HOMŒOPATHY IN MALARIA

WITH

Therapeutics & Repertory

BY

P.N. Bhatnagar, M.D.H.

Foreword By

C. M. Boger, M. D.

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P. N. Bhatnagar, M.D.H.

AUTHOR OF "DIET AND HOMŒOPATHY,"
"ADMINISTRATION OF HOMŒOPATHIC
MEDICINES BY INJECTION,"
ETC.

FOREWORD BY

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Third Edition, with Appendix.

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CONTENTS

Chapter III.

INTRODUCTION.

The author regrets to confess his inability of rewriting and enlarging this book because of the present scarcity of paper due to the war.

He did not want to bring out the third edition before the end of this war as he wanted to give more detailed account of the same problem but due to the irresistible demand of the public Messrs **Hahnemann Homœopathic Pharmacy**, the publishers of the first edition of this book, requested him to allow them to bring out one more edition with an appendix of some valuable medicines verified by the author and hence, this edition.

Delhi, 1945.

FOREWORD

The successful treatment of malaria by potentized drugs offers the highest type of evidence for the validity of the law of similars. The value of the method depends upon the accuracy with which the symptom picture is elicited and then fitted to its nearest pathogenetic counterpart. This should especially include the apyrexial or constitutional symptoms and those of the prodrome, which really foreshadow the nature of the oncoming paroxysm as modified by the vitality of the patient himself. The summary of these two symptom groups and their corresponding remedies opens up the way for choosing the simillimum from among them, by using the peculiarities of the different stages as guides.

This is the ideal way and one which enabled the late P. P. Wells to cure every case that came to him for many years; but for various reasons it is not always feasible; mainly, from inability to take the case history most minutely or for lack of having access to large works of reference. Here is the *raison de entre* for the smaller manual where the out-

standing features of the various forms of malaria are depicted and their remedies pointed out. The present work belongs to this very useful class and fills a want felt by the every day practitioner for a book in which he can usually quickly find the indicated remedy. Its value is further enhanced by the fact that it has been compiled by a man who works in the home of the severer types of this scourge and can speak from a full experience.

In conclusion, all workers for the cause in India have my best wishes for success.

PARKERSBURG, U. S. A.
20th June, 1935.

C. M. BOGER, M.D.

PREFACE

TO THE SECOND EDITION

It is indeed gratifying to me to find that this small work has been appreciated by the profession and this fact has emboldened me to bring out its second edition in which I have endeavoured to introduce great and valuable changes. The book has now been divided into two parts. The first part contains the most recent informations and verified facts about the Pathology, Etiology, and Protozoology of malaria and I hope it will prove useful to the students and busy practitioners. The second part is devoted to Therapeutics which has been thoroughly and carefully revised and enlarged by valuable additions of therapeutic accounts of many new medicines to make it up-to-date, more practical, and more acceptable. Besides, the therapeutics will be found throughout practical based as they are on verified symptoms in our materia and after a careful study of the same, it would not be difficult to select the indicated remedy. The repertory has also been thoroughly revised and enlarged by the addition of many new and important rubrics. The medicines under

rubrics have been arranged according to their importance in four ranks, Capitals, Antique, Italics and Roman types.

I now take the opportunity of tendering my hearty thanks to Dr. C. M. Boger, M. D., of Parkersburg, for his making valuable suggestions and for his very kindly taking the trouble of writing a Foreword to this book. Very sincere thanks are due to Dr. A. Pulford, M. D., of Toledo, Ohio, for his kindly sending me the results of his verification and comparison of the chill time-table contained in the Repertory and also to Dr. M. Mazari, M. D., of Mexico for his sending me Therapeutics of some medicines found useful by him in the treatment of malaria.

In the end I thank all those gentlemen whose works I have consulted in the preparation of this work and my brother homœopaths for their kind appreciation of the first edition and offer the second with increasing confidence and gratitude.

EGERTON ROAD,
DELHI, INDIA:
31st July, 1935.

P. N. BHATNAGAR.

PREFACE

TO THE FIRST EDITION

Much has been written on Malaria as regards its laboratory findings, parasitological researches and pathological diagnosis. We are indebted to Drs. Ross, Christophers, Manson, Celli, Buchanan and Stephens, whose scientific researches and observations in different malarial regions of the world are valuable literature on the subject.

In this little work, only the relation and application of Homœopathy to Malaria have been briefly discussed. The therapeutics is confined to such medicines only as have repeatedly established their effectiveness and were indicated frequently. As regards administration and repetition of medicines and their doses, remarks made have been based on my experience.

A small repertory is also attached to the therapeutics, in which only such verified symptoms are noted which so often appear in Malaria. The medicines under rubrics have been arranged according to their importance in three ranks, Antique, Italics and Roman types.

In all humility, I send this little work out with the hope that my brother Homœopaths would appreciate the good points contained therein and would overlook the faults of omissions and commissions that might have crept in.

DELHI, INDIA.
5th August, 1932.

P. N. BHATNAGAR

PART I

CHAPTER I

MALARIA

The term malaria is applied to some fevers which are caused by parasites whose tissues are non-cellular (Protozoa) and which belong zoologically to sub-phyla plasmodroma and class sporozoa. The parasites belonging to sporozoa class have two life cycles. One of these cycles of malarial parasites takes place in human blood and fever is one of the consequences thereof.

MALARIA AND MOSQUITO

The malarial parasites as mentioned above have two life cycles. One sexual life cycle which is termed as sporogony and the other asexual to which the term schizogony is applied. The sporogony cycle takes place in the stomach and tissues of mosquitoes and the schizogony cycle in the blood of man. When in an infected mosquito the sexual or sporogony cycle completes, the result is sporozoites—the final product of the cycle. These sporozoites collect and live in the salivary glands which are situated on the sides of anterior thorax of the mosquitoes and from here the salivary duct opens into the proboscis of the insect.

Whenever such mosquitoes (containing sporozoites in salivary glands) bite men, the sporozoites are introduced into the human blood. These sporozoites find their way into blood cells and from here commences the schizogony or the asexual cycle. After passing into different forms and stages, the final product of this cycle is gametocytes (the sexual germs). If at this stage the mosquito bites and sucks the blood of an infected person (with gametocytes in blood) and the gametocytes get entry into the stomach of mosquito, the sporogony cycle again starts and thus mosquito to man and man to mosquito, the cycle goes on.

MOSQUITO

All varieties of mosquitoes do not propagate malaria in man. It is only one species called anopheles which develop sporogony cycle and carry malarial parasites. Only one instance so far has been known where malaria is propagated by other species than anopheles and it is Cluex Fatigan which is responsible for propagating malaria in Australia.

ANOPHELES MOSQUITOES

There are nine most common species of anopheles mosquitoes (named Barbirostris, Fuliginosus, Culicifacies, Jamesii (True), Listoni, Rossii, Stephensi, Theobaldi and Turkhudi) which are differentiated by the construction and markings of their palpi, proboscis, legs and wings. After February and before the middle

of July, the anopheles are rarely found. From the middle of August to the end of September, is the most favourable season for these insects in India.

Habits. It is noted that anopheles like to breed and lay eggs in a stream, rather in a pool or stagnant collection of clean water (or even very small collection of water in pots, tins, broken bottles, etc.) while Cluex and others are found in dirty waters (a variety of anopheles named Rossii is sometimes found in foul smelling and dirty water). Male anopheles do not like blood sucking while females are fond of it. These insects come out of their hiding places, in search of food, at about sunset and haunt about till late evening, then many of them retire and again come out after 3 A.M. and go back to their hiding and breeding places in the early morning before sunrise. They do not like strong light and gushes of air but under favourable circumstances many of them are found busy even in day time.

Eggs. Eggs of anopheles mosquitoes are not found in the middle or far from the bank of the stream or pool. More frequently they lay eggs under the grass or shady places near the bank. Cluex lay a very large number of eggs close together while anopheles lay separately and they look like tiny black specks on the surface of water. After 24 hours the young larvæ come out of the eggs; in about two weeks, the larvæ

are changed into nymphæ and in from two to three days the fully developed mosquitoes burst out from them.

Larvæ. The anopheles larvæ move through water with their tails in the direction in which they are going and lie horizontally when they rest, while the larvæ of cluex hang in water vertically. Anopheles larvæ breath through two tubes which end on the upper surface of the back near the tail. They have two feeding brushes in front of the head with the help of which they take their nourishment. They have palmate-like hairs on either side of the segments. These hairs keep the anopheles larvæ floating. The cluex larvæ have no palmate hairs therefore they hang vertically in water. The larva of a species of anopheles called 'Turkhudi' has no palmate hairs on first four segments and it also hangs in water with its head downwards. The frontal hairs of the larvæ help to distinguish one species from the other.

Nymphæ. It is amusing to watch the transformation of the larvæ into nymphæ. First there appears a crack behind the head in the skin of the larvæ. The larvæ give jerks and break away from the covering which encloses the body. The skin coverings are cast off with frontal hairs. thorax hairs and palmate segment hairs, on them. The nymphæ body is now coiled up into a sort of ball and the tail end projects from below. The nymphæ move by jerking these

DESCRIPTION OF PLATE I.

PLATE I.

FIGURE 1. Anopheles mosquito. Note its posture of sitting and compare it with that of cluex in fig. 5.

" 2. Eggs of anopheles.

" 3. Larva of anopheles floating horizontally in the water. The cluex larva hangs vertically (see fig. 7). Note the bunches of hair on the segments of anopheles larva.

" 4. Nympha of anopheles floating near the surface of water. Note its ear-like little organs projected out of the water surface for breathing.

" 5. Cluex mosquito in a parallel position to the wall upon which it is sitting. It can be easily differentiated from anopheles by its position of sitting down (see page 5).

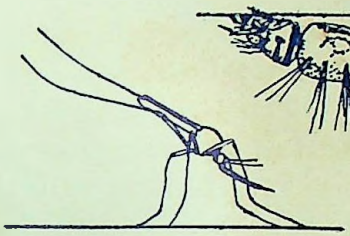
" 6. Eggs of cluex. Note that cluex lays its eggs close together. They can be easily differentiated from those of anopheles (fig. 2).

" 7. Larva of cluex hanging in a vertical position in the water. Note that there are no hair on the segments of cluex larva.

" 8. Nympha of cluex.

PLATE I.

ANOPHELES



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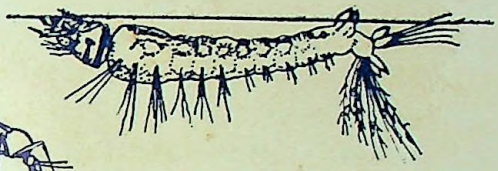

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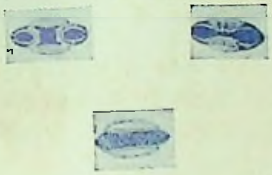

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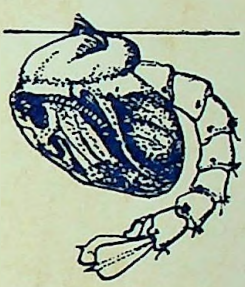

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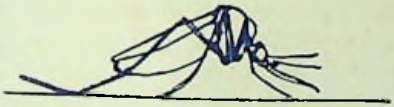
CLUEX



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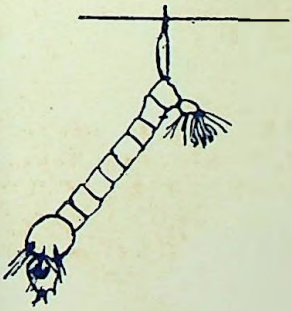


No. 7

No. 8

tail ends. They do not feed like larvæ and remain floating on the surface of the water. If disturbed, they move and go down. Their breathing arrangement is also quite different from larvæ. Behind the head of the nymphæ are two long ear-like projectings called 'spathe' and they breathe through these processes. (See plate No. 1).

Anopheles mosquito can be differentiated from cluex at a glance by noting their position when sitting. The cluex takes a parallel position on the wall or thing upon which it sits while anopheles take up almost vertical position or at an angle of 35 to 60 degrees. The most common species of anopheles which are found in cities, towns and villages are Culicifacies, Fuliginosus, Listoni, Rossii and Turkhudi. Barbirostre is never found in towns. It is a wild species. (See plate No. 1)

CHAPTER II

MALARIAL PARASITES

CYCLE IN MAN

The sporozoites—the final product of the sporogony cycle which takes place in mosquito—are inoculated into men by the female anopheles. These motile spindle shaped micro-organism (sporozoites) find their way to the blood corpuscles where they first assume ring shape and then enter into the blood cells assuming different irregular shapes as they grow up on the nourishment from the blood. This stage is termed as 'Trophozoite' (from trophos—nutrition).

After some time, as the trophozoites grow up, they turn into schizont bodies. The trophozoite is transformed into schizont when the nucleus of a trophozoite divides into sister nuclei which are surrounded by the cytoplasm and thus a number of sister bodies are formed. To the process of multiplication by fission (self division) of the parent body, the term schizogony from schizos—splitting—is applied. The schizonts or rosette burst out the blood cells when matured and a great number of spores known as 'merozoites' are set free. The merozoites again find their way into

other blood cells and grow up into trophozoites, later schizonts and again burst as merozoites, thus repeating the schizogony or asexual multiplicative cycle in man.

In trophozoite stage we find the parasite in various different shapes (angular, oval, etc.) specially in P. vivex, which are due to its amoeboid activity. The blood cell which contains trophozoite becomes pale and enlarged (specially P. vivex) and numerous yellow brown dots termed as 'hæmozoin' pigment, are visible in it.

After the transformation of trophozoite into schizont—by process of fission—the parasite first assumes larger roundish shape and later as it matures many small round bodies are seen in the infected blood cell in schizont stage which vary in number from 12 to 24 but 14 to 18 is the most common number. In fact, the matured schizonts consist of merozoites which are liberated when the cell bursts. In persons whose vital principle is strong, this pernicious process is not allowed to go on unchecked. The dynamic force creates such conditions as kill the parasites and the remaining, if any, are forced to become harmless. (If vitality is low, help of medicines is necessary). The parasites to conserve their existence try to pass to the other host (the mosquito) when they find unfavourable conditions to live and grow in the blood of man.

To pass into sporogony or sexual cycle (in mosquito) they have to abandon the schizogony cycle and complete the primary stages of sporogony cycle in man. Under such conditions (when the schizonts and merozoites cannot live) the surviving *trophozoites do not pass into schizonts but develop into female and male sexual cells.* The female sexual cell is larger than the male and these forms of the parasites are called 'gametocytes'. Female gametocytes are termed as 'macrogametocytes' (they are larger than males) and the male as microgametocytes. The macrogametocytes are further transformed into macrogametes and the microgametocytes into microgametes. The microgametes are motile male sex individuals (like spermatozoe) and their function is to fertilize the macrogametes.

The further multiplication of these parasites is stopped when the trophozoites develop into gametocytes instead of schizonts, and they become harmless in this form because they do not destroy more blood cells and cannot cause toxic effect and proteine shock (chill, etc.).

After some time, these sexual forms of parasites (male and female gametocytes) die of themselves, or if some of them get chance to enter into the stomach of mosquitoes, (when mosquitoes suck the blood of the individuals infected with parasites in gametocyte form, they—gametocytes—with blood, get entry into

DESCRIPTION OF PLATE II.

Fig. No. 1.

Parasites of benign tertian Malaria (Plasmodium Vivex) in human blood cells (schizogony cycle). See Plate III.

No. 1. Ring form.

„ 2 3 & 4. Trophozoite forms of parasites. Note the numerous small red dots called "Schuffer's dots" and the enlarged and unequal distorted blood cells.

„ 5. Schizont. Note the presence of "Hæmozoin pigment" denoted by black stiplings and granules.

„ 6. Matured Schizont or Rosette.

„ 7. Merozoites liberated from matured schizonts.

„ 8. Matured microgamate.

„ 9. Matured Macrogamate.

Differentiating Points: Enlargement of R. B. C. and presence of schuffer's dots; trophozoites of many different shapes showing great amœboid activity.

Fig. No. 2.

Quartan Parasites (Plasmodium Malaria).

No. 1. Ring form.

„ 2, 3 & 4. Growing Trophozoites. Note the intensity of pigment and absence of schuffer's dots.

„ 5. Schizont. Note the equilateral belt which is a characteristic of these parasites. Also note the absence of schuffer's dots. The red blood cells are not much enlarged.

Fig. No. 2.

No. 6. Matured 'Schizont or Rosette'.

,, 7. Merozoites.

,, 8. Macrogamate.

,, 9. Microgamate.

Characteristics. Excess of Pigment and presence of equilateral belts. The red blood cells are not much enlarged (Compare with fig. 1). Schuffer's dots are absent.

Fig. No. 3.

Sub-tertian malarial parasites in blood cells (Plasmodium Falciparum).

No. 1. Ring froms. Note that the ring forms are very thin and hairy and that there are more than one parasite in one red blood cell. Schuffer's dots are absent and the blood cells are not enlarged.

,, 2, 3. Growing Trophozoites.

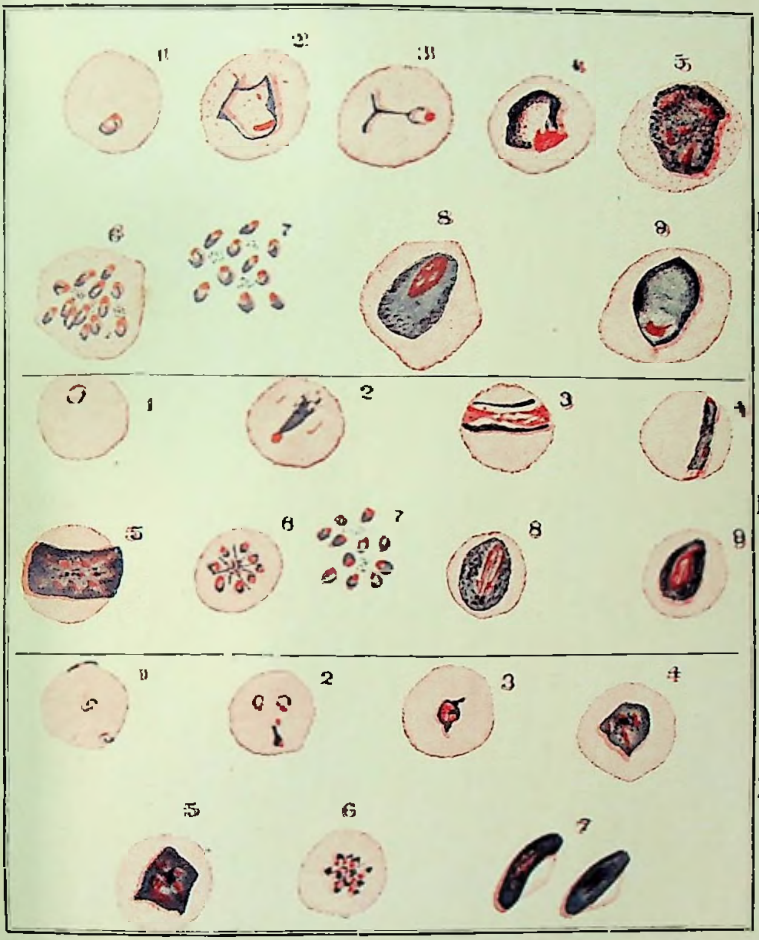
,, 4 & 5. Schizonts. Note the hæmozoin pigment in the centre denoted by black granules.

,, 6. Matured Schizont.

,, 7. Micro and macro gamates or the male and female "Cresent bodies" which are characteristic of this parasite.

Characteristics :—(a) More than one parasite in one R.B.C.; (b) Ring forms are thin and hairy; (c) absence of schuffer's dots and presence of cresent bodies ; (d) Blood cells do not swell or enlarge.

PLATE II.



