Caps, Nit acid, Sulph.
43. Mucous membrane of anus pressed out and is swollen—Bell.
44. Excoriating anus—Merc.
45. Prolapsus ani—Merc.
46. Colic—Nit acid.
47. Tenesmus—Ars, Ipec, Merc sol.
48. — can not get done—Merc sol.
49. Thirst—Capsicum.
50. Palpitation of heart—Ars
51. Trembling in all the limbs—Ars, Merc sol.
52. Exhaustion—Ars, Nit acid.
53. Relief Aloes, Ars, Colocy, Nux Vom.

Systemic Symptoms :

54. Delirium—Bapt, Bell, Kali Phos.
55. Anguish and sunken face—Ars.
56. Headache—Ipecac.
57. Lips, tongue and palate loss epithelium—Canth.
58. Vesicles and cankers in mouth and throat—Canth
Merc Sol.
59. Sal tishsaliva—Merc sol.
60. Taste pappy, sticky, without thirst—Puls.

61. Hunger—Aloe.
62. Disgust and loathing of any sort of food—Ipecac.
63. Thirst frequent little at a time—Ars.
64. Nausea, Sickness in stomach—Ars, Ipecac, Nux vom
65. Vomiting—Ars, Bell.
66. — of grass-green, jelly-like mucus—Ipecac.
67. — Ascites—Colchicum.
68. Urine suppressed—Bell, Eriger.
69. Urination painful—Eriger.
70. Urine flows only during an evacuation from the bowels—Alum.
71. Frequent urging to urinate, with burning after—Canth
72. Urine dark-brown and scanty—Colchicum.
73. —fetid— Arnica.
74. Difficulty in breathing—Puls.
75. Pulse small with cold hand and feet—Canth.
76. — intermits every third beat—Nit acid, Dig.
77. Rheumatic pains in limbs—Merc sol.
78. Oedema of lower extremities which are cold—Colchicum.
79. Fever, begins with violent fever—Ferrum Phos.
80. Chill, high fever, dry skin—Acon.
81. Shuddering after drinking—Caps.
82. Typhoid tendency—Bapt.
83. Starting in sleep—Bell.
84. Restlessness—Ars, Rhus tox.
85. General exhaustion—China.
86. Collapse—Ars, Carbo Veg, China.
87. Caused by vexation or indignation—Colocy, Staph.
88. — dentiiton—Mag carb, Cham.

89. — eating unripe sour fruits—Ipecac. Ars.
 90. — sudden check of perspiration—Acon.
 91. — getting wet—Rhus tox.

Dysentery abdomen :

92. Colic—Colocy.
 93. — Crampy pain, better by bending double, warmth or friction—Mag Phos.
 94. Cutting at naval—Nux vom.
 95. Griping with fever Merc Cor.
 96. Dysentery, autumnal—Bapt, Colch, Ipecac, Merc.
 97. Dysentery billious—Ars, Elaps Iris, Podo.
 98. Dysentery brain—hydrocepholid—Zinc.
 99. Dysentery after burn—Kali Bi.
 100. Dysentery during cholera time—Puls.
 101. Dysentery chronic—Apis, Calc, Cist, Con, Nux V
 102. Dysentery—Cold nights after hot days—Ipec.
 103. — From a cold or from suppression of a secretion or sweat—Nux V.
 104. Desentery—damp weather—Dulc.
 105. — convulsions, tetanic—Hydro acid.
 106. — neuralgic and hysteric—Ferr-iod.
 107. — From drinking; foul water, food etc—Crotal.
 108. — eruption; with nettle rash Urt ur.
 109. — after humid tetter—Baryta mur.
 110. Dysentery malignant—Merc cy.
 111. Dysentery, periodical—every year—Kali Bi.
 112. Dysentery, after rheumatism—Kali Bi.
 113. Dysentery in small Pox—Merc.
 114. Dysentery, urine, spasmodic retention—Mag Phos.

115.. — strangury—Caps.

116 Dysentery, frequent relapse—Sulph.

Notes :

28/2/51