MALARIAL PARASITES
in
Red Blood Cells
(Schizogony Cycle)

the stomach of mosquitoes) they again start their sporogony cycle and come into man as sporozoites.

Up till now, three species of malarial parasites have been universally admitted. There are about half a dozen more species about which great doubts and difference of opinion exist amongst experts. The malarial parasites of man belong to the genus 'Plasmodium.' The names of the three important and universally recognised parasites are 'Plasmodium vivex,' 'Plasmodium malaria,' and 'Plasmodium falciparum'.

PLASMODIUM VIVEX

This parasite was differentiated and discovered as a different species from others by Grassi and Feletti in 1890. The most important and characteristic features are greatly amoeboid activity of its cytoplasm and the relapsing nature of its fever. Other differentiating characteristics are:—

(a) the enlargement of the infected R.B.C.;
(b) presence of granule like stepplings, the so called 'Schuffer's' dots;
(c) the schizogony cycle is repeated every 48 hours;
(d) hæmozoin pigment is produced in the cytoplasm in trophozoite stage.

After entering into the blood cell, the parasite is highly vivacious, assuming different shapes and for

this reason it is named 'vivex.' The fever caused by this species is called 'Benign Tertian Fever' and it has a chronic and relapsing nature.

Under the influence of quinine, its parasites run away from the peripheral blood, take shelter in the bones and inner viscera and are therefore not found in the film prepared from the peripheral blood of such patients. When the blood is free from the toxins of quinine, these parasites again come out in the peripheral blood, multiply and give rise to fever. They are easily influenced by quinine but not rooted out and thus a game of hide and seek goes on under quinine treatment. (See plate No. 2, fig. 1)

PLASMODIUM MALARIA

It was differentiated by Laveran in 1881. This parasite is responsible for 'quartan malarial fever.' The schizogony cycle of this parasite takes 72 hours and hence quartan fevers. Other characteristics are:—

(a) slight amœboid activity of the cytoplasm;
(b) marked presence of pigment or hæmozoin from the very beginning (ring form stage);
(c) the stage of rest is longer than in other parasites, the growing trophozoites enter into the blood cell;
(d) red blood cells containing these parasites do not enlarge;
(e) schuffer's dots are not found;
(f) pigment is most marked and equatorial belts in

growing trophozoites are specially characteristic of Plasmodium malaria. About nine merozoites are produced from each schizont which are smaller than those of Plasmodium vivex. The macro and micro gametocytes of this parasite are highly pigmented bodies. In India, the parasites of quartan fevers are frequently met in Bengal and Assam while in Western Provinces they are not so frequently found. Their fever has also a relapsing nature and is comparatively difficult to be rooted out. (See plate No. 2, fig. 2)

PLASMODIUM FALCIPARUM

Golgi differentiated it from other malarial parasites in 1889 and we are indebted to Celli and Marchiafava who were the first to give us its detailed account and characteristics. Malignant malaria or so called 'sub-tertian malaria' is caused by these parasites which are often found in epidemic forms. Malignant malarial parasites are more frequently met in North Western India while Bengal, Assam and other notorious provincss show comparatively very small percentage.

The sub-tertian infection is the heaviest of the three and at least 25 percent of the red blood cells are infected. The characteristics of this parasite are:—
(a) the smallest, thin fine ring form in the first stage;
(b) 2 to 4 rings per corpuscle are often found;

(c) trophozoite and specially schizont stages which start very early do not take place in peripheral blood and are confined to the blood capillaries in internal viscera:

(d) the blood cells containing these parasites have a tendency to clump together and these clumps adhere to the membrane of blood capillaries;

(e) the infected blood cells do not enlarge at all;

(f) the matured schizonts do not burst out all together but liberate the merozoites over a period of several hours;

(g) the gametocytes of this parasite assume *a peculiar crescent shape which is a marked characteristic of this species* and have special capsules of their own. (See plate No. 2, fig. 3)

In fatal cases, the schizonts are often found in the peripheral blood, otherwise the film from the *inner viscera* only can show the parasites in schizogony process. Quinine does not effect this parasite but on the other hand it turns malignant tertian fever into *Black-water fever.*

DESCRIPTION OF PLATE III.

PLATE III.

Fig. 1.—An infected female anopheles mosquito sucking blood and thereby injecting 'sporozoites' into it. Note the 'sporozoites,' the spindle shaped micro-organisms.

„ 2.—Sporozoites attacking blood cell and assuming ring shape.

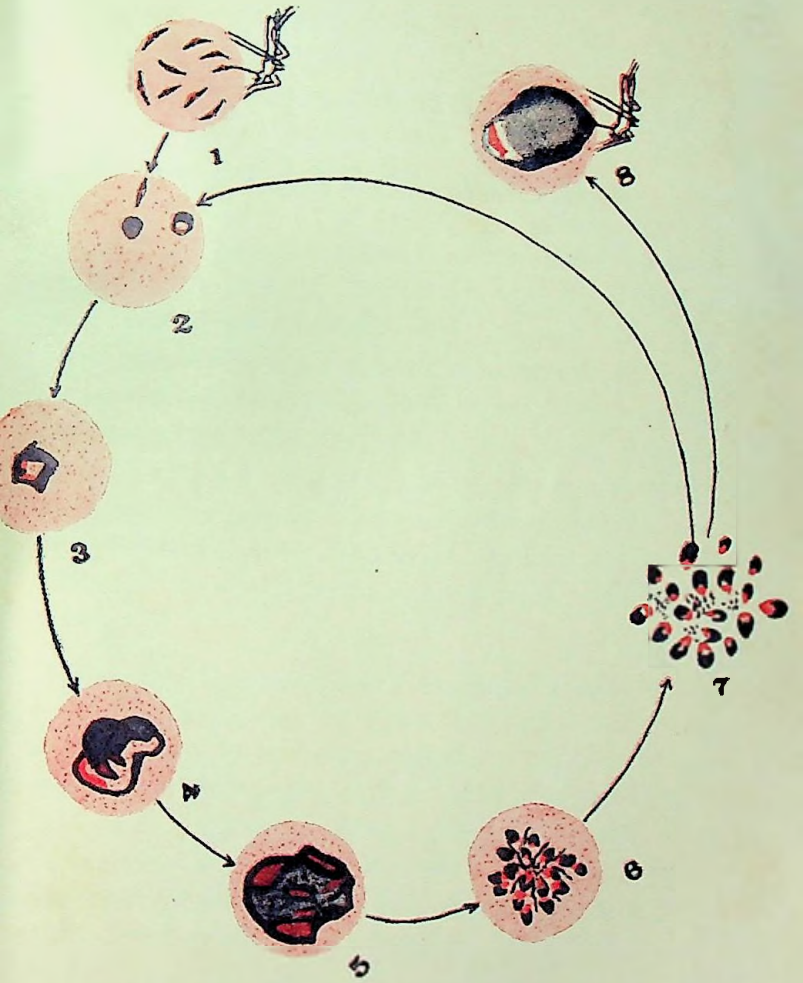
„ 3 & 4.—Trophozoites assuming different shapes in blood cells.

„ 5 & 6.—Schizonts (Rosette). Fig. 6. Matured schizont.

„ 7.—Merozoites. The merozoites attack other blood cells and grow up again into trophozoites, later schizonts and again burst as merozoites, thus repeating the schizogony or asexual multiplicative cycle in man. In figure 2 you will find one ring form trophozoit developed from merozoite and the other from sporozoite.

„ 8.—The gametocyte. The parasites to conserve their existence try to pass to the other host (the mosquito) when they find unfavourable conditions to live and grow in the blood of man. In such circumstances the schizogony cycle is to be abandoned. Now the trophozoites do not pass into schizonts but develop into gametocytes. If at this stage a female anopheles happens to bite and suck the blood (as in Fig. 8) the gametocytes get entry into its system with the blood and develop there the 'sporogony' cycle and again reach into man as sporozoites. Thus man to mosquito and mosqoito to man the cycle goes on.

PLATE III.



CYCLE IN MAN.

Benign Tertian Malarial Parasites.

CHAPTER III

ETIOLOGY OF MALARIA

Malarial parasites are one of the chief exciting causes of this disease. Whenever malarial parasites were introduced (intravenously injected) into the blood of research workers, some of them were attacked by an identical type of fevers in which these parasites have been invariably found and in the blood of those research workers also, who suffered from fever, the parasites were present. This fact shows that the special species of micro-organisms which are called "Malarial Parasites" have a deep connection with this fever.

Deranged Dynamic Force Or Lowered Vital Principle is another chief cause. Various debilitating influences as indigestion, over-work, irregular habits, acute diseases, exposure to cold, trying damp heat and swift changes in temperature from damp hot to cold, etc., damage our dynamic force and favour the growth and multiplication of malarial parasites. In a man with strong vitality, these parasites rarely thrive.

Predisposition: Some persons are very susceptible to malarial poison and easily fall prey to this

disease. They are prone to be bitten by mosquitoes and comparatively small number of parasites in their blood manifest malaria. Others, though apparently in bad health and frequently suffering from other diseases, do not suffer from malaria. Some of such persons are immune to malaria and others have no disposition, to this disease and only very heavy infection can manifest malarial symptoms in them.

Climatological & Meteorological Factors

Damp weather and rainy seasons in tropical and sub-tropical regions with defective drainage and high temperature; marshy lands and swamp; damp low regions, regions near rivers and lakes where the water is very near the surface of the earth; newly cultivated lands; etc., are other chief factors which promote the disease because on one hand these conditions and surroundings favour the breeding of mosquitoes and multiplication and growth of malarial parasites in their tissues and on the other they are detrimental to the vitality of the inhabitants.

CLINICAL SYMPTOMS OF MALARIA

As a rule BENIGN TERTIAN parasites (Plasmodium vivex) give rise to INTERMITTENT FEVERS because the schizogony cycle is repeated every 48 hours and PLASMODIUM MALARIA causes QUARTAN FEVERS because its schizogony cycle is repeated every 72 hours, while the

parasites of SUB-TERTIAN MALARIA (P. falciparum) result in irregular and often quotidian type of fevers, because their schizonts do not burst all together but liberate the merozoites over a period of several hours.

Sometimes under the influence of medicines and more usually when in a few days' time an individual is infected more than once, at certain intervals, quotidian, remittent, and irregular types of fevers are manifested e.g., if a man is infected twice by, benign tertian parasites at an interval of say, twentyfour hours, then the schizogony cycle of the two batches of parasites will be completed on two successive days and the result will be the quotidian type of fever. The type of parasites cannot be determined by the days of occurrence of fever. Only microscopic examination can rightly reveal the variety of parasites.

The typical malarial fever begins with *chill and shivering*, preceded by a state of malaise, dull headache, yawning, stretching, uneasiness, etc., and followed by fever and then sweat.

Chill. The phenomenon of chill and shivering in malaria is thought to be caused by the *protein shock* which is produced by the breaking up of the red blood cells and a big swarm of malarial parasites. In some subsequent attacks, high fever without chill is also noted. The absence of chill in some cases is attributed to the creation of sufficient anti-bodies

(large mononuclears, etc.) of that particular foreign matter (protein) which caused chill and the vital force of the individual also becomes habituated and the power of tolerance and struggle against such shocks is increased. It is noted in chronic cases or after the administration of some medicine.

The patient feels that the waves of chill are coming out of some particular part of the body and spreading all over it. The rigor is sometimes so severe that all the body shakes intensely, teeth chatter, nails and lips turn blue, fingers shrivel, face looks pinched and the sufferer wants to be held up firmly or pressed and covered with as many blankets as possible. In babies and children, little shiverings with severe *convulsions* occur frequently before heat stage in malaria. The body temperature is always above normal in chill stage. The sensation of chill is only a *subjective symptom* and therefore it is very important to know details as regards its location and especially its time modality, etc. Other usual symptoms of the stage are nausea, vomiting, bruising pains in muscles and bones and frequent micturation.

Fever. The temperature in malaria rises rapidly and reaches its highest limit within a short time after chill stage. During chill even, it is sometimes 104°F. In some cases the patient feels chill waves now and then throughout the heat stage and the temperature rises higher and higher every time after chill. Some

patients become very sensitive to air and are afraid of uncovering because the least exposure makes them shiver. But generally the coverings are tossed off when the heat sets in. Severe headache, vomiting (bilious generally) and sometimes diarrhœa, rapid respiration and dyspnœa in some cases, pain in limbs and bones, great thirst and sometimes thirstlessness, rapid bounding pulse, dry burning skin and high temperature between 104°F. and 106°F. and the usual symptoms.

Generally the sensorium of the patients in malaria remains clear upto 105°F. Sub-tertian, cerebral type, is an exception, in which even at 101°F. you may find the patients in a state of coma. In other fevers also, large number of patients suffer from dull sensorium at 103°F. Malarial temperatures are generally high. I have come across some cases with about 108°F. temperature, but they had no serious mental or heart symptoms. The British Medical Journal in one of its issues has noted an interesting malarial case from the Hospital for Tropical Diseases, London. The temperature of a patient suffering from malaria rose to 115°F. within two hours. The thermometers used were examined at the National Physical Laboratory and no reason was found to suspect any defect in the instruments. The case was under the close observance of the medical superintendent and the house physicians of the hospital and the

more interesting feature was that the patient remained conscious and rational throughout.

The patient may tell you that he feels great heat in legs or soles or chest or any other part of his body but clinical thermometer if applied there, does not denote any rise above the axillary temperature. This subjective symptom, exceptionally high temperature, and peculiar symptoms like desire for covering during heat stage, are important from homœopathic point of view.

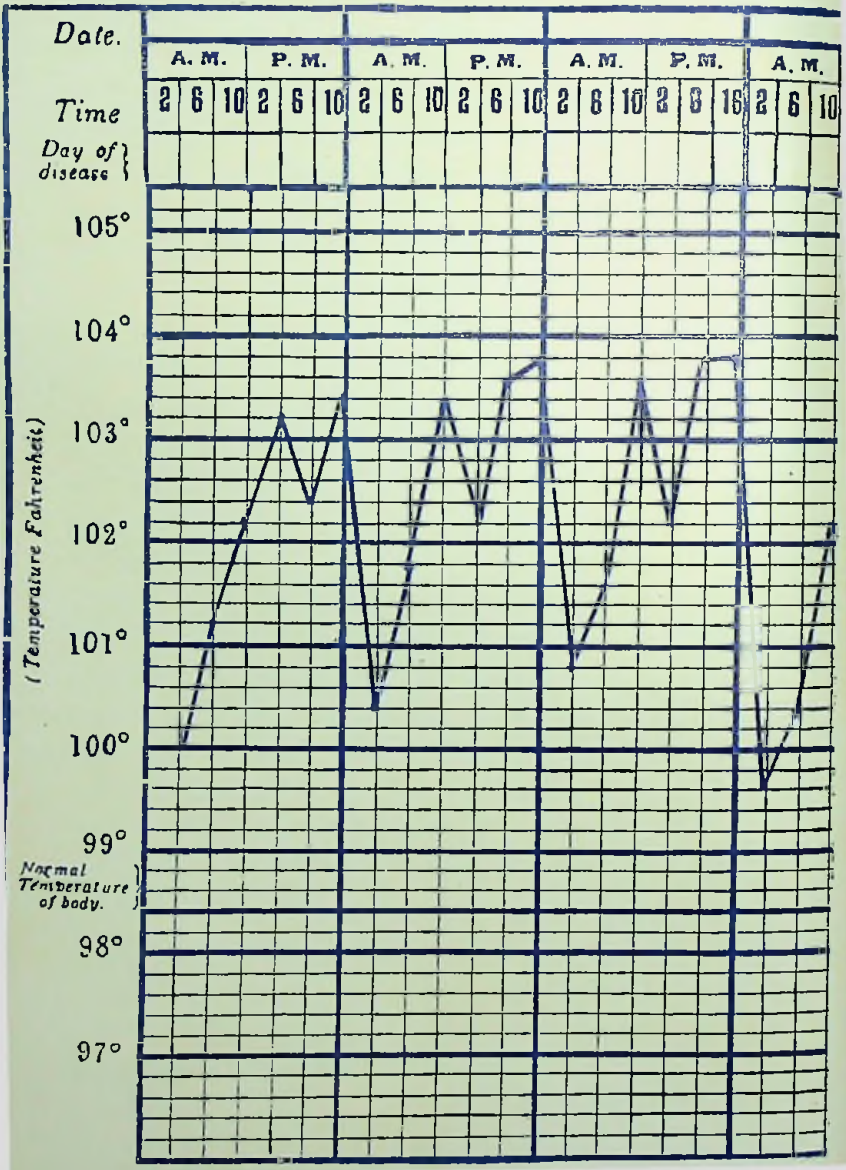
Sweat. A free perspiration breaks out a few hours after febrile distress, which generally relieves all the distressing symptoms of heat (temperature reaches sub-normal), headache, vomiting, uneasiness, backache, etc. In some cases the sweat is so profuse that the clothes and beddings are soaked with it. In many cases the sweat is partial and appears on some parts of the body while other parts remain dry. It is not always that the sweat must appear in the last. You will sometimes find cases with chill followed by sweat and then heat and slight perspiration now and then during heat stage but no sweat after febrile stage in and some cases it is completely absent.

Benign tertian fever has *relapsing nature* though it yields easily to medicines. The patients should be advised to continue the treatment for at least a week after the fever is stopped.

CHART

OF

SUB-TERTIAN MALARIAL FEVER.



Quartan fever is more *obstinate* than benign tertian and the *three stages* of malarial fever (chill, heat and sweat) are generally *clearly marked.*

Sub-tertian fever is very destructive and when it involves some vital organ, very dangerous and fatal complications may arise. Generally its fever stage is long and fluctuating, taking irregular course. A typical sub-tertian fever has double crisis in one span (See the facing chart).

When the fever reaches its highest summit, there is a fall of a few degrees which is soon followed by another rise and after reaching its highest point again it begins to decline and reaches its lowest level. The chills are comparatively less marked (because merozoites are not liberated all together) and the sweat is sometimes completely absent and in some cases very profuse.

The parasites of sub-tertian type destroy more blood cells than others and very soon profound anæmia is caused. This fever is attended with great weakness, sometimes very persistent vomiting, diarrohœa and dysentery, and complete loss of appetite followed by cachectic condition. Many of these conditions are also met in all other malarial fevers but the severity of symptoms taking dangerous turn is indicative of *sub-tertian* malaria.

PATHOLOGY OF MALARIA

Blood. Malarial parasites attack and live at the expense of red blood corpuscles, annihilating a very large number of them and causing anæmia. Five and a half to six million red blood cells per cubic millimetre is thought to be the mormal number. It is estimated that a single severe attack of malaria destroys more than one million cells per cubic millimetre and such two attacks are quite sufficient to cause severe anæmia. In severe sub-tertian infection, sudden and extensive destruction of blood cells sometimes causes grave situations. Dyspnœa, great pallor, cardiac distress, dizziness and ringing in ears and even sudden sinking and collapse may end in death.

Microscopic study reveals that the malarial parasites spoil both the number and quality of the red blood cells. The centres of the red blood cells look paler or even whitish denoting deficiency of *hæmoglobin*. The corpuscles are unequal in size and this variation in size denotes a state of *Anisocytosis*. Other signs of degeneration, as knob-like projections on the surface of the cells, distorted and fragmented shapes called *Poikilocytosis*, and basophilic dots denoting toxic absorption leading to degeneration are seen.

White blood cells are also affected by these parasites. The leucocyte percentage is below normal

denoting the state of leucopenia but the differential leucocyte count shows that the *hyaline cells* or the *large mononuclear* leucocytes (macrophages) are increased in number and they are found above 12 p. c., while in other diseases except Kala-azar their relative number per cent is 1 to 3. It is also noted that the percentage of this special variety of leucocyte called large mononuclear or macrophage is increased during apyraxia and decreased during fever, while a state of leucocytosis (increased leucocyte) is sometimes found in febrile state of malaria.

Phagocytosis. Phagocytosis is the most important defensive action against disease or disease producing agents. It is well known that the cells which are actively engaged in nutrition, also possess phagocytic qualities. Cells of liver and brain, cells lining the pulmonary alveoli and bronchi, endothelial cells, fixed connective tissues, cells of bone paranchyma, and lymphatic and serous cells are good examples. In addition to these cells, white cells of the blood or the leucocytes are always busy ingesting the bacterias, waste-products, damaged tissues, blood cells, etc. It is also noted that different leucocytes are apt to ingest different types of bacterias and their toxins. Polymorphs prefer the bacterias of pneumonia, septicemia, etc., while lymphocytes are busy with the bacillus Tuberculosis, etc. *The malarial parasites and their toxins or waste-products (Hæmozoin, etc.) are readily*

devoured by the hyaline cells or the so called large mononuclear leucocytes (macrophages). The polymorphs also ingest the pigment hæmozoin but malarial parasites are not found in them. A single large mononuclear can ingest and digest a dozen or even more malarial parasites or polymorphs and blood cells containing parasites. Within the macrophages a clear space containing fluid encircles the ingested *parasites, hæmozoin and other wastes* and there is a gradual disappearance or digestion of the ingested material. Under some circumstances the power of digestion of the macrophages (large mononuclears) becomes weak and the ingested parasites remain capable of growth and the hyaline cells have to seek the help of the lymphatic, endothelial and other cells. QUININE EXCITES THEIR GROWTH (NUMBER) BUT DECREASES THE POWER OF DIGESTING THE INGESTED PARASITES AND THE CONTINUED INFLUENCE OF QUININE SETS UP EVEN NEGATIVE CHAEMOTAXIS, WITH THE RESULT THAT THE IMMEDIATE INFLUENCE OF QUININE INCREASES THE NUMBER OF LARGE MONONUCLEARS WHICH INGEST THE PARASITES BUT THEY ARE UNABLE TO DIGEST MANY OF THEM AND UNDER THE CONTINUED INFLUENCE OF QUININE THEIR ATTRACTION OR NATURE OF RUNNING TOWARDS THE SEAT OF INFECTION FOR INGESTING PARASITES IS ALSO LOST.

Pigments. Some pigments are formed by malarial parasites and blood destruction. *Hæmozoin* pigment, a granular substance, produced by the

growing malarial parasites in the red blood cells is an iron-containing dark brown (even blackish in subtertian and quartan malaria) derivative of hæmoglobin. It is acid fast but soluble in alkalies and readily dissolved by Am. Sulph. It is found in blood vessels, arrested within leucocytes, specially large mononuclears and in the phagocytic cells of SPLEEN, liver and bonemarrow and less frequently lying free in the lymphatic spaces (Dicson). Another yellowish brown pigment called *Hemosiderin* is found in all the visceras. It also contains iron. There is abundant free hæmoglobin due to rapid hæmolysis (breaking of the R. B. C. by the spleen specially) in malaria. *This free hæmoglobin is turned into bile pigment by the liver which gives rise to biliousness in malarial paroxysms* (bilious vomiting, diarrhœa, etc.). The kidneys turn this free hæmoglobin into urobilin. Sometimes the quantity of bile is so much increased that it is hardly manageable by the liver and in such conditions it is precipitated and stored in tissues of the organs to be used as bile pigment. This precipitated yellowish substance which does not contain iron is called 'Hæmofuscin'.

Spleen. The spleen is the first organ which is seriously damaged by malaria. The circulatory vessels are overcrowded with large mononuclears (swollen with ingested parasites, broken blood cells, and pigment called hæmozoin), blood cells (cells containing parasites and degenerating blood cells),

and sometimes polymorphs too. These cells and a large number of malarial parasites fill the endothelial cells of the organ. These obstructions cause congestion and then inflammation of the spleen. The continued inflammation for some time leads to its hypertrophy or enlargement, infiltration, induration and even tumours. Capsules specially on the convex surface may reach a considerable thickness and the organ may adhere to the neighbouring organs, specially to the diaphragm. Its surface becomes dark and even black. The subtertian malaria affects it very seriously and destroys its tissues rapidly.

Liver. The liver is also damaged. First it becomes enlarged due to continued congestion caused by the distended capillaries. The cause of obstruction and distention of the capillaries is the same as that of the spleen. In Kuffers' cells, hæmozoin pigment and some leucocytes with malarial parasites are traced. Continued enlargement is sometimes followed by the atrophy of the liver and cirrhosis of malarial origin. Enlargement and induration is very common while fatty degeneration of liver is also noted in sub-tertian malarial cases (all these changes are sometimes difficult to be cured).

Bones. The bones are also taxed in this disease. They have to produce more red blood cells and leucocytes than in normal conditions. In severe

and prolonged infections the activity of the bone marrow is much increased and the fatty marrow is sometimes completely exhausted and turned into a 'puriform' marrow which assumes reddish or dark-brown colour. In chronic cases of old people the bone-marrow sometimes becomes inert and turns into gelatinous substance. In babies and children, inflammation of the bone surface (long bones) is noted in some chronic cases of malaria. Severe bone pains during paroxysms are very troublesome.

Nerves. Peripheral nerves are specially affected by the endo-toxins of malaria. The nerve trunk becomes swollen and sometimes of reddish colour. Its continued inflammation (chronic malaria) leads to degenerative changes, producing *paralysis.* When sensory nerve tissues are affected, severe *neuralgic pains* are produced and degeneration of these nerve cells results in *anæsthetic conditions.*

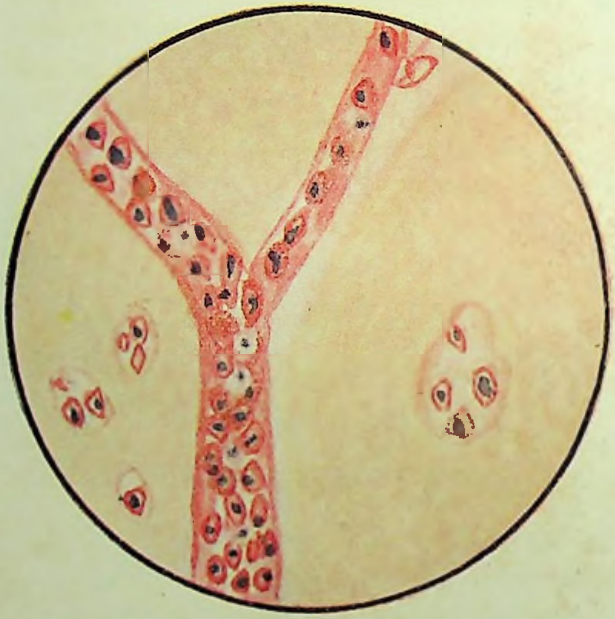
Skin. The irritating foreign matter is often thrown out on the skin from the vicinity of the sensory nerves and herpetic eruptions along the nerve branches are exhibited. This eruption termed as *herpes zoster* or shingles is characterised by its peculiar way of coming out along the course of the cutaneous nerves. The burning sensation and the great sensitiveness of the vesicles attended with severe neuralgic pains along the nerves and sometimes rheumatic pains in

the surrounding muscles are very troublesome and fatiguing which, however, are relieved when the eruptions are fully developed along the nerve course. It is noted that the suppression of the eruptions is followed by severe and obstinate intercostal neuralgia. If some eruptions or boils come out, the pain suddenly disappears. These conditions are often seen in chronic and recurring malaria. *Urticaria* is another skin disease which often appears during malarial paroxysms and sometimes after malarial attacks and proves very annoying and troublesome. It is probably caused by the malarial toxins which happen to reach the cutral capillaries.

Purpura Hæmorrhagica. In malarial cases the diminution of hæmoglobin and the state of profound anemia is the cause of hæmorrhages from the skin. Patients with rheumatic and syphilitic diathesis are more liable to suffer from this disease in malaria.

Sub-tertian malarial infection is the heaviest of the three and the important peculiarity which has been also mentioned in the chapter on parasites is that these parasites *do not develop in the peripheral blood* but the infected blood corpuscles are carried to the arteries and capillaries of the internal organs and *there they clump together to the surface of the vessels, where the parasites in them undergo trophozoite and schizont changes.* Another important peculiarity and tendency is the *unequal distribution* of the infected blood cells in the

PLATE IV.



BRAIN SECTION.

Capillaries blocked

with

Malarial PARASITES & MACROPHAGES.

organs; so unequal that the capillaries of one organ are extremely crowded with infected blood cells while it is possible that hardly a few parasites invade the other organs.

Brain. When brain is invaded the branches of its arteries are blocked with parasites and the condition of obstruction arises. As a result of the obstruction headache, dizziness, confusion and sensations of creeping and coldness are the first symptoms which may appear just after obstruction, which are followed by *vomiting, very high fever* (in number of cases), *unconsciousness or coma* and *convulsions* (specially in children). When the middle cerebral artery and its branches are obstructed, symptoms of *hemi-plegia* and sometimes *aphasia* denoting motor and sensory defects in the basal ganglia are produced. Obstructions in the basilar arteries affecting the pons, may result in *bilateral hemiplegia*, and so on according to the situation of the obstruction different conditions may arise. In tropical countries, we sometimes come across *encephalitis* of malarial origin. Hæmorrhage (cerebral) with encephalitis is always fatal. This cerebral malaria sometimes very closely resembles sun-stroke and epileptic seizures. Very high sudden fever, delirium, convulsions ending in coma and attended with paralytic conditions and sometimes aphasia in malarial seasons are strong indications of sub-tertian cerebral

malaria. Homœopathy has splendid records in such cases.

Heart. Post-mortem has revealed fatty degeneration of heart in some sub-tertian malarial cases. It is probably caused by the profound anæmic state and malarial endo-toxins. Dr. Manson-Baher has noted in his 'Tropical Diseases': "Dr. Gaskell has observed the actual presence of the sub-tertian parasites within the cardiac cells." The obstruction of the coronary arteries seems to be another probable cause. Blood cells containing sub-tertian parasites may adhere in the branches of the coronary arteries causing obstruction and interference with the nutrition of the heart muscles. The heart muscles under such circumstances show evidence of fatty degeneration. The complete and sudden obstruction caused by these parasites in severe infections must prove fatal. Dilatation of ventricles and œdema of the lower extremities are serious complications in chronic malarial cases attended with profound anæmia.

Kidneys. If the Supra-renal glands are affected slow pulse, low blood pressure, restlessness, depression and adynamia will result. In case of kidneys proper, nephritis and hæmorrhage are manifested which ultimately may establish into *Brights disease.*

Intestines. When the brunt of infection

falls upon the intestinal arteries great shock, severe pain, *paralysis* of some part or parts of intestines or *hæmorrhage* from them may create critical condition. Severe pain and hæmorrhage may end in collapse and death. In case of paralysis obstruction of the passage causing severe constipation and great accumulation of wind, colic and tenesmus, vomiting and rapid collapse, is the consequence which may prove fatal if not relieved within 24 hours. Malarial complaints are attended with fever but in rare cases there may be slight or no fever.

When the parasites reach the capillaries of stomach and intestinal mucosa, intense *gastric irritation* is caused. *Persistent vomiting* (sometimes blood streaks in the vomited matter) and *debilitating diarrhœa* (bilious, sometimes bloody, frequent stools), attended with dizziness, small pulse, cold skin (internal heat, rectum temperature above normal), cramps in limbs, pinched look, great thirst, sometimes sweat, suppression of urine and even syncope are the symptoms met in such cases. These conditions are frequently met in the Punjab. Above normal axillary and rectal temperatures, absence of rice-water stools and specific parasites shall differentiate this diarrhœa from true cholera.

Intestinal *hæmorrhage* or severe and obstinate *dysentery* may suddenly appear with or before or after

the fever paroxysms. In these cases exertion or strain upon the bowels has proved fatal.

Lungs. Pulmonary congestion specially of the left side which may develop into bronchitis or even broncho-pneumonia is often observed, specially in the last parts of malarial season (October and November).

Malaria being a blood disease, affects every organ and tissue of the body and as a consequence thereof any morbid change is possible. Benign tertian and quartan are milder types while sub-tertian is much destructive and has immediate effect upon vital organs.

MALARIAL CACHEXIA

Morbid conditions and disturbed metabolism caused by malaria is termed as malarial cachexia. Emaciation, anæmia, sallow complexion, dry rough skin are the striking features. Enormous chronic enlargement and tissue changes in spleen and liver and morbid changes in blood cells are the chief pathological conditions. Tendency to hæmorrhages, abortion and periodic appearance of very troublesome complaints as severe headache, several types of neuralgias, dysentery, enteralgia, vomiting, etc., is met in malarial cachexia.

The cachetic patients who are treated with quinine for malaria become very sensitive to cold.

They are prone to pulmonary disorders in addition to other conditions mentioned above. It is noted that malario-quinine cachexia is more difficult to be treated than those which develop in neglected cases or under other treatments. Cachectic patients are disposed to various secondary infections, specially *Tuberculosis*.

CHAPTER IV

QUININE

ITS

ALLOPATHIC & HOMŒOPATHIC UTILITY

The Allopathic system of medicine was established on a large scale in India early in the 19th century. From 1804 to 1847 the treatment for malaria was done by a course of violent purging. and mercury administration in excessive doses The Presidency Hospital, Calcutta, used 13,337 grains of the drug in a month and so necrosis of the jaw and mercurial poisoning were of frequent occurrence. After the publication of the Haris pamphlet in 1847, routine use of cinchona and crude quinine sulphate, in the treatment of malaria, became the established practice and thus quinine was substituted for mercury. (R. Knowles and Senior White).

Quinine is one of the four chief alkaloids of Cinchona Rubra Cortax. It is also prepared from yellow varieties of cinchona specially from cinchona officinalis (U. S. P.). The alkaloid quinine exists

in the bark as quinine hydrate $\left(\begin{smallmatrix} C & H & N & O \\ 20 & 24 & 2 & 2 \end{smallmatrix}\right)$. In general practice, however, quinine sulph. is so largely used that the word quinine has come to be associated with "quinine sulph."

All authorities and experts of the old school, after long experience and thorough experiments, have come to the conclusion that under the immediate effect of quinine the leucocytes are increased and the parasites of malaria run away from the peripheral blood with the result that the fever is arrested. When the blood is thoroughly saturated by continued administration of quinine in large doses (30 grains, in 3 doses of 10 grains daily), the parasites of benign tertian and most of the quartan type of malarial fever are killed, while those of sub-tertian are not very much affected. But on the other hand the continuous use of this alkaloid (even one week's use) destroys the *natural defensive agents*— the leucocytes, bacteriacidal agents of the plasma, enzymes, etc.

Kushny in the latest edition of his materia has noted that according to Binz and Macnaughten quinine destroys the leucocytes, arrests the bacteriacidal action of the plasma and renders the enzymes inactive. Dickson has noted that the immediate effect of quinine is to increase the leucocytes but soon it sets negative chemiotaxis. Hale and

White (of the same school) in their materia and therapeutics write, "The movement of white blood cells is stopped. It makes them granular and in sufficient quantity it destroys them. It is a powerful anti-pyretic in malaria because it destroys the parasites. In large doses it causes slight fall of a healthy temperature by directly diminishing heat production in muscles." They recommend that quinine should be used for three months at least to produce good effect against malaria.

R. Ghosh (Allopath) Professor, Calcutta Medical College, has noted in his materia, "Quinine paralyses the movement of the white blood corpuscles and stops the emigration of the leucocytes. It is in fact a hæmolytic. The utility of quinine in arresting malarial fever is therefore due to its acting as protoplasmic poison to the plasmodium." Drs. Bartholow and Gunn are of the same opinion.

All these references and other scientific experiments made by Binz and his pupils and Bexter, Cutter, Favier, Lewizky, Acton and many others go to show that quinine does not help the natural defensive agents in the human system which fight against the diseases but weakens them and thereby instead of doing good to the human system destroys its disease resisting agents and renders it, for a

long time, incapable of resisting diseases thereafter. The leucocytes, the bacteriacidal particles of the plasma, and the enzymes which are the greatest enemies of parasties and toxins are diminished and paralysed; blood cells destroyed if given in large doses (because of its hæmolytic qualities); the metabolism seriously disturbed; and heart, brain, lungs, and organs of sight and hearing damaged. These facts are revealed in the materia medica of the old school, in many scientific research works, and found in patients treated continuously with routine doses of quinine.

Some advocates of quinine may take shelter under the concentration and excretion theory of the alkaloid. Let us also examine it. According to the fundamental researches of Binz and his pupils, quinine in 1 : 10,000 concentration kills the leucocytes and plasmic bacteriacidal agents in a very short time, while in 1 : 20,000 concentration they are paralysed. E. Poulsson has noted that in man, after some large doses ($\frac{1}{20,000}$ of body weight) the number of white blood corpuscles falls to 1/4 of the normal amount. After continuous administration of quinine, even in medium doses, leucopenia is traced.

Margenroth found that quinine concentration of the blood was 1 : 20,000 a few minutes after

intravenous injection. Chopra, Roy and Das Gupta have proved that the concentration of quinine in the blood was nearly the same when administered in about a 7 grain dose intravenously and orally. Its highest concentration was 1.75 milligrams in 100 c. c. of blood.

It is found that soon after administration, quinine begins to excrete specially in urine. It is traced in the urine 15 minutes after administration. The investigations of Jeanselme, Dalimiar and E. Poulsson go to show that about 40 per cent of the quinine is excreted (in urine, saliva, milk, etc.) within 72 hours of administration and after this period the alkaloid is not traceably in excretion. The rest of the 60 p. c. is said to be slowly destroyed in the system but Acton has found on investigation that some of the quinine is absorbed in the outer surface of the erythrocytes. Bartholow found quinine deposited in the brain after heavy doses. The process of destruction of the alkaloid in the tissues is very gradual.

Let us now examine the quantity and method of administration. Intravenously 5 to 10 grains of the alkaloid are injected and repeated after 6 to 12 hours twice or thrice; and orally 30 grains, for adults, are given in 10 grain doses for one week at least. Authorities on malaria recommend its continuous administration for 6 weeks. In a body weight of about 148 lbs. (containing about 9 lbs. of blood) 15 grains of

quinine injected intravenously will reach the concentration of 1 : 15,000 which is fatal for leucocytes etc. and it will keep its paralysing influence upto 1: 25,000 concentration which will be reached after some hours of excretion. It is estimated by Kerner that in a body-weight of about 150 lbs. 40 grains of the alkaloid administered daily in 10 gr. doses by mouth will reach the concentration of 1 : 25,000 in 6 days (240 grains will be administered in 6 days of which, after excretion and destruction, only so much remains as to reach the above concentration). *It is found that after continuous administration of the medicine, the concentration is higher in comparison with the concentration of the first few doses.* All the above mentioned scientifically known facts go to show that quinine is injurious even in the so called medical doses to the natural defensive agents in our system.

Why does the old school use quinine as medicine for malaria when it has so many defects? The answer is simple. We all know that the old school uses narcotics, anodynes, laxatives, sedatives, and many irritants also, with the knowledge that the agents are harmful and do not affect real cure. Mercury was used for malaria, then quinine came forward and this alkaloid, it seems, will give place to plasmoquine and atabrin.

They have no alternative. Their system of medicine does not help nature but affects directly the disease-producing agents and in their attempt to

kill the parasites and their toxins, they do not care if the agents employed also injure the human system. They are satisfied if quinine drives away the parasites from the peripheral blood, checks the fever at an early hour and destroys benign tertian, and quartan parasites when given continuously in big doses; no matter what other injuries it does to the system. When the damages are greater, they change for some other medicine. They know to use only mechanical force. The use of dynamic force is unknown to them. It is a well known fact that quinine is very injurious in chronic and sub-tertian type of malaria. Dr. Koch and many other distinguished authors are of opinion that it is quinine which turns sub-tertian malaria into Black Water fever.

Some homœopaths are advocating the use of quinine for malaria and at the same time many of them are loudly proclaiming that Homœopathy with so many other merits is a complete and correct system of medicine. It is difficult to understand and reconcile the two positions. If they have belief in the efficacy and righteousness of Homœopathy, they should try their utmost to find out some homœopathic medicines from the present materia or outside of it with which they could cure malaria like so many other dreaded diseases. It seems to be a waste of their time and energy if they advocate medicines of other systems.

Now I shall try to tell you the homœopathic utility of quinine and you will see that a drug that may prove so dangerous in the hands of doctors of the old school, becomes a boon to the sufferers when it comes in the folds of Homœopathy. I have not found any complete homœopathic proving of this medicine anywhere. Dr. Piper of Germany was the first to prove, but the proving was not thorough. The symptoms and signs noted here are very reliable and accurate. They have been noted from the provings of quinine sulph. by two pupils of mine (these provings were not carried up to the stage of poisoning). Many of the symptoms are noted from two cases of quinine poisoning in healthy persons, at least they were not suffering from malaria, and from the physiological actions and accounts of poisoning noted in various allopathic standard materia medicas, therapeutics and research works. The list of works consulted is given on page 46.

Quinine is not a *homœopathic medicine for malarial fevers because it decreases the normal temperature instead of increasing it like cinchona when given in large doses to the healthy persons.* It does not produce ague like symptoms of continued or intermittent fevers. Many writers are of opinion that periodicity is not so much marked in quinine as we find in cinchona. In short, it does not produce such symptoms in the healthy as resemble the symptoms of chill, heat, sweat and other important symptoms of malaria.

MORBID SYMPTOMOLOGY OF QUININE

(Quinine Sulphate or Chininum Sulphate)

It is a protoplasmic poison and a strong cardiac depressent. It impairs the power of hæmoglobin to transport active oxygen or ozone and thus destroys the ozonizing or oxidizing action of the blood and the cells are rendered less adhesive. Pffuger and Zintz have shown that the alkalinity of blood is declined by quinine. It depresses the retrograde metamorphosis of the tissues and lessens the formation of the nitrogenous excretory products; the elimination of uric acid and urea is decreased and sometimes totally stopped. It sets negative chemiotaxis in blood (arrests the movements of the white blood cells and decreases their number),destroys the bacteriacidal power of the plasma and renders enzymes inactive. It makes slow and enfeebles the pulse by direct action on the cardiac muscles, lowers the blood pressure considerably and diminishes the spinal reflex action. It lowers the arterial tension strongly, depresses heart and arrests it in the diastole. Vaso-motor system is also depressed by this agent. It affects the brain profoundly and throws the nervous sytem in high commotion. The brain is rendered hypermic and a train of congestive symptoms as severe headache, vertigo, delirium, epileptiform convulsions and coma is produced. Sometimes it abolishes the cerebral function.

Surgeon Roberts of Indian Army has recorded a case in which a woman aged 35 years took a large dose of quinine sulph. which caused profound coma, slow and very shallow respiration, very slow pulse, abolished refloxes, deafness, blindness, sub-normal temperature and other conditions of collapse.

The paralysis of the nerves is of frequent occurrence. It is a great irritant and has great congestive influence over mucous membrane and skin. It has sometimes caused gastritis, otitis media, cystitis, neuritis of the optic nerve and conditions of nephritis. On the skin nettle-rash like eruptions are frequently observed. It has also a tendency to hæmorrhages. Dr. Knowles, Professor in Calcutta School of Tropical Diseases has noted that quinine causes abscesses and sinuses in muscles when injected intramuscularly. With all these symptoms of congestion and irritation it lowers the temperature and therefore all of its complaints are attended with sub-normal temperature.

Mind: Anxiety, confusion. Dullness of senses. Delirium. Epileptiform convulsions. Sexual mania. Unconsciousness. Coma.

Head: Severe frontal headache. Sense of fullness and constriction. Giddiness and vertigo on standing. Occipital headache extending to neck.

Face: Pale. Dusky. Facial neuralgia, relieved by pressure.

Eyes: Pupils dilated. Blindness due to atrophy of optic nerve. White atrophy of the optic disks. Dimness of vision with congestion in optic nerve.

Ears: Great congestion of the middle ear and labyrinth. Tinnitus aurium (buzzing and roaring). Complete deafness. Hardness of hearing. Otitis media.

Nose: Epistaxis.

Mouth: Dryness. Stringy saliva. Bitter taste.

Stomach: Gastritis. Vomiting. Loss of appetite. Painful digestion.

Abdomen: Contracted spleen. Intestinal catarrh impeding digestion. Severe constipation. Intestinal pain and irritation. Diarrhœa. Congestion of liver.

Respiratory: Threatened paralysis of the lungs. Slow and very shallow respiration. Difficult respiration. Congestion of lungs. Air hunger.

Blood and Circulation: Anæmic, lost oxidizing power of blood. Increased acidity. Slight

	leucocytosis. Negative Chemiotaxis. Marked leucopenia. Depressed circulation. Slow pulse. Fluttering pulse. Low arterial tension and blood pressure.
Heart:	Depressed heart. Heart failure, arrested in diastole. Very weak systolic power. Cardiac dyspnœa.
Female:	Profuse menses. Hæmorrhage from uterus. Tendency to abortion. Uterine pains.
Male:	Sexual excitement.
Urinary:	Congestion of kidneys Hæmorrhage from kidneys. Cystitis and irritation of urethra. Diminished urea and uric acid. Clay coloured, slimy sediment, albumin in urine.
Locomoter:	Paralysis, very weak muscular power. Depressed reflex action. Very sensitive dorsal vertabræ, severe epileptic convulsions with violent contraction of the arms and the entire body. Muscular bruising pains.
Skin:	Purpura. Abscesses and sinuses. Urticaria with cutaneous edema. Irritation,itching and burning of the skin.
Fever and Temperature.	Sub-normal temperature. Slow pulse.

Sensations: Weakness, fullness, coldness, constriction, itching.

Modality: Aggravation: Cold. Am: Pressure.

Relation: The alkaloid cinchonine is closely related to this salt. It is more intense in action than quinine. It affects heart, brain and muscles more profoundly while it has little effect upon eyes and ears. It has also more periodicity than quinine. Compare Kali Phos, Digitalis, Cratægus, Strophanthus, Carbo veg., China, Nat. Mur, Hyd. Acid, etc.

Dose: 12th to c. m. potency.

READING LIST FOR CHAPTER IV.

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2. Materia — by R.R. Kushny & J.A. Gunn.
3. Materia Medica (Allopathic) — by R. Ghosh.
4. Materia Medica and Therapeutics (Allopathic) — by Sam L'. O. L. Potter.
5. Therapeutics and Materia(Allopathic) — by J. V. Shoemaker.
6. Materia (Allopathic) by R. Bartholow.
7. Materia (Allopathic) by Hale and White.
8. Materia and Therapeutics (Allopathic) — by Clearks.
9. Special and General Pathology — by Beattie and Dickson.
10. Pharmacology (Allopathic) — by Whitla and Hoyle.
11. Research work of Binz, Puffuzer and Zintz.
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PART II

CHAPTER I

HOMŒOPATHY AND MALARIA

Bacteriologists have established the fact that like some other diseases malaria is also a malady caused by parasites which are carried and introduced by mosquitoes, and hence it is most prevalent in marshy and tropical regions of the world. But susceptibility, predisposition, and deranged vital principle or lowered vitality are more important causes of diseases than their specific parasites. Clinicians, malariologists and protozoologists have repeatedly declared that in healthy constitutions with strong and alert dynamic force. the malarial parasites also, even if they get opportunity to reach the human blood, are not allowed to flourish well or multiply to such an extent as to manifest the disease. Even in cases of heavy infections, in constitutions with strong dynamic force, the disease is easily curbed down and checked. after a little illness, without the aid of any medicine. Though we cannot totally ignore the part played by parasites in causing diseases yet the deranged vitality and other factors mentioned above are decidedly more vital. In support of the above facts, numerous observations and statements of experts can be quoted showing that the parasites of malaria were found in the blood but

the individuals were all right otherwise and did not show any sign or symptom of the disease and that in numerous cases malarial parasites were injected into the healthy vertebrate hosts without any symptom of the disease, until repeated operations were carried and even then in some cases with very mild attacks and in a few no effect whatsoever except that a very low percentage of malarial parasites could be detected in the blood.

It has been observed repeatedly that PSORICS are very susceptible to mosquito bite. They have repeated attacks during the season and have very little power of resistance to malarial infection.

SYMPTOMS OF MALARIAL FEVER

Chill. With all the sensations of chill and cold the bodily temperature is always above normal during this stage and therefore it is a very important subjective symptom. The time modality of chill (the day and time of occurrence) is the most important of all the chill symptoms, because periodicity is the chief feature of Malaria and specially because it is very helpful in the selection and administration of medicines.

Peculiar symptoms like chill with sweat or desire to uncover during chill, etc. are other important symptoms. Symptoms of cough, colic, itching, thirst for cold water, etc., attended with, followed or prece-

ded by chill should also be noted. Chill aggravated or ameliorated by warmth and covering, exposure, taking cold or hot drinks, after eating, touch, pressure, etc., are symptoms which prove helpful in many cases. Sensation of radiation of the chill waves from the spine in one, from the chest in the other, from the feet in the third patient and so on, is another peculiar symptom of some importance. Goose-flesh skin, blueness of lips and nails and such other objective symptoms are worth noting because they indicate the severity of the chill. In severe attacks of sub-tertian (malignant or autumnal) malaria, sometimes severe chill, pallor and collapse due to the sudden and extensive destruction of red blood cells may be present which should be adequately dealt with. Other unusual and troublesome symptoms during chill are also worth noting.

Fever. During heat stage symptoms like thirstlessness, sensitiveness to exposure or inability to uncover, craving for food, etc. are most important. Troublesome complications of persistent vomiting, frequent dysenteric stools, dyspnœa, urticaria, very severe headache, muscular or bone pains, delirium, etc., should be noted with details. Sensation of heat in some special parts of the body, great restlessness, pulsation in veins, dry heat or sweat without relief in temperature are other unusual symptoms which are helpful in prescribing the medicine.

We often meet high temperature in malaria and very high temperatures also are not very infrequent. If indicated medicines fail to bring down such temperatures for some reason, SULPHUR will never disappoint you in large majority of malarial high fevers. Other accessary means to combat very high temperature are necessary in some cases. Malarial temperatures reach their highest summits in a short time and in majority of cases the phenomenon of rise and fall is completed within 6 hours.

Sweats. Sometimes at the end of the heat stage the perspiration is so profuse that clothes and beddings are drenched with it. In some cases there is absolutely no sweat and in a few it appears now and then during fever without relief but disappears when the temperature goes down. In some patients it appears on uncovered parts, in others on one side of the body only while in many it appears only on palms and soles or chest, neck and head or on genitals. You will find cold and clammy, hot, odorous, bloody, offensive and greasy sweats and many other peculiar, unusual and striking features of the secretion.

All these symptoms can only be noted at the bed side and from practical point of view it is very difficult. Malaria is not thought to be a fatal or very serious disease, therefore only in a few cases the doctor is given chance of watching and noting these

symptoms at the bed side of the sick and moreover it is quite impracticable in sub-tropical and tropical countries where malaria spreads in epidemic form every rainy season because one doctor can hardly watch and take notes of the full paroxysms in one or two cases.

Generally the patients come themselves on the day of apyrexia or before the beginning of fever to the office of their doctor. They do not remember well the symptoms appearing during paroxysm, though many of them may be important for the selection of the medicine. Enquiries about the characteristics of the sweat, peculiarities of the chill and fever and all such symptoms which may be very important from homœopathic view point are not correctly and satisfactorily answered. Patients speak of intense heat, severe chill or of a few other symptoms which were very troublesome but the unusual and peculiar symptoms are not always remembered and correctly narrated.

Case Taking. It is not desirable to discuss here the philosophy of case taking. Only practical points which have proved to be very successful in office practice are noted. There are few chances of examining and noting symptoms at the sick bed during paroxysms of Malaria. It is important to note the manners of a patient coming into your office. How

does he walk, sit and talk ? How is he dressed ? Look deep into his face without making the patient aware of it and note all objective and subjective symptoms you could comprehend and take notes from his narration. From the narrations of the patients and their attendants only those symptoms should be noted of which they are quite sure.

It is very vital to note the symptom of the periodicity of chill and fever because it is the most important symptom in malarial subjects. The *time* and day of occurrence of chill and fever should be determined. Nearly all the patients remember the approximate time of the occurrence of chill or fever and the day of the paroxysm. By proceeding thus, a small group of medicines comes before us and one out of which can be selected as indicated medicine with comparatively little labour; e. g., if the patient informs you that he is attacked with fever on alternate days and the chill is felt at about 11 a. m. a small group of medicines as ARS., BAPT., CACT. G., CHIN. ARS., GELS., NAT. MUR., NUX VOM., etc., at once strikes you. After carefully examining, cross-examining and differentiating between the symptoms you have collected, you will reach the most probable medicine. When the characteristic peculiarities and the image of the patient as a whole are similar to those of the medicine, the cure is sure.

In cases of fevers returning at irregular hours or

of continued types, peculiarities, modalities and sensations should be carefully considered to prescribe the correct medicine.

Administration and Potency of Medicines

Our medicines aid the vital principle of the system and this dynamic force on one hand strengthens, collects and even creates those natural resources with which our system is equipped and endowed protecting from and destroying disease producing agents and their toxins, and creates unfavourable conditions for their growth; and on the other, the vital force gives impetus to the work of repairs and aids in the process of compensation of losses. Our medicines do not directly kill the parasites, etc., which is unnatural and hazardous method and therefore against our system of medicine.

When there is a very great number of disease producing agents or parasites etc. in the plasma, a condition of negative chemiotaxis sets in and sufficient time and energy is required to overcome the condition. Repeated doses of low potencies or very high potencies should be administered in such conditions. But aggravations of medicines must be avoided in such circumstances.

When the malarial parasites perceive unfavourable conditions in the blood, they, after passing

trophozoit stage, do not pass into schizont changes but prefer to develop into male and female sexual cells (gametocytes) to conserve their existence (see parasites cycle in man). Their process of changes (trophozoit to schizont) takes place in 6 to 3 hours before the appearance of chill or fever and a strong stroke at this time compels the surviving trophozoits to turn into gametocytes instead of schizonts. These conclusions have been drawn from my experiments and experience of the effects of medicines in the treatment of malaria and also from the experiments of Protozoologists.

In plain words it is best to administer the medicine during apyrexia or when the temperature is normal or below normal. After several years of experiments the following method has been found to be the most successful. Administer 3 doses; the first just when the temperature reaches below normal or about normal, the second 5 hours and the third 2 hours before the time of chill. If there are some complications or some very troublesome symptoms during paroxysm, indicated medicine in low potency can be given.

Potency. Low potencies have proved unsuccessful in my hands except in continued type of malarial fevers. I could check the fever and cure a very small percentage of patients with low potencies. Only

middle and high potencies have proved successful. In intermittent, quotidian or quartan type of fevers which are exhibited in paroxysms, the force of a high potency even, is spent up in a few hours. A simple experiment will lead you to this conclusion. Divide your malarial patients into three groups. In the first group administer only one dose of some high potency to every patient, in the second 2 doses and in the third 3 doses of the same potency at some interval between paroxysms. You will find that the percentage of cure in a relatively short time is the highest in the third group in which more than two doses of some high potency were administered to each patient. Administration of high potencies in repeated doses is not a fast rule in my hands. It depends upon the nature, habits and surroundings of the patients and the severity of the disease. To check fever and cure malaria, I repeat 2 to 3 doses of middle or high potencies within 24 hours (during the stage of apyrexia) in about 50 p. c. of my malarial cases.

Some practical points that I have observed in the treatment of malaria which are noted below may prove useful:—

1. Malarial fevers of continued type which do not touch the normal point as the lowest temperature can be easily controlled with the indicated medicine given frequently in low potencies.

2. Fevers which denote marked periodicity and rise above normal with or without chill at some particular hours can be easily controlled and checked with repeated doses of indicated medicines given in *high potencies*.

3. Higher potencies should better be employed during apyrexia. When the temperature has gone above normal, high potencies sometimes cause troublesome aggravation in malarial fevers specially which have marked periodicity.

4. Fevers which attack on alternate days, or have some special time of attack, or jump suddenly with or without chill can be checked easily with high potencies only. Indicated medicines in such potencies as 1,000 and above should be given in minute and repeated doses, the last dose falling 2 hours before the time of fever, e. g., half minimum of 10 m. potency of some medicine in 3 doses, at some suitable intervals (dry on tongue).

5. When the temperature touches its lowest point after reaching its highest point, the first dose of an indicated medicine in high potency should be administered and the last dose should be given at least 2 hours before the time when the temperature goes above its lowest level, e. g., the temperature of a patient rises above 98° F. from 5 p. m. and reaches 104°, the highest at 7 p. m., and again touches the lowest level of 98° F. or so

at 2 a. m. (following night) then at this time or an hour later, the first dose in high potency should be administered and the last dose should be given at 3 p. m. (next day evening) provided the temperature is at its lowest level or a bit higher.

6. According to the intensity of disease and power of reaction of the patient, medicines in different high potencies are needed and in many cases repeated doses of high potencies are required to check the fever. When the medicine is right, repeated doses in high potency should be given without hesitation, *if required*. You will find that the fever which could not be checked with one dose of 10 m. was stopped next time with 2 or 3 doses of the same potency. (Always repeat in minute quantities, say 3 small globules a dose or so).

7. In some cases the fever attacks a few hours before or after the time at which it usually appeared. In such cases the attack will be milder provided the medicine was right and symptoms will denote the same medicine as already given or some complimentary medicine will be indicated.

8. To effect a cure and to check the further recurrence of fever, the treatment should be continued after the fever has stopped. The patient should be advised to use mosquito-curtain, to avoid all

worries, strain and other things detrimental to health, specially cold, damp, etc.

Abuse of Quinine. Cases spoiled by quinine and China, readily yield to homœopathic treatment. Arsenic, Ipec., Nat. Mur., are the chief medicines that are frequently indicated in such cases. Carbo. V., Ced., Eucal., Ferr., and Puls. are other important medicines that may be needed. (See chapter on quinine).

PROPHYLAXIS

Tea, coffee, alcohol, quinine etc. are some of the toxic products recommended and prescribed as prophylaxis against malaria by the old school. Homœpathists are after eradication of toxin from the system and they can never dream of such things. They use potentized drugs, and toxin matter has no entry through their medicines. A Homœopathist tries to strengthen the vital force and to remove the constitutional defects of individuals with the aid of such medicines as have special homœopathic relation (relation of similia) with the season, climate, circumstances, generalities, peculiarities of the individuals and the characterstics of the disease against which protection is sought. Such medicines can be termed as prophylactic medicines.

For protection against malaria, the homœopathic doctor will prescribe Nat. Sulph. to one patient,

Calcaria to the other, Psorinum to the third, Malaria Off. or Plasmodium to the fourth and so on according to the need of the individual. A brief account of some of the prophylactic medicines is given below:-

1. **Aranea Diadema.** It is beneficial to the patients of nervous temperament who are very chilly, susceptible to damp atmosphere and malarial infection.

2. **Cluex Musca.** It is another nosode used as prophylactic against mosquito bite. Vertigo on blowing nose is the characterstic of this medicine (Kent).

3. **Natrum Mur.** Anæmic, weak and tired persons of sallow and dirty complexion with low spirits and sad look, crack in the middle of the lower lip, greasy, oily and shiny appearance of the skin of the face require Nat. Mur. Its patient is chilly but always worse in the sun and hot weather and feels delighted after cool bathing. He is hungry without relish, craves salt and perspires on the face while eating. People living in damp regions or newly turned ground may require this salt. The hot season tells upon the health and deranges vitality of the patients who easily fall a prey to malaria owing to the poor condition of the blood and lowered vitality. Nat. Mur. works very satisfactorily as prophylactic in such cases.

4. **Nat. Sulph.** Hydræmia; flabby persons,

worse in damp weather, damp quarters, basements, near water and better in dry warm weather and open air. Bilious complaints and occasional loose bowels are other important symptoms to be taken into consideration for prescribing this medicine as prophylactic against malaria.

5. **Pulex Irritans.** This medicine was first introduced by Dr. W. A. Yingling in about 1893.' He and Dr. C. M. Boger recommend it to the persons who are prone to be bitten by mosquitoes. Mosquitoes do not like to bite the persons who are under the influence of this medicine because the skin of such persons emits an odor which is disagreeable to these insects. Fretful subjects with irritability of bowels and urinary organs, prone to be bitten by mosquitoes are splendidly benefited by this medicine.

6. **Tuberculinum.** History of repeated malarial attacks, anæmic, withered individuals with poor health, always suffering from one complaint or the other. It worked very satisfactorily when I prescribed it on the indication described by Dr. George Royal. He writes "You will find the ranking symptoms of tuberculinum to be the unexpected, uncommon symptoms of the group of remedies of scrofulous diathesis which have an elective affinity for the tissues which are most frequently attacked by t. b. c., e. g. all the symptoms of the t. b. c. group found under

Stannum are present except that the patient is very cheerful or all the symptoms of the throat are those of Phosphorous except that the hoarseness is ameliorated by talking and singing."

Other medicines like Psorinum, Calc., Malaria Off., Sulphur, Hepar Sulph., Silicea., Lyco., Sepia, etc., can be prescribed as prophylactics against malaria.

Mosquito curtain is a boon in malarial districts and its use is one of the best preventive measures against malaria.

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CHAPTER II

Homœopathic Therapeutics of Malaria.

PODOPHYLUM

Time of chill or fever: 6 to 8 A. M.

Differentiate it from:—China, Chel., Eup. Perf.

Chief differentiating points:—*Great loquacity during fever (Lach); foul, putrid and bad taste*—not bitter, though a bilious medicine. All of the above three medicines have bitter taste and none of them has such loquacity during fever. *Sinking sensation in the abdomen and a feeling of constant urging to stool* (specially in a. m.).

Chill: 7 a. m. (majority of cases). During chill pain in *joints* and back.

Fever: *Tertian*, Quotidian, *Quartan.*

Sweat: Generally there is profuse sweat when the fever abates and many patients *fall asleep.*

It is a good medicine for malaria. Its patient is sluggish and depressed, has bilious temperament and

is disposed to liver disorders. *Jaundice after malaria.* Its cases are generally more frequent when the monsoons set in earlier and in early months of rainy season.

Mind: Delirious and **loquacious** during fever, forgetfulness afterwards of all that has passed (A. Pulford).

Mouth and Tongue: Tongue white coated, broad, flabby and moist. Taste foul, putrid and bad.

Stomach and Abdomen: Nausea and vomiting of contents of stomach; vomiting of hot frothy matter, thick green bile of sour taste. Desire for sour things but they disagree. Loss of appetite; sometimes smell of food causes loathing. Enlarged and painful liver, *relief by rubbing over the region.* Early morning painless watery diarrhœa; gurgling in bowels and urging to stool. Diarrhœa stops in forenoon. Constipation: stools large, clay coloured with prolapsus ani. Constipation and diarrhœa alternate; abdomen distended, moving flatus etc. Thirst for large quantities of water in early morning. Sensations of hollowness, of sinking and prolapse of intestines and uterus.

Extremities: Pain in knee joints, ankle joints, wrist joints and hypochondrial region during chill and sometimes during fever also.

Administration of Medicine: During fever 3rd potency if constipation and 30th if loose bowels. One dose of

200th just after the fever has abated and another dose of the same strength about 4 hours before the attack of chill should be given. In 90 per cent of cases there would be no return of fever.

Chelidonium Majus

Time of chill or fever: 4 A. M., 6 to 8 A. M., 4 P. M.

Differentiate it from: Podoph. and Eupt. Perf.

Chief differentiating points: The patient is very lazy. *His vomiting is relieved by drinking hot water and he prefers to quench his thirst with it (cold drinks aggravate). Right sided headache* and sometimes pain under the lower and inner angle of right scapula are also present during fever.

Chill: Not predominant. Coldness of nape and occiput, cold fingertips.

Fever: *Tertian, Quotidian.* Neglected and suppressed cases with fluctuating temperature. Black water fever.

Sweat: Very little or no sweat.

This medicine is needed in chronic, mismanaged and neglected cases of malaria (bilious type) where the liver and gall-bladder troubles are prominent. Liver enlarged, soreness in the region of liver. Gall-

bladder obstruction. Pain in liver, going backwards and reaching right scapula or with a sensation of a string constricting the umbilical region. The spleen is also affected and there is sometimes stitching pain in it. Generally the fever begins without chill and in some cases there is slight chill but abates without sweat. In few cases it was observed that the fever in which Chel. was indicated commenced at about 4 p.m. Right sided headache and bilious vomitings are very troublesome during fever which are relieved by drinking hot water. Large, flabby, yellow coated tongue, bitter taste, *dark, yellow* and turbid urine are other important symptoms. The fever is generally quotidian and sometimes continued, coming to 99 F. or so in the noon or before mid-night. Its fever does not stop with the administration of a few doses if it is continued or quotidian but falls gradually with the improvement in liver, etc. Jaundice after Malaria. Black-water fever.

Respiratory disorders: hurried and short inspiration; spasmodic, loose, rattling cough. Pain in right chest.

Very low say 3rd or 6th power is found useful in cases with constipation (or high, 1,000 and above), while 30th or 200th is very helpfull in loose bowels.

Veratrum Album

Time of chill or fever: Morning—6 A. M. Night.

Differentiate it from : Ars., Camph., Cup., Elet., Tab.

Chief differentiating points: *Severe chill then cold sweat specially on forehend* (chill then sweat- Caust., Lyco., Rhus. and Thuja) *with marked coldness of the body; violent cramps in extremities; purging and vomiting at the same time; profuse discharges* (stools, vomitings) *attended with great exhaustion; rapid sinking of strength, cold body, cold sweat, collapse; convulsions* (tonic), spasms and *delirium during paroxyms*; *howls, screams, wails, curses, desires to cut and tear, sullen and indifferent.*

Chill, Fever and Sweat: Severe and shuddering chill with great thirst, vomiting, purging and marked coldness of the body, then cold sweat followed by heat and chill intermingled; now and then cold sweat on forehead. *All the three stages are intermingled; heat is not very marked;* sometimes very profuse cold sweat on the upper half of the body specially on forehead; vomiting and purging during paroxyms. It is an excellent and reliable medicine for algid subtertian malaria when the brunt of infection falls upon the intestines. Profuse and frequent purging and vomiting, profuse cold sweat, cold body, thirst for

large quantities of cold water, cramps in extremities, suppression or retention of urine and extreme weakness present a picture resembling to Asiatic cholera but the abnormal temperature (in some cases, only rectal temperature), absence of rice water stools and specific parasites shall differentiate this malarial diarrhœa from true Asiatic cholera. Above symptoms and also obstinate constipation in some cases with very severe colic, swollen or bloated abdomen, intense thirst, vomiting, profuse cold sweat specially on forehead and face, cold body, rapid sinking of strength with or without fever are strong indications of Verat. A.

Purging and vomiting at the same time, vomiting of *frothy matter,* ingesta, bile, *yellow-green mucous,* profuse vomiting agg. by drinking water and motion; profuse, frequent, greenish, blackish, bilious, watery stools, rice water stools, involuntary stools; severe pinching colic before stools, great exhaustion and prostration after vomiting and purging. Collapse. Craving for large quantity of cold water, fruits and acidy things.

Coma, *cyncope,* spasms, **cramps and convulsions. Tonic,** epileptiform convulsions with *unconsciousness, stiffness; contracted pupils and eye balls turned upwards.* 30th and 200th potencies work satisfactorily.

Eupatorium Perf.

Time of chill or fever: 7 to 9 A. M.

Differentiate it from: Chel. and Nux Vom.

Chief differentiating points: **Great aching pains** *in bones as if broken, especially of extremities and soreness of flashy parts;* great thirst *before* chill and during fever (no thirst during chill); vomiting of bitter, *green* and yellow bile in large quantities after drinking water.

Chill: Great chill, shuddering; chill waves in whole back; *lips and nails become blue.* No thirst during chill. Chill with nausea and vomiting.

Fever: *Tertian,* quotidian. High fever and burning heat.

Sweat: *No sweat.* Sometimes very scanty sweat when the fever abates.

Its *characteristic pains, great thirst before chill and during fever,* vomiting *of large quantities of watery greenish bitter bile which relieves are important symptoms.* Drinking large quantities of water and soon vomiting it out. Severe headache and backache during fever. *Restlessness,* bitter taste, yellow coated tongue, cracked corners of mouth, dark-brown scanty urine, soreness in region of liver on vomiting or even moving; vomiting very troublesome; distended abdomen and pale skin are other guiding symptoms of the medicine.

It is one of the best medicines for bilious malarial fevers. Its fever always begins with chill and generally abates without sweat. Always use low potencies during fever. Two doses of 200th, one just after the fall of temperature to normal and the other, 4 hours before the time of chill will surely stop the return of fever. I have been successful in cent per cent cases of this medicine.

Nux Vomica

Time of chill or fever: 8 to 11 A. M. & 9 to 12 P. M.

Differentiate it from: Alastonia, Eup. Perf., Nat. Mur., and Ars.

Chief differentiating points: Gastric symptoms. **Least exposure during fever causes chill** *and other disorders,* wants to be covered, air disagrees (fan or direct gush of air); fretful and excitable temperament; *peculiar coating of tongue*, its forepart is clean and the coating increases gradually towards the inner side and the posterior and last part is thickly white or yellowish coated (differentiate it from Nat. Phos. in which the coating is yellow and creamy and the back part of the roof of mouth is also coated).

Chill: Most predominant. *Great chill and shuddering ; lips and nails become blue.* Covering and warmth does not relieve but *uncovering aggravates.* Prolonged chill. Sometimes the chill is not very severe but exposure and uncovering always aggravate the sensation of chill.

Fever: *Quotidian. Tertian.* High fever. Sub-tertian malaria. Fever and chill mingled, hot dry skin and sensation of chill internally.

Sweat: Generally there is no sweat but in few cases there is scanty and sour sweat on one side of the body attended with thirst.

Nux Vomica when indicated is a sure medicine for malaria. There are gastric disorders a few days before the attack of malarial fever. In most of the cases the bowels are constipated rather than loose. A diminished appetite, sour or *bitter* taste and *nausea* in the morning; fulness and weight in stomach; region of stomach sensitive to pressure; good appetite a day before the attack of fever are the chief gastric disturbances met in malarial cases. A large number of the cases coming from Ayur-vedic and Unani treatments exhibit clear indications for Nux. High temperature, dry skin, yawning and stretching, red face, congestion of head, *headache and backache* relieved by pressure, *nausea and a little vomiting after great efforts, very sensitive to exposure and*

air, fever abating without sweat, much thirst, etc., are other guiding symptoms of the medicine.

In cerebral sub-tertian (malignant) malaria, Nux. V. is often indicated. There is *congestion of the brain along with digestive disorders.* It proves efficacious for head-ache, vertigo, confusion, ringing and hissing sounds in ears, spasms and convulsions brought on by noise or the *slightest touch, pressure or exposure to draught of air*, and even for conditions of aphesia, hemiplegia, coma, etc., specially for persons who are habituated to eat much spices and take alcohol.

In about 50 per cent cases of Nux V. the chill and the fever appear between 9 and 10 A. M. Night fevers are met in about 30 per cent cases.

A few doses stop the recurrence of fever. Give it in low potencies (say 6th) during fever, specially in cases of constipation. One dose of 200th just after falling of the fever to normal and another dose of 1000th or 10m 3 hours and 6 hours respectively before the time of chill, will stop the return of fever in 90 per cent cases. In continued and malignant types of malarial fevers low potencies (upto 200th) can safely be employed. Very high potencies should be used with caution in such cases.

Natrum Muriaticum

Time of chill or fever: 9 A. M. to 12 Noon.

Differentiate it from: Alastonia, Nux Vom., Gels., Bapt., Cact. G., Ars., Sul.

Chief differentiating points: Constipation (differentiate it from the constipation of Nux V.); *oily and greasy face; crack in the middle of the lower lip* (if not actually cracked, a very marked furrow in the middle of the lower lip is always met in Nat. Mur. cases); tongue dry or frothy coated, edges covered with frothes. Fever blisters on the lips; during apyrexia *stitching pains about the liver; chill between 10 and 11 A. M. Fretful, gloomy, depressed; consolation aggravates.*

Chill: Prolonged chill; sometimes it continues for 3 and 4 hours though it is not so severe as that of Nux V., body cold during chill; chill waves radiate from feet, spine, stomach and hands. Thirst during chill.

Fever: *Tertian, Quotidian,* Quartan. High fever. Chronic obstinate cases where much quinine was used. *Malignant malarial fever with great destruction of blood.* Prolonged malarial fevers.

Sweat: *Headache, temperature* and all other troublesome symptoms are relieved by sweat though

the patient feels great weakness after it. In some irregular cases there is little sweat. Profuse perspiration; sour, weakning sweat; night sweats.

Nat. Mur. is one of the best medicines for malaria. It has wonderfully worked in cases where the Old School had exhausted all of its forces to no effect and was responsible for developing Malario-quinine cachexia.

Great thirst, severe *throbbing and hammering headache* and sometimes *great itching* over the whole body during fever, desire for fan and open air, enlarged spleen, *marked anæmia, sallow complexion, poor appetite, craving for salt* and bitter things; acid vomitings, vomiting of watery, stringy mucous or transparent slimy matter. Constipation. *Irritable and sad disposition*; *delirium with constipation and oily face* in high fever. Loquacious (Lach. Podo.), rambling talks, passionate outbrusts; some patients sing and dance during delirium; nettle rash during fever; drowsiness and sleepiness are other guiding symptoms in malarial cases. Deafness, facial neuralgia or enteralgia after abuse of quinine. It is a very reliable medicine and has saved many cases drifting towards tuberculosis. It is an excellent prophylactic agent and can also remove the disposition to Malaria.

It has worked very satisfactorily in sub-tertian malaria, specially of cerebral type. *Fever and*

epileptiform convulsions and froathing at the mouth. Vomiting, headache, sopor and stupor during fever. Delirium. Paralysis during and after malaria, specially after the abuse of quinine. Sensation of constriction in throat; *twitchings and noding of head forward involuntarily.*

Aphasia. Hiccough. Confusion. Absent minded, does not know what to say or says what he does not intend, cannot recall what he was about to write. Brain fag. Sad and gloomy. The post malarial troubles as *herpes zoster, jaundice, anasarca, dropsy,* other serous exudations (Apis), *hypertrophy of heart,* etc., attended with Nat. M. characteristics are often met.

Nat. Mur. should not be administered during fever except in its irregular, maltreated and malignant cases with high fever and delirium. In such cases 6th power in repeated and small doses is advisable. In malignant malaria middle potencies can also be employed during fever. A dose of 200th just after the temperature becoming normal, another dose after 12 hours on the day of apyrexia (in tertian), the third dose of the same strength 4 hours before the time of chill and the fourth dose in some obstinate cases, one hour before the time of chill on the third day, will stop the fever in 90 per cent cases. If the fever is daily only two doses of 200th, one when the tempera-

ture becomes normal and the other 2 hours before chill, are required. If the fever does not yield to this potency (only 10 per cent), 1,000th or higher potency in one or two doses should be employed. One dose of 1,000th potency should be administered when the temperature is normal and the other 3 hours before chill. Irregular, continued cases of Nat. Mur. where the temperature does not abate at all, but shows 99° F. or so the lowest, should be treated as chronic cases. One dose of 200th or 1000th may be administered at the lowest temperature. Medicine should not be repeated frequently in this case. The patient may need the other dose on the third or seventh days or even later.

Alastonia

Time of Chill or fever : 9 to 11 A.M.

It is one of the best medicines for the after-effects of malaria. **Anaemia (Ostrya Virgenica), great weakness,** *enlarged* **spleen** *and liver with loose bowels; dysentery after malaria;* bad taste, poor appetite and *a sensation of sinking in the abdomen* are characteristic symptoms of the medicine.

It can be used as a tonic in anæmia of malarial subjects whose bowels are loose and liver and spleen are at fault.

Gelsemium

Time of chill or fever: 11 A.M. to 2 P.M. and 4 to 9 P. M.

Differentiate it from: Alastonia, Bapt., Ars., and Nat. Mur.

Chief differentiating points: Thirstlessness, loose bowels (or regular bowels, no constipation). *Desire to be left alone and to lie still and quiet with half closed and often suffused eyes. Great shuddering and shivering;* flushed and *besotted appearance of the face. Aching, heaviness, weakness and soreness in limbs and back.*

Chill: Shuddering and shivering. Chill begins in hands and then runs up and down the back. Dumbague.

Fever: Quotidian, *Tertian.* Long heat stage, specially evening.

Sweat: Slight occasional moisture during fever. Gradual moderate sweats in the last stage of fever, relieving pains.

Although not more than 10 per cent cases of malaria need Gelsemium, yet no other medicine works for it. In a majority of cases the attacks of chill and fever were recorded in the noon while about 25 per cent cases had it in the evening from 4 to 9 P. M.

During fever the face is flushed, pupils are dilated and eyes half closed with dull sensorium and sometimes unconsciousness in high fever. The patient does not want to talk, desires to be alone and lie still and quiet. *He micturates large quantities of light pale,* clear urine, *which relieves.* The bowels are loose or regular (not constipated). It is a good medicine for post-malarial paralysis. It proves quite efficacious and it is often indicated in malignant malaria. When indicated it proves very useful for *paresis of throat*, anus and bladder. It is sometimes indicated in *heart troubles.* There is great soreness in the region of heart which threatens to stop and the patient *must move to relieve the sensation.* Temperature with confusion, *dullness, drowsiness, even coma, sopor and unconsciousness. Apoplectic fits.* Double vision, *heavy drooping eye lids, heavy tongue;* weak extremities, specially knees; unsteady, tottering gait, etc. are important symptoms which call for this medicine. This medicine can be administered during fever but to stop the attack give it in 3X power every hour or two before the attack of fever. Five doses are sufficient to check the fever.

Baptisia Tin.

Time of chill or fever : 11 A.M. to 12 Noon.

Differentiate it from : Ars., Cact. G., Gels., Nat. M., Sul.

Chief differentiating points : *Putrid secretions.* Peculiar tongue—cracked surface, *yellowish brown coating with red shining edges;* dry tongue. Great and rapid prostration; *low-delirium, patient feels that his parts are scattered and tries to put together his scattered limbs;* unconscious during high fever; *cannot swallow solid foods. Loose bowels.* Dusky, besotted countenance.

Chill : At 11 A. M. Chill with rheumatic pains. Aching, heaviness and soreness of the whole body. Occasional chill during fever.

Fever : *Quotidian.* Malignant malarial and typho-malarial fevers. Chill and heat mingled.

Sweat : Profuse, fetid, without much relief; on the forehead and face.

It is a very reliable medicine for typho-malarial and malignant malarial fevers but it should not be prescribed empirically. Poisoned blood conditions, intestinal derangement, *fetid discharges*, great languor and prostration; confusion (Ac. Mur.; dull—Ech.; air hunger—Carbo. Veg.); dropped lower jaw (Mur. Ac.) and hyperpyrexia are other reliable guiding symptoms.

Its fever cannot be checked with the help of a few doses. It falls gradually and lower potencies show better effects.

Cactus Grandiflorus

Time of chill or fever: *11 A.M. and 11 P.M.*

Differentiate it from: Alastonia, Ars. Alb., Bapt., Nat. Mur., Nux. Vom.

Chief differentiating points: *Time of chill and fever;* during chill *red or flushed face and cold extremities;* congestion of head; *dyspnœa* and air hunger during fever; hæmorrhages; *sensations of contraction and constriction;* weak heart with blue face and lips; fear and distress.

Chill: Severe chill. Cold sensation in back; cold extremities; *congestion of head and flushed face;* chill every time *at the same hour—11 A. M. or P. M.* Chill waves during heat stage.

Fever: *Quotidian,* Tertian. Chill and heat mingled; *dyspnœa,* malignant malaria.

Sweat: Fever terminates in perspiration; cold sweats with great distress. *In malignant cases fever drops a few degrees after a cold sweat but soon rises again.*

Great congestion of head, violent pulsating and constricting pains in head, specially right sided headache, better by hard pressure; constricting and choking of the throat; *hæmorrhages* from *nose,*

throat, *lungs* or kidneys, intestines, bladder or even uterus; *cerebral malaria* with great congestion of head, very severe headache, convulsions, red flushed face becoming blue; bleeding from the nose, *cardiac incompetency,* rapid, short and irregular beats; congestion of the chest with great *oppression and awful dyspnœa;* unbearable headache or severe pain in heart with numbness, weakness and crawling sansation in left arm, *worse lying, specially lying on the left side. Congestion, hœmorrhages, contraction and constriction, air hunger, dyspnœa and its periodicity are valuable symptoms in malarial fevers.*

Cases have been cured with 6 X to 200th potency. Give four or five doses of the medicine in low potency at suitable intervals and the first dose should be administered immediately after the termination of the fever. If needed it can also be administered during fever.

Sulphur

Time of chill or fever : Morning; *noon*—about 11 A. M.; evening; midnight—11-12 P.M.

Differentiate it from : Cact. G., Nat. M., Puls.

Chief differentiating points ; *The sulphur patient has a strong desire for open air but he cannot stand cold nor can he bear heat; psorics* (See Hahnemann's

Chronic Diseases) *with stooped shoulders*; lank, T. B. diathesis; *dirty*, *filthy*; bath does not prove refreshing but *aggravates the troubles; burning*, *empty and all-gone sensations; violent burning*, *dry heat* in fever; **very high temperature.**

Chill : Creeping chill, frequent sensation of chill during fever.

Fever : *Quotidian*, tertian, remittent—7 days fever.

Sweat : On single parts; on occiput and nape of neck; profuse sweat, night sweat.

The low stricken down constitutions, the emaciated subjects that have inherited phthisis, who have the all-gone hungry feeling in the stomach, heat on the top of head and uneasiness from the warmth of bed require this medicine (Kent). It has saved patients from the jaws of tuberculosis, when there was not yet too much deposit of tubercle and there was only beginning of the T. B. deposit; bronchitis, then bloody expectoration and even bleeding from the lungs and threatening phthisis (Aur. Sul.). Chronic otorrhœa (specially in children); history of skin diseases (eruptions, itching) in rundown constitutions. There is slow repair and a slow tired economy and order is not restored after the acute diseases (Kent). *Patients fall prey to malaria before they fully convalesce after typhoid or some other acute disease.*

Liver congested and engorged during malaria. Jaundice. Enlarged, hard, indurated and painful liver with a history of malaria. Periodic attacks of gall-stone colic after malaria.

Herpes Zoster or shingles during or after malaria (Ars., Ced., Merc., Puls., Ran. B., Rhus., Sil.). Dirty face, red lips, red tip of tongue, undressed and uncut hair, careless about dress and does not mind if the things in drawing room or study are not placed in order.

In very high fevers low potencies (6X to 30th) administered frequently give better results.

Arsenicum Alb.

Time of chill or fever : 12 Noon to 2 P. M. and Midnight to 3 A. M.

Differentiate it from : Bapt., Chin. A., Ferr-phos., Gels., Rhus., Nux.

Chief differentiating points : *Great restlessness* (even during coma); fear of death; *peculiar thirst*, drinks very frequently but little at a time; *relief from warmth*, dry hot applications, *covering, hot drinks and food* (except headache). *Irritation of stomach and bowels. Debilitating sweats. Burning pains and sensations, anxiety, despair, sadness,* fretfulness, *weakness.*

Chill, Fever and Sweat : Its fever is very irregular. It may begin with sweat followed by heat or chill and heat alternate with occasional debilitating profuse sweats. Tertian and Quotidian fevers with marked periodicity. Fever returns every 14th day. Malignant malarial fevers. Coma. Delirium. The fever of Arsenic attacks more in the night than in the day. Its marked periodicity—the attack of fever and chill from 12 to 3 in the night and 12 to 1 in the noon on alternate days, on every 14th day or yearly is the prominent symptom of this medicine in malarial fevers. Great and sometimes sudden weakness, anæmia, lack of red corpuscles; cold and clammy sweat on the whole body; much burning and soreness in abdomen; its peculiar thirst; red tongue; vomitings of bile, mucous and blood with anguish and fear of death; short breath, *enlarged liver* and **spleen**; pale, puffy swellings; albuminous urine, dropsy during and after malaria are other important symptoms of the medicine met in this disease.

Repeated doses in 30th power upto 2 hours before the time of attack or two doses in 200th, one just after the temperature reaches normal and the other 4 hours before the time of attack are quite sufficient to check the fever. The medicine can be administered during fever but only a few doses should be given. High potencies show better results.

Malaria Officinalis

Time of chill or fever : Morning, *Noon.*

Differentiate it from : Ars., Bry., Chel., Eup. Perf., Rhus.

Chief differentiating points : Malarial fevers as an effect of *wetting and living in damp places,* after floods and very heavy rains (Dulc., Nat. Sulph.). *Tired feeling and sensations of aching and weariness* (Gels., Ruta), *sensations of coldness and creeping chills ascending over body from legs. Nausea, white coated tongue, with good appetite.*

Chill : Sensation of chill in left forearm, hand and fingers. Cold feet with sensations of creeping chills over legs and body. Hot face and head during chill.

Fever : Tertian, quotidian, quartan.

Sweat : Scanty sweats.

Dr. G. W. Bowen discovered this medicine in 1862. Some prominent doctors claim it to be the best anti-dote to the malarial poison. Chronic malaria, repeated attacks of ague with rheumatic pains and disorders of liver and spleen often require this medicine. It is an excellent prophylactic medicine against malaria *in rheumatic and consumptive constitutions.* Rheumatism, gout and paralysis of malarial origin have been successfully treated with this medicine.

Nausea, vomiting of bile, retching, *morning diarrhœa* or constipation, *thickly white coated tongue, thirst for large quantities of water,* increased saliva *but good appetite* are some of its important symptoms of digestive organs.

There are disorders of liver, specially enlarged liver and spleen, pain in liver region and under right scapula (Chel.) which is worse on lying down and better by hard pressure. Hæmorrhoids, *scanty, pale urine*, pale skin, pale eyes; *weariness, aching, tired and numb feeling in muscles and limbs are other important symptoms.*

Chinimum Ars.

Time of chill or fever: Forenoon, noon, **afternoon** and evening.

Differentiate it from : Ars., China, Nux.

Chief differentiating points : *Prostration,* weakness and *emaciation;* aggravation from *motion*, **cold in general**—sensitive to cold, complaints worse in cold, from becoming cold, cold windy weather. Amelioration from warmth of stove, warm drink, covering, warm room but wants to be uncovered during fever; *neuralgia and severe pains* ameliorated by sweating; *periodicity*—fever, chill or other complaints

return at the regular time; all the three stages of chill, heat and sweat are present; hæmorrhages, *debilitating diarrhœa* and sweat; *restlessness.*

Chill : Shaking chill, warmth ameliorates the severity of chill; chill waves in heat stage; sometimes little chill when the fever attacks in the evening.

Fever : Quotidian; tertian, remittent, chronic and malignant malaria.

Sweat : *Profuse, cold,* following fever; all pains are ameliorated when the sweat sets in after fever. *Patients feel great weakness after sweat; great thirst during perspiration;* sometimes the sweat stains the linen yellow.

This medicine produces fever and prostration and has been proved very useful for weak, anæmic prostrated patients who suffer repeatedly from severe malarial fevers. Patients, very weak and run down *due to the loss of some animal fluid* as diarrhœa and hæmorrhages *and prone to develop malarial fevers if exposed to damp, cold weather* are splendidly benefited with this medicine.

Cold, pale, anæmic, emaciated people suffering from *severe neuralgic pains* in head, face, teeth and joints appearing at regular intervals require this medicine when other symptoms also tally. *All complaints are ameliorated by warmth,* sweat also ameliorates

pains but the weakness is increased. *Intermittent or quotidian high fevers with delirium at night; patient sees hideous images and ghosts; frightful dreams during sleep. Impatience, hopelessness, sadness, restlessness;* suffering and moaning during chill and fever and great debility during and after sweats. *Noises in ears—buzzing, humming, ringing, roaring; hearing impaired.*

Weeping; weary of life, suicidal disposition, desires to lie or sit in silence and solitude; over-sensitive and sentimental—Kent. Bitter, bad taste; diminished or *ravenous* appetite, aversion to *meat and cannot digest eggs and fish;* vomiting, **chronic diarrhoea,** liver disorders.

It is also useful in malignant malaria when there is great cerebral congestion, sensation of heat in head; head feels too full, vertigo worse looking up; *severe darting pains in head, convulsions in right side of neck and arm. Lies in bed in a state of torpor, insensibility and stupefaction. Epistaxis, hæmorrhages from the lungs. Cold hands, feet and cold knees.* Gangrenous inflammation of the throat. *Great prostration with œdema of the face and legs.*

3 X during fever and high, say 1,000 or above, just after sweat prove efficacious.

Ferr. Phos.

Time of Chill or fever : 12½ Noon to 1½ P. M.

Differentiate it from : Ars. and Lachesis.

Chief differentiating points : Vomiting of food during fever; quick rise of temperature to its maximum. *Inflammatory and catarrhal symptoms* (of throat, chest and stomach). *Chill every day at 1 P. M.*

Chill : Chill and heat intermingled; quick pulse; pain in the body.

Fever : High fever rising rapidly, vomiting of food during fever. *Flushed face.* Continued fever.

Sweat : Cold and profuse sweats during night. Sweats on the extremities and back. The sweats are not debilitating.

This medicine is found very beneficial in quotidian or tertian malarial fevers complicated with catarrhal and inflammatory symptoms of the throat and respiratory system. *In a very large percentage the rigor and heat begin at 1 P. M.*

High temperature, relief from cool and open air; quick pulse; headache; *flushed face*; vomiting of food, prefers to drink cold water which relieves; sore throat, sometimes bronchitis with malarial fevers in children or some other respiratory disorders of inflammatory type are found in malarial fevers of Ferr. Phos. It is a good medicine for inflammatory

tic-doulaureux during or after malarial fever. It is often helpful in pernicious anæmia due to malaria.

During fever use 6 X power of the medicine. *Two doses of 200th* or 1000th power given about 6 hours apart, one just after fever and the other two hours before the time of chill (one at 5 A. M. and the other at 11 A.M.) will stop the attack of fever.

Lachesis

Time of chill or fever: 2—4 P. M.

Differentiate it from: Ferr. Phos., Clac. C., Lyco.

Chief differentiating points: During chill and fever great *pain in lower extremities; feet icy cold during chill*; hot perspiration throughout fever stage; delirium, **loquacious** during fever; great depression and prostration next morning after fever. Liver very sensitive to pressure. Aggravation after sleep and heat in general; often suffocates on dropping to sleep.

Chill: At 2 P. M. Chill in back and lower legs.

Fever and Sweat: High fever; *hot flushes*; occasional hot sweats throughout fever; sometimes bloody sweats in serious cases.

Lachesis is needed in malignant and serious cases of malaria. *Black-water fever* after the misuse of quinine.

Chronic, neglected and maltreated cases coming from old school poisoned with quinine and drifting towards T. B. have been helped and cured by this medicine. It is equally efficacious in acute and chronic cases.

Enlarged liver and spleen, very painful to pressure and even touch, tenderness at the pit of stomach ; tympanitic abdomen; offensive stools ; sore and very painful throat, worse on the left side and very painful to touch and pressure ; neuralgic headache extending to the root of the nose and sometimes to eyes and face, *agg.* in the morning, after sleep and during fever. Sensation of pressure and burning at the crown of head is also met in many cases. Malignant Malaria. Epistaxis, hæmorrhage —blood dark and thick, disorganised blood ; purple and dark red spots on the body; purpura hæmorrhagica; swollen and puffed face; sometimes apoplectic seizures; sinking of strength, fainting, vertigo; dark red or sometimes black urine, etc., are other acute and teasing symptoms found in chronic and maltreated or mlignant cases of malarial fevers. Chill at 2 P. M. is the index symptom of the medicine in malaria. Paralysis, specially of vocal cord during or after malaria. Epileptiform convulsions with troubles of throat; icy cold feet; creeping sensation in neck and spine during cerebral malaria, specially in subjects suffering from onanism indicate Lach.

30th potency during fever and 200th power before chill and during apyrexia is advisable. In chronic cases and where the vitality is low and the condition of the patient is precarious, only very high potencies can do some work.

Calcaria Carbonica

Time of chill or fever : 2—3 P. M.

Differentiate it from : Lach., Apis., Thuja.

Chief differentiating points: Its constitution. *The patient feels coldness and dampness in the feet and knees and actually they are colder to touch than the rest of the body.* **Sweats in the night, particularly on head, neck and chest.**

Chill : Sometimes very slight chill. Chill at 2 P. M., begins in the pit of stomach (Menyanthes). Chill and heat mixed.

Fever and Sweat: *Quotidian, Continued, Tertian.* Fever with occasional very light sweat on the upper body. *Night sweat appearing on head, neck and chest.*

Calcaria Carb. is needed in obstinate chronic malarial cases. It has dragged out many cases from the jaws of tuberculosis — cases spoiled by the

misuse of quinine or Ayurvedic and Unani drugging with the result that the quotidian or tertian fever becomes continued and sometimes assumes the shape of hectic fever. In damp regions acute malarial cases of Calc. C. are also frequent. It is an excellent medicine for epileptiform convulsions in cerebral malaria when its other characteristics are present. *Its constitution, disposition, peculiar partial sweats, coldness and dampness of lower extremities up to knee joints; its time of chill or rising of temperature are reliable characteristic symptoms in malarial fever.*

30th and 200th potencies are sufficeint in recent cases but for complicated, chronic *and obstinate* cases high potencies are necessary.

Apis Mellifica

Time of chill or fever : about 3 P. M.

Differentiate it from : Ars., Calc. C., Ced., China, Lach., Thuja and Puls.

Chief differentiating points : Thirstlessness during fever; modalities—worse in closed and warm room, from warm coverings even in chill stage, from radiated heat of stove or fire; better in cool and open air, cold room temperature, cold applications; *urine scanty and highly coloured; Œdematous swellings; urticaria.*

Chill : Shuddering *with thirst* for cold water; suffocation in warm and closed room; *shivers but does not like to be covered; chill 3 to 5 P.M.*

Fever : Quotidian, tertian; malignant malaria.

Sweat : Generally there is little or no sweat. Perspiration now and then during heat stage.

Thirstlessness during heat stage; aggravation from heat, warm room or covering, hot air, closed room; amelioration from cool, open air and cold applications; feeling of suffocation during heat stage especially in *closed room or on covering*; chill in the afternoon at *about 3 P. M.*; sensations of soreness and stiffness; *burning, stinging pains* (in throat or in eruptions of urticaria); *drowsiness or sleepiness* when the fever abates are important symptoms in malarial fevers.

It is also very useful in *malignant cerebral malaria* or when the heart or kidneys are involved. In addition to the symptoms noted above, *drowsiness, stupor, or even unconsciousness or coma;* short, sudden **cries or screams**; *rolling or boring of the head in pillow*; hot head; *squinting*; throat complications; sometimes vomiting and *convulsions* are its usual brain symptoms. In heart complications, *great soreness about the heart region*; weakness, *dyspnœa*; *scanty urine*; *stiffness of the abdomen walls* and œdema of the legs and feet are the chief symptoms.

Sometimes symptoms of nephritis are also met in malignant malaria. *Scanty urine of high colour loaded with casts;* sometimes profuse pale urine is also found. *Dropsy after malaria.*

Lower and middle potencies during fever and higher potencies just after fever and 4 hours before the time of chill should be employed to achieve good results.

3x to 200th potencies are sufficient in recent and acute cases but for complicated chronic cases high potencies are necessary.

Thuja O.

Time of chill or fever : 3—4 P. M. and 3 A.M.

Differentiate it from : Apis., Calc. C., Lach., Lyco., and Puls.

Chief differentiating points : Sycotic diathesis; *chill at 3 in the evening*; chill begins in thighs. Sweats on uncovered parts.

Chill, Fever and Sweat : Slight sweat just after chill ; chill and heat mixed. **Sweat on uncovered parts.** Chill begins in thighs. Flushes of heat. Dry heat of covered parts. Profuse sweat which has a peculiar odour of honey. If malarial symptoms appear in

sycotic patients and the chill or fever begin at about 3 P. M. or 3 A. M., then first attention should be paid to Thuja. *Cases of Thuja are more frequent towards the end of rainy season when the climate is cool and damp.*

30th potency during fever and 200th when the temperature is normal is advisable.

Pulsatilla N.

Time of chill or fever: Morning, after-noon, *evening* and late evening.

Differentiate it from : Apis., Gels., Lyco., Sul.

Chief differentiating points: *Intermittent fever coming on from disorders of stomach*—Kent (Ipec., Nux. V.); *hirstlessness during chill and heat stages*—Gels., Meny., Apis.; *distended veins during fever*, especially of extremities; *wants cool and open air ; seeks cold place*; *one sided heat*—upper right side ; *one sided sweat* (majority of cases); *aggravation by lying on right side ;* loss of appetite, nausea, headache and diarrhœa during apyrexia ; *gentle, yielding disposition but irritable and mistrustful ; indifferent, absent-minded and full of anxieties.*

Chill : Shivering, *creeping chills*—hand and feet; *chilliness throughout the paroxysm but warmth*

aggravates. Chill about 3 P. M.; *thirstlessness during chill;* chill with pains here and there in spots; chill twice daily—morning and evening. Vomiting during chill.

Fever: Tertian, quotidian. *One sided heat; external heat intolerable.*

Sweat: Profuse sweat, *one sided sweat.*

Anæmia during and after malaria. *Chilliness; fever and thirstlessness after quinine.* The patient is chilly but warmth *increases all of his troubles.* He is better in open air, low temperature, cold places; puts out his hands and feet from the covering—Sul. Thirstlessness throughout the paroxysm is nearly always met in malarial cases of this medicine. *One sided heat, one sided sweat, distended veins during fever are its important symptoms. There are disorders of digestive organs*—mucous vomiting, diarrhœa or constipation. The patient has aversion to meat and fatty food—butter, milk, pork, etc. Bread tastes bitter and therefore it is refused. Desire for sour and refreshing things; often desire for lemonade, pungent things, juicy things and highly seasoned preparations. *Dryness of mouth with thirstlessness. Duodenal catarrh, jaundice and diarrhœa after the use of iron and quinine.*

Middle and high potencies show better results. High potencies should be used with caution during pregnancy.

Lycopodium

Time of chill or fever : 4 to 8 P.M.

Differentiate it from : Ced., Chel., China, Merc., Sepia, Tub. Bov.

Chief differentiating points : *Red sand-like sediment* in the urine, *urine fiery, very highly coloured and in small quantity during fever*; *thin patient with withered and emaciated face (specially chronic cases). Sweat just after chill ;* sour acidy eructations and sour vomitings; *general dryness.* **Chill 4 to 8 P.M.** *Constipation.* Full of gas.

Chill : At 4 P. M., shaking chill and coldness of the body ; in old and maltreated cases there is slight or no chill sometimes. Chill followed by slight sweat.

Fever : *Tertain, quotidian,* continued. *Fever preceded by sweat.* Dry heat. High fever.

Sweat : Just after chill, followed by thirst and heat. In chronic, neglected and continued malarial fevers of Lyco., sweat appears before the temperature begins to rise to reach its usual height

Lycopodium is one of the three great antipsoric medicines. It has cured the inveterate and neglected malarial cases and has the power to remove the

disposition to malaria. The patient is irritable and haughty; *does not like to be covered*; fan like motion of the alæ nasi is another prominent symptom of this medicine in high fever. (In respiratory trouble also). In maltreated quotidian type of malarial fevers, the mental symptoms, specially in children are very prominent They are very cross and irritable, cry, kick off clothes (if covered), would not allow doctor to examine them, disturbed sleep, startle up now and then and begin crying (Ant. C., Apis., Bry., Cham., etc., should be differentiated).

Mal-nutrition, gastric disorders, constipation or in some cases early morning diarrhœa, *enormous quantity of wind in stomach and abdomen* which is formed during or soon after eating, specially after eating coarse, starchy foods, cold foods and in some cases when the patient is mentally tired. He is relieved by belching, walking slowly, and by free movements of bowels. Acid dyspepsia. Liver troubles, specially enlargement of liver after or during malaria, sometimes gall duct obstruction; urine fiery, highly coloured and in small quantity. Black water fever; scanty, very highly coloured urine; evening aggravation with other characteristics.

Anæmia, reduced weight and poor blood. The patient looks older than he is; pale, dirty and dry skin; dry throat in the morning, *general dryness* are other important symptoms found in the medicine.

It is sometimes indicated in malignant cerebral malaria with aphasia specially for the confusion of thoughts, difficult comprehension, even lost memory, etc.

Use 30th during fever and 200th, 1,000th or higher as may be the case, in normal temperature or when the temperature is the lowest. 200th can also be employed during fever.

China off.

Time of chill or fever: 5 P.M. to 7 P.M. and 5 A.M.

Diffrerentiate it from: Lyco., Cedron, Ipe., Sepia.

Chief differentiating points: *All stages of malarial fevers are fully developed and marked,* first chill, then fever, then sweat; *marked periodicity and intermittency*; *the patient well anticipates the attack*; *there is great thirst and headache in temples a few hours before the chill.* Night exhausting sweats. *Bowels are loose or regular.*

Chill: Cold extremities, chill over the whole body, hot face and cold body; no thirst during chill; thirst, headache, and anxiety before chill. Chill in breast.

Fever: TERTIAN, quotidian, *weekly.* During fever there is again great thirst, dry mouth, roaring and ringing in ears, headache and pain in limbs and bones better by hard pressure, hot and sometimes red face. High fever, nausea.

Sweat: Debilitating profuse night sweats, generally in the last part of night. Thirst with sweat, sweat when the temperature falls; patient covers his body and goes to sleep. Sweats soon after covering and sleeping.

China is a reliable and curative medicine for malarial fevers, but it is indicated in hardly fifteen cases out of hundred and it would be very harmful and useless to prescribe it empirically.

Troublesome throbbing headache, vertigo, headache in temples before chill; epistaxis during or after fever, specially towards evening. Cerebral malaria. Ringing and roaring in ears, sense of dryness and great thirst during fever. Toothache after malarial fevers, better by pressing teeth firmly. Neuralgia and severe colic with periodicity; agg. from fruit juices and milk.

Bitter taste, hungry but eating gives trouble, food taste too salty (sepia). Flatulency, loose bowels, worse drinking *milk* and *eating fruits* Belching does not relieve flatulency. *Liver and spleen* swollen,

painful and enlarged. Jaundice after malaria. Periodicity, intermittency; great weakness, anæmia specially after profuse discharges of animal fluids; hæmorrhagic diathesis; gall-colic after or during malaria are other valuable symptoms. It is better to give this medicine after fever and on the day of apyrexia in high potencies.

Tuberculinum Bovinum

Time of chill or fever: Noon; 5 to 7 P. M.; 11 P. M.

Differentiate it from: Ars., China, Nat. Mur., Nux V., Rhus T.

Chief differentiating points: Sensitive to the changes of weather, specially *to cold and damp stormy weather* (Rhod., Rhus T.); *Cough before chill* (Rhus.); *wants to be covered during all stages of fever—uncovering causes chill—but requires free inhalation of ample fresh open air;* **tubercular diathesis,** relapses of malarial fevers, well selected medicines fail to show desired effects; *weariness, weakness and anxiety in the evening, anguish and distress during night*; hopelessness; wants to go from place to place. *Emaciation.*

Chill: Chill at 5 P. M., 7 P. M., 11 P. M. *Very severe chill*, flushed face during chill, *dry cough before and during chill* (Rhus.). *Chill waves during heat and even sweat stage, slight uncovering causes chill; thirst during chill* and heat stage. Drawing pains in the limbs during chill. *Sometimes very slight chill.*

Fever: Tertian, quotidian, quartan, continued and relapsing fevers. Longs for open air but uncovering causes chill; vomiting; aching and drawing pains during fever. Thirst.

Sweat: Slight sweat now and then during fever. Profuse sweats, debilitating sweats.

Dr. Kent writes that one of the most important uses of this remedy is in intermittent fevers and it works splendidly when some of our most stubborn cases of intermittent fevers will relapse and continue relapsing even when such remedies as Silicea or Calcaria and other deeper acting medicines have been indicated, have acted well, have broken the fever, and in a few weeks, from exposure to cold, from sitting in draught, from becoming fatigued, from mental exertion, from over eating and from disordering stomach the ague has returned. In run-down constitutions where indicated medicine proves helpless in arresting the malarial paroxysms, this medicine increases the power of reaction and after

its administration other indicated medicines give desired effects. It has been clinically noted that it increases the leucocytes and the macrophages. It has drawing and aching pains which are ameliorated by motion (Pyrogen, Rhus T.) and warmth.

Constipation alternating with diarrhœa—gurgling, pasty liquid stools ; constipation, stools large and hard ; loss of appetite, aversion to meat and craving for cold milk and buttermilk.

Emaciation, weakness, history of tubercular inheritance, ringworm, repeated attacks of malaria and of changing symptoms where one medicine does not hold long, this nosode will help splendidly.

1,000th and higher potencies administered during apyrexia or at the lowest temperature work satisfactorily.

Pyrogen

Time of Chill and fever : Evening—7 P. M., night.

Differentiate it from : Arnica, Ars., Lyco., Rhus T.

Chief differentiating points : *Very rapid pulse but the temperature is not proportionately high ; very offensive discharges* (sweat, breath, stools);

loquacity during fever (Lach., Pod.); *hot profuse sweats, high temperature but sweating does not cause a fall in temperature. Amelioration from motion* (Rhus T.). *Great restlessness* (Ars.). Septic condition of blood from chronic malaria or due to very heavy infection.

Chill: 7 P. M. Violent chills; chill and heat intermingled. Pain in thigh during chills. Chill begins in back.

Fever and Sweat: High temperature, fever rises rapidly, profuse hot sweat during fever. Quotidian and continued fevers; fever after exposure to cold and damp weather.

It is a very reliable medicine for chronic and subtertian malaria where septic conditions are present. Threatening heartfailure with rapid pulse, sunken, pale face covered with cold sweat (Carbo. Veg.). It has the anxiety and restlessness of Ars., the relief from motion of Rhus Tox., the prostration and cold sweat of Carbo. Veg There are great aching and bruising pains in limbs and bones during chill and fever. Hæmorrhages—dark blood. The pains and agonies of chill are relieved by the warmth of bed and stove.

Fan-like motion of the alæ-nasi during high fever or respiratory disorders are also present in this

medicine (Lyco., Phos). Very offensive diarrhœa, stools often involuntary—colour blackish brown—or very obstinate constipation, sometimes complete inertia (Op.), offensive vomiting of coffee ground colour (Kres). Thirst but the water is vomited after some time (Phos.).

Middle and high potencies prove very useful.

Cedron

Time of chill or fever : 3 A. M. to 7 P. M.

Differentiate it from : Chin. A., China, Gels., Ipec., Lyco.

Chief differentiating points : *Clock like periodicity, exact at the same hour. Very severe frontal and temporal headache during fever* (Meny.). Malarial fever *during rainy season and in marshy, damp places.* Burning sensation in eyes during fever.

Chill : Exact at the same hour, specially in the *evening.* Nervous excitement before chill. Sometimes hysteric spasms and choreic movements during and before chill. Great pains in limbs and head.

Fever and Sweat : *Tertian* and *quotidian.* High fever. Rush of blood towards head, red eyes, very

severe headache, sometimes facial neuralgia. Profuse sweats, sometimes occasional little sweats during fever.

This is a very valuable medicine for malaria and its after effects as enlarged liver and spleen, facial neuralgia (Tic-douloureux), headache, toothache, anæmia, hysterical spasms and chorea. It is a good medicine for the abuse of quinine. It suits best to nervous patients living in marshy districts. The periodicity in every complaint as chill, fever, pains etc., is very marked. The bowels are generally loose or regular, no constipation. Try it in lower potencies.

Ipecacuanha

Time of chill or fever: 6 P.M. to 11 P.M.

Differentiate it from: Lyc., China, Nux Vom.

Chief differentiating points: *Persistent nausea*; *irregular fever*—all stages are mixed; *loose bowels (no constipation)*; *clean tongue.* Late evening fever. *Hæmorrhage* (bright red).

Chill, Fever and Sweat: All stages are mixed; generally the fever begins to rise first, then comes persistent nausea with headache, retching, waves of chill, long continued heat, chill waves and heat,

nausea, occasional very slight sweat; sweat, chill and fever all are mixed, but there is no profuse sweat and severe chill while the heat stage is long and severe. Generally the fever does not come to normal on the day of apyrexia but remains somewhere above normal and on the alternate days it runs high.

Ipecacuanha is another medicine for irregular and maltreated malarial fevers. Its gastric symptoms are very prominent, **persistent nausea** (Ostrya Verginica) *and retching with clean tongue*, little or no thirst, *loose bowels,* clutching pains *around navel* are important gastric symptoms. *Fever recurs due to the errors of diet. Malarial cases spoiled by the misuse of quinine*, can be restored to health by this medicine.

High fever, troublesome nausea and retching; occasional chill and sweat; headache, pain in the bones of skull; epistaxis and sometimes respiratory disorders are also found in the malarial cases of this medicine.

Malignant malaria with **persistent nausea**, headache, severe dysentery and bright red blood from intestines or cough and bleeding from lungs attended with great weakness, pale face and sweats on forehead (Carb. V.) indicate Ipec.

Middle potencies are advisable.

Mercurius

Time of chill or fever: Evening, night.

Differentiate it from: Chel., China, Lyco., Puls.

Chief differentiating points: Its *characteristic tongue*—flabby, swollen, imprints of teeth on edges, pale, mealy, wet surface; fetid odour from mouth; *copious flow of saliva*; *biliousness;* agg. cold damp or warm damp weather, *night, lying on right side, warmth of bed and coverings*; patient covers up because he feels cold, but when he becomes warm the complaints and pains are aggravated; worse while he *sweats.*

Chill and Fever: Merc. does not have a clear intermittent (Kent); *creeping chills*, chills in evening and night, *chills and heat alternate;* bilious fever; *quotidian,* tertian, remittent; malignant malaria.

Sweat: *Profuse sweats at night;* perspiration without relief, *the patient sweats copiously and his great sufferings are in the sweat;* cold, clammy, *oily, offensive* sweats; sweats stain linen yellow.

Hastiness, a hurried, restless, anxious, impulsive disposition (Kent). Bilious complaints during fever; constipation or slimy diarrhœa or severe dysentery of bloody stools; characteristic tongue, copious saliva-

tion; disordered stomach, vomiting; *sweets and milk disagree;* worse in damp cold or warm weather, *at night when sweating, lying on right side, becoming warm in bed, cold air.*

It is very useful in cerebral malaria where there appear *epileptiform fits; jerking, twitching and trembling; convulsions; unconsciousness with marked aggravation at night or from draught of cold air or on becoming warm in bed; œdematous swelling of feet.* It is a sure medicine for cerebral malaria when other symptoms also agree. Stitching pain in liver, *hard and enlarged liver after malaria; cirrhosis of liver and jaundice.*

30th and 200th powers during fever and higher just after the paroxysm.

Ignatia Ambra

Time of fever and chill: After midnight, morning, afternoon and evening.

Differentiate it from: Apis., Nat. M., Puls.

Chief differentiating points: *Thirst during chill* (Apis. and Tub. B.); *thirstlessness during heat stage* (Gels., Ipec., Puls., Apis., Meny.); *no sweat during or after fever; nervous excitement; one ear red and hot, the other pale and cold.*

Chill : Evening. *Great thirst during chill;* nausea, vomiting and colic during chill. Shivering chill.

Fever : *Tertian, quotidian.* Nettlerash during fever (Nat. M.). *Thirstlessness.*

Sweat : No sweat.

Great thirst for cold water during chill and thirstlessness during fever is a very important symptom of this medicine. The nettlerash which often appears during fever is aggravated in the open air and by the draughts of air but it is ameliorated by covering. White coated tongue with loss of appetite, sinking in stomach, relieved by taking deep breath. Hiccough, rumbling, flatulence and colic are other important gastric symytoms.

200th and higher potencies show better results.

Menyanthes

Time of chill and fever : Morning, **evening.**

Differentiate it from : Ars., Bell , Sepia, Spig., Sul.

Chief differentiating points : *A sort of white mist or film before the eyes* (Nat. M.). *Icy coldness*

of the hands and feet during chill and fever while head and body are hot. Spasmodic, cramplike neuralgic pains, frequent scanty urine specially in women. Severe headache associated with icy coldness of hands and feet. *Thirstlessness in all stages.*

Chill: Severe shuddering chills, *amelioration by the heat of stove.* Sensation of chill in fingers and back, *icy coldness of hands and feet*; *slow pulse; thirstlessness;* jerking, twitching, severe neuralgic and stitching pains during chill stage.

Fever: Intermittent, quotidian. *Thirstlessness, icy coldness of hands and feet,* severe neuralgic headache.

Sweat: Thirstlessness and slight perspiration now and then during heat stage.

Absence of thirst during all stages of paroxysm; severe chill, pains of tension and compression, spasmodic, jerking, stitching, benumbing, paralysing, severe neuralgic pains and twitchings are its very important symptoms Hot head, red face, hot body with cold hands and feet in fever are its strong indications.

Flatulence, pinching pains in abdomen, discomfort and heart trouble after eating, anxiety and pain of stitching nature in heart; constipation, bleeding piles

with stitching pains; thirstlessness, hunger, desire for meat; frequent scanty urine are other distinctive features.

Calcaria Ars.

Anxiety and sadness in evening, at night and during chill. Patient feels as if he is floating in the air.

I have used this medicine with great benefit in subjects of Calcarious constitution suffering from *anæmia, enlargement of liver and spleen* after and during acute or chronic malaria. It is sometimes indicated in sub-tertian malaria for convulsions, coma, profound paralytic weakness, palpitation with heat of face, violent headache, agg. towards evening, night and from least exertion. Kidneys are also congested in some cases Dropsy. Oedema of face, lids, temples, feet and hands. Scanty, burning urine containing albumen and casts. The medicine has special influence over *infants and women.* It is also much helpful in pernicious anæmia (Ostrya Verginica).

Ceanothus Am.

A remarkable remedy for the enlargement and inflammation of spleen in malaria. The spleen is

enormously enlarged and painful. Its patient is anæmic, has loose bowels, painful liver, and he cannot lie on the left side for a long time. The spleen is so troublesome that he cannot even run or jump. This medicine does little good to the subjects who have enlarged spleen with severe or habitual constipation (Nat. Mur.). Bronchitis and dyspnœa with profuse expectoration and enlarged spleen; sometimes profuse urine of green colour containing bile and sugar with enlarged spleen.

Natrum Sulph.

Time of chill or fever: Early morning or late evening

Differentiate it from: Ars, Ipc., Eup. Perf., Thuja., Rhus.

Chief differentiating points: Peculiar coating of the tongue—thick greenish brown or greenish grey, slimy coating. Bilious vomiting. Slimy, bitter taste. **Hydrogenoid constitution.** Agg: in damp, rainy season, use of water in any form, even the use of things that grow near water or require abundant water to grow and live as fish, water cress, etc., lying on left side.

Nat. Sulph. is a great anti-malarial medicine. When indicated, cures it readily and removes the disposition also. The so called *hydrogenoid constitution; biliousness,* bilious vomiting of greenish yellow water, bilious diarrhœa, bitter taste, bilious colic; headache and vertigo; *great restlessness*; liver disorders, its enlargement, irritability, etc., are other chief guiding symptoms of the medicine. All sorts of malarial fevers, quotidian, tertian, quartan and continued can be cured completely by this medicine when indicated.

Low potencies during fever and 200th or higher when the temperature is normal or the lowest are advisable.

Ammonium Picratum

It is a very useful medicine for neuralgic and colic pains of malarial origin. It has marked periodicity, pains return at regular hours. Very severe right sided neuralgic headaches, prosopalgia and enteralgia appearing during or after malaria have been successfully treated with this medicine.

Arnica Montana

Malarial fevers appearing or persisting after *mechanical shock, injury or concussion.* Remittent or quotidian malarial fevers, and *low fever states* with bruised soreness and weariness of the whole body. Sometimes *stupor* or unconciousness with hot head and cold body. Shivering chill with cold extremities. Restless, turning in bed because it feels too hard. Night sweats of sour odour. *Putrid* eructations and stools.

Azadirachta Indica

Rheumatic pains in back, shoulders, chest, ribs and extremities, aggravation in damp weather. *After noon malarial fevers,* heat severely felt in *lower extremities, hands and face* ; sweat *appears on upper part of the body* (Calc. C.).

Belladonna

This medicine is sometimes required for *cerebral malaria. Furious delirium or* unconsciousness *with convulsions, high fever without thirst,* flushed face, *rush of blood towards head,* throbbing carotids and *cold extremities* are some of its characteristic symptoms. (Consult materia).

Bryonia Alb.

This medicine is sometimes required for bilious remittent malarial fevers with *gastro-hepatic complications. The stitching, tearing, sharp pains, general aggravation from motion, amelioration from hard pressure or lying on painful side and thirst for large quantities of water are its chief characteristics.*

Chill with cold body. Chill felt on right side of the body and coming in the evening. It is felt more severely in a room than in open air. Profuse, sour or oily perspiration in the night (Bœnninghausen). Frequent short chills, chill and heat mingled. Great thirst for large quantities of water during fever, sensation of internal heat or it is felt severely on single parts. *Sharp stitching pains in the region of spleen. Tensive burning pains in liver. Sharp stitching pain now and then felt on* **motion**—coughing, taking deep breath, walking on uneven ground, etc. *Constipation, bitter taste, highly coloured scanty urine. It is very useful for liver and intestinal disorders after the use of calomel.*

Dr. C. Dunham writes, "I learned from observation that among the peasants residing in the Maremma, on the shores of the Mediterranean, north of the Poutine marshes, Bryonia commonly used as a remedy for the peculiar type of intermittent and remmittent fever which is endemic there."

Boletus Laricis

(Polyporus Off.)

Yawns and stretches during chill. Chill waves radiate from spine with severe aching pains in lumber region, shoulders and joints. Fever abates with profuse sweat in the night. *Quartan and tertian* fevers.

Camphor

It is an indispensable and efficacious medicine for some serious complications which sometimes arise in sub-tertian malaria. It is often required in *chill and sweat stages.*

Rapid sinking of strength, great mental agony, collapse—pale, livid, distorted, icy-cold face; *upper lip drawn up;* sometimes foams at mouth; *staring fixed and sunken eyes, dilated pupils*; *small, weak and slow pulse*; *icy cold body*; *unconsciousness, convulsions.* All these symptoms sometimes appear with chill, cold body, **desire to uncover or cold sweats** specially on upper parts; *icy coldness of whole body and* **dread of covering** (Sec. Cor.). Vomiting, nausea, exhausting diarrhœa—*not profuse;* retention of urine and cramps are other important symptoms (Cup. Ars., Verat. A.).

Camphor is indicated in algid malignant malaria when the disease in its acute stages takes sudden and serious turn which is most probably caused by the acute shock due to the sudden and extensive destruction of blood cells in chill stage or intestinal involvement with sub-tertian parasites.

Capsicum

Thirst before chill, *shivering chill on* **taking water**; chill commences in back, *aggravation in chill every time after* **drinking water** *and from gushes of air.* Amelioration by *applying heat* to the back. Very severe tearing neuralgic pains in back and limbs specially lower extremities; vertigo; during heat stage *dysenteric stools* with cutting pains in bowels and severe burning in anus; painful burning micturation and *constriction of chest, difficult breathing, dyspnœa.* Now and then sweats during fever; thirst during fever but *drinking of water causes chill* and sometimes shuddering. Bleeding piles.

Cimex

Pains in joints, **sensation of constriction of tendons** *and ham-strings specially of knee joints* which prevents legs from being easily extended (Am. M.). Severe right sided frontal headache. **Thirstlessness** *during paroxysm* (Apis., Gels., Ipec., Meny., Puls.). Constipation—dry hard balls. Intermittent fevers.

Elaterium

Elaterium is an efficacious medicine for malaria *with violent and persistent vomiting and purging.* It works satisfactorily when malarial fever and digestive disorders appear as a result **of working and living on damp ground.**

Yawning and stretching before and during chill stage. *Dark green or olive green*, watery, frothy stools. Vomiting of *greenish watery matter* with cutting pains in bowels and **squirting** *profuse and frequent diarrhœa during chill and fever.*

Severe neuralgic pains in hip-joints running down to fingers and toes. Mental and skin diseases (especially urticaria) from *suppressed malaria.*

Eucalyptus Globulus

Anæmic subjects suffering from malarial fevers *with dysentery and throat troubles* are splendidly benefited with this medicine.

Diarrhœa, watery stools with severe pains or dysentery with great tenesmus, mucous stools, *bloody stools*, burning in rectum; **haemorrhages.** *Inflamed throat*, burning and choking sensations, *inflamed, ulcerated and enlarged tonsils;* painful deglutition. *Catarrhal condition of the whole air passage*—nose, throat and bronchial tubes. Remittent or quotidian type of malarial fevers. *Catarrhal and hæmorrhagic diathesis.* Sometimes daily chills at 8-30 A. M. It removes the bad effects of quinine.

Ferrum Metallicum

Anæmia, paleness of mucous membranes, *pale face suddenly turning red specially on account of* **exertion, vexation and other emotions.** *Sanguine temperament.*

Chill at 4 A.M. Flushed face and hot head during chill. *Rheumatic and neuralgic pains during paroxysms*; rheumatic pains in joints—shoulders, hip joints; lumbago; *amelioration by walking slowly.*

Severe pains in bones of legs, in soles and heels. Debilitating profuse sweat after fever.

Eructation or *vomiting* of food *without nausea at night, specially after mid-night.* Flatulent dyspepsia, aggravation after eating. Intolerance of eggs. *Liver troubles*; *anæmia*; *pale skin, pits on pressure*; *hæmorrhages*; *troubles after the abuse of quinine.*

Ostrya Virginica

Bilious complaints due to extensive hæmolysis in malaria, resulting in profound anæmia are the key symptoms of the medicine.

Nausea, *vomiting*; *uneasiness; diminished appetite, yellow coated tongue specially at the root, bad, bitter taste;* frontal headache; profound anaemia; *weariness*, *weakness* with malarial fever are the chief guiding symptoms.

Maizine

Dr. M. Mazari of Mexico recommends this medicine for chronic malaria. *Enlarged spleen is reduced speedily to its natural size with this medicine.*

Parthenium

It has cured malarial fevers *complicated by the abuse of quinine.* Defects of vision, noises in ears, difficult breathing (cheyne-stokes breathing); *teeth feel long*; frontal headache and *spleen affections* are guiding symptoms.

Polyporus Pinicola

It is required in *bilious malarial fevers with constant nausea* (Ipec.), vertigo, restlessness, yellow coated tongue, constipation or periodic diarrhœa or dysentery. Jaundice during or after malaria. *Neuralgic pains, rheumatic pains in joints*—knee and wrist joints specially.

Fever with flushed face, prickling sensation in skin and *neuralgic or rheumatic pains.* Profuse sweats.

CHAPTER III

Repertory

AGGRAVATIONS

After breakfast : *Nat. Mur.*, **Nux V.**

After noon : *Apis.*, **Calc. C.**, *Ced., Chel., Ferr. Phos.*, **Lach., Lyco.**, Puls., Sepia, *Sul.*, **Thuja.**

After sleep : *Chel.*, LACH., Lyco., SUL.

Air, Open and Fan : **Ars.**, **Caps.**, Chel., China, Ip., *Ign.*, Lach., Nat. Mur., **Nux V.**, *Sil., Sul.*, Thuja.

Alternate days : *Alstonia*, *Apis.*, **Ars. Alb.**, *Calc. C.*, **Ced.**, *Chel.*, **China Off., Eup. Perf.**, *Gels., Ip.*, **Lyco., Nat. Mur.**, *Nat. S.*, **Nux V.**, Podoph., *Puls.*

Bathing : CALC. C., SUL.

Becoming warm in bed : **Merc.**, *Sul.*

China and Quinine, Abuse of : **Ars.**, *Calc. C., Carb. V., Ced., Eucal., Ferr.*, **Ip.**, Lach., **Nat. Mur.**, *Puls., Parthenium.*

Closed room: Apis., Puls., *Tub. B.*

Cold in general: ARS., Chin. A., *Camph., Ign.*, NUX V, Rhus T.

—damp: Chin. A, *Dul.*, Merc., *Tub. B.*, Thuja.

Covering: *Apis.*, Camphor, *Lyco., Ferr. Phos., Nat. M.*

Damp ground, living or working on: Elet., *Malaria Off., Rhus T, Calc. C., Ced, Nat. S.*

Damp weather: Dul., Malaria Off., *Merc.*, Nat. S., *Tub. B.*

Disorders of stomach: Alstonia, Ars., China, IP., Lyco., Nat. Mur., NUX V., PLUS.

Drinking, after: Ars., Caps., China, Eup. Perf, Nux V.

Drinking, cold water: Ars., Caps., Chel., *Eup. Perf., Nux V.*

Drinking, hot or warm water: *Apis., Eup. Perf.*, Lach., *Phos.*, Puls., *Sep.*

Eating fish: Nat. S.

Eating, things growing in or very near water: Nat. S.

Eruptions, Suppression of: *Ars.*, Bry., Calc. C., *Hep. S.*, Ip., Lach., *Lyco.*, *Puls.*, *Sep.*, Sul.

End of rainy season: *Thuja.*

Evening: *Alstonia*, *Calc. C.*, Caps., Ced., China, *Ip.*, Lyco., Puls., Sep., Sul.

Evening, Late: *Ced.*, China, Ip., Lyco., *Nat. S.*, *Puls.*

Exposure to air: *Ars.*, *Chin.* A., NUX. V.

Excitement, Emotional: Ced., *Gels.*, Ign., *Lyco.*, Nat. Mur., Nux V., Puls.

Excitement, Anxiety, Grief, Worries: *Ac. Pho.*, Ars., Ign., Lyco., *Nat. Mur.*, Nux V., *Puls.*

Food, Beans, Peas, Pulses and Cabbage: *Calc. C.*, *China*, Lyco., *Puls.*, *Sep.*

Food, Cold: Ars., *Chel.*, *Lach.*, *Lyco.*, Nat. Sul., *Nux V.*, *Sul.*

Food, Fatty: Puls.

—, Fruits: Ars., China, Lyco., *Puls.*, *Sep.*

—, Bread: *Lyco.*, *Nat. M.*, *Nux V.*, *Puls.*, *Sep.*, *Sul.*

—,**Milk**: *Ars.*, CALC. C., *Chel.*, CHINA, *Lyco.*, *Merc.*, Nat. M., SUL.

—, **Warm**: *Apis.*, Lach., Puls.

Left side: *Caps.*, CEANOTHUS, LACH., *Nat. M.*, SUL.

Heat in general: *Bry.*, Apis., *Nat. M.*, *Lyco.*, *Lach.*, PULS.

Loss of Fluids: Ars., *Calc. C.*, Carb. V., China, Ip., *Puls.*, *Sep.*, *Sul.*

Mid Night: Ars. Alb., *Nux V.*

Mid Night, after: Ars. Alb., *China*, Ferr., Thuja.

Morning: Chel., Eup. Perf., *Nat. Mur.*, *Nat. Sul.*, *Nux V.*, Podoph., Sul.

Motion: *Chin. A.*, *Chel.*, Bry.

Night: *Merc.*

Noon: Ars. Alb., Bapt., Ferr. P., Gels., Nat. Mur.

Noise: Calc. C., *Ign.*, Ip., *Lyco.*, NUX V., Sep.

Pain in liver by jar or motion: Bry., Chel.

Pregnancy: *Calc. C.*, *Caps.*, China, Euc. G., *Ip.*, Nat. Mur., Nux V., Puls., Sep., *Sul.*

Pressure: *Apis.*, Chel., LACH., LYCO., *Nat. M.*, *Nux V.*

Rainy season, early months: Pod.

Right side: Chel., Lyco., Calc. C., Apis.

Sweat, After: *Calc. C.*, China, Lyco., Nux V., *Puls.*, Sep., *Sul.*

Sweeting: *Merc.*

Touch: Nux. V.

Uncovering: Ars., *Caps.*, China, *Chin. A.*, *Hep. Sul.*, Nat. Mur., NUX V., *Tub. B.*

Vomiting: Ars., *Calc. C.*, Caps., China, *Eup. Perf.*, Ip., *Lyco.*, Nat. Mur., Nux V., *Puls.*, *Sep.*, *Sul.*, *Verat. A.*

Warmth in General: *Apis.*, *Nat. M.*, Puls., *Sul.*

Warm, Warps: Apis., *Calc. C.*, China, *Ign.*, Lyco., Puls., Sul.

Wet Weather: Calc. C., *China*, Dul., *Ip.*, *Lach.*, *Merc.*, *Lyco.*, Nat. S., Nux V., Rhus T., *Sul.*

Ameliorations

Air, open: Apis., *Ferr. P.*, *Nat. M.*, Puls., *Sul.*, Tub. B.

Air, Cold: *Apis.*, *Ferr. P.*, Puls.

Cold in general: Apis., *Ferr. P.*, Puls.

Covering: ARS., *Ign.*, Tub. B., Chin. A., *Nux V.*

Dry and hot applications: Ars., *Mag. Phos.*, *Chin. A.*

Food, After: *Chel.*, *China*, Ign., *Puls.*, Sep.

—, Milk: *Ars.*

—, Cold Water or: Sep., *Puls.*

—, Warm or Hot Water or: *Ars.*, Chel., *Lyco.*, *Nux V.*

Motion: *Pyrogen*, *Tub. B.*

Passing urine: *Gels.*

Pressure: *Apis.*, *Calc. C.*, *Chel.*, China, *Ip.*, Malaria Off., *Nat. M.*, *Nux V.*, Puls., Sil.

Rubbing: *Ars.*, Calc. C., *Ced.*, Chel., *Ign.*, *Nux V.*, *Sul.*

Stool, after: *Puls.*, *Sul.*

Sweat, during: Calc. C., Chin. A., *Lyco.*, Nat. Mur.

Sweat, after: *Hep. S.*, Ip., Lyco., *Nat. M.*, Nux V., *Sul.*, *Thuja.*

Sweat Cold: Nux V., Puls.

Uncovering: *Calc. C.*, Lyco., Sul.

Vomiting: Ars., *Chel.*, *Eup. Perf.*, *Nux V.*, Puls.

Warmth of Stove: Ars., Caps., Chin. A., *Hep. S.*, Ign., *Nux V.*, *Pyrogen*, *Tub. B.*

Chill

OCCURRENCE AT 5—7 A.M.: Chel., China, *Eup. Perf.*, Phodoph., Verat. A.

7 A.M.: Eup. Perf., Pod.

7—9 A.M.: Alstonia, *Chel.*, *Euc. G.*, Eup. Perf., Nat. M., *Nux V.*, *Pod.*

8 A.M.: *Eup. Perf.*

8-30 A.M.: *Euc. G.*

8—11 A.M.: *Alstonia*, Ars., Bapt., *Cact. G.*, Chel., *Eup. Perf.*, *Gels.*, Ip., **Nat. M.**, *Nux V.*, Pod., Sul.

9-10 A.M.: **Alstonia**, *Nat. M.*, **Nux V.**, *Gels.*

9—12 A.M.: *Alstonia*, Ars., *Bapt.*, *Cact. G.*, Eup. Perf., *Gels.*, Ip., **Nat Mur.**, *Nux V.*, *Sul.*

11 A.M.: *Alstonia*, *Bapt*, *Sul.*, **Cact. G.**, *Nux V.*, **Nat. M.**

11 A.M.—1 P.M.: Alstonia, **Ars.**, **Bapt.**, Cact. G., **Ferr. Ph.**, **Gels.**, *Nat. M.*, Nux V.

12—1 P.M.: **Ars.**, *Bapt.*, **Ferr. Ph.**, *Gels.*, Nat. Mur.

1 P.M.—2 P.M.: **Ars.**, **Ferr. Ph.**, *Gels.*, *Lach.*, Calc. C.

2 P.M.: Ars., **Calc. C.**, **Lachesis.**

2 P.M.—3 P.M.: *Apis.*, **Calc. C.**, **Lach.**, **Thuja.**

3 P.M.: **Apis. M.**, *Calc. C.*, **Thuja**, *Lach.*

3 P.M.—4 P.M.: *Apis.*, *Calc. C.*, *Ced.*, *Chel.*, *Lach.*, *Lyco.*, **Thuja.**

4 P.M.: Lyco., *Ced.*

4 P.M.—8 P.M.: Ced., *Chel.*, China, *Gels.*, Ip., Lyco., *Pyrogen*, Thuja, Tub. B., *Nat. Sul.*

4 P.M.—5 P.M.: Lyco.

5 P.M.—7 P.M.: Ced., China, Gels., Ip., Lyco., Nat. S., Pyrogen., Tub. B.

7 P.M.—11 P.M.: Ip.

8 P.M.—12 Night: *Ars.*, Cact. G., Ip., *Gels.*, Lyco., *Syph., Nat. S.*, Nux V., *Sul., Tub. B.*

11 P.M.: Cact. G., *Sul., Syph., Tub. B.*

12 Night—3 A.M.:—Ars., Ced., Nux V., Sul., Syph., *Thuja.*

3 A.M.: Ars. Alb., Thuja, Ced.

4 A.M.: Thuja, Ferr. M., *Chel.*

5 A.M.: *China, Chel.*

CHILL OR FEVER:

Morning: Euc. G., *Ign., Malaria Off.*, Meny., Puls., *Sul., Verat. A.* (See Chill: 5 A.M. to 8 A.M.)

Fore noon: Chin. Ars., Eucalyptus G. (See Chill: 8 A.M. to 11 A.M.)

Noon: *Cact. G.*, Chin. Ars., **Malaria Off.**, *Sul.*, *Tub. B.* (See Chill: 11 A.M. to 1 P.M.)

After noon: **Apis.**, *Azadirachta*, *Ind.*, **Chin. A.**, *Ign.*, **Puls.** (See Chill: 2 P.M. to 4 P.M.)

Evening: Apis., **Bry.**, Chin. A., *Ign.*, **Meny.**, **Merc.**, **Puls.**, *Pyrogen*, *Sul.*, *Tub. B.* (See Chill: 5 P.M. to 7 P.M.)

Night: **Cact. G.**, *Merc.*, Pyrogen, *Sul.*, *Tub. B.* (See Chill: 8 P.M. to 3 A.M.)

Night, Forepart: *Cact. G.*, *Tub. B.* (See Chill: 10 to 12 P.M.)

Mid-night: *Syph.*, *Sul.*, *Tub. B.* (See Chill: 12 P.M. to 2 A.M.)

Night, Last part: *Ign.*, **Ferr. M.** (See Chill 2 A.M. to 4 A.M.)

Chill, Patient anticipates: **China, Ip.**, *Lach.*

Chill, Prolonged: **Caps., Nat. M.**, *Nux V.*

Chill, Location, Abdomen: **Calc. C., Nat. Mur.**

Chill, Location, Back: **Eup. Perf., Gels., Lach.**, Nat. M., **Pyrogen.**

Chill, Location, Back, upper part: *Caps.*, Sep.

Chill, Location, Breast: China, *Nat. Mur.*, Eup. Perf.

Chill, Location, Feet: *Nat. Mur.*, Eup. Perf., *Puls.*

Chill, Location, Hands: Gels., Meny., *Puls.*

Chill, Without thirst: *China*, Eup. Perf., *Gels.*, MENY., *Puls.*, Sep., Thuja.

Chill, Lips and nails become blue during: Eup. Perf., Nux V., Meny.

Chill, Pain in whole body and soreness: *Bapt.*, Eup. Perf., *Gels.*, Malaria Off.

Chill, Pain in lower Extremities during: *Calc. C.*, Lach., *Ferr. M.*, Nux V., *Polyp. P.*

Chill, Pain in Head, Face and Limbs during: Ced., Chin. A.

Chill, Pain in Joints during: *Boletus. Laricis.*, Podoph., *Cimex., Ferr. M.*, Polyporus. Pin.

Chill, wants to uncover during: IGN.

Heat

Heat, in special Parts: Ars., *Bapt.*, *Calc. C.*, *Caps.*, *Chel.*, *Ferr. Ph.*, *Nat. M.*, Nux V., *Puls.*, Sil., Sul., *Thuja.*

Heat, Dry: *Ars.*, *Bell*, *Bry.*, *Calc.* C., *Chel*, China, Eup. Perf., *Ip.*, Lyco, Nux V., *Puls.*, Sul.

Heat, internal: Ars., Nux V., Verat. A.

Heat, Onesided: *Lyco.*, *Nux V.*, Puls., Sul.

Heat, Without Thisrt: Apis., Bell., Gels., Ign., Ip., Meny., Puls., *Sep.*, *Thuja.*

Heat, Wants to uncover during: Apis., *Calc C.*, *Camph.*, *Ferr. Ph.*, *Ign.*, *Lyco.*, *Nat. M.*, Puls. (See Agg. Covering.)

Heat, Wants to cover during: Ars., *Nux.*, Tub. B.

Sweat

Sweats After Chill: Lyco., *Rhus.*, *Thuja*, *Verat. A.*

Sweats, Bloody: ARS., Lach, LYCO., Merc., *Verat. A.*

Sweats, Cold: Ars., *Cact.*, Ip., Lyco., Puls., Nux V., Rhus., Sul., VERAT. A.

Sweats, Debilitating: *Ars., Calc. C.,* China, Chin. A., *Lyco.*, Nat. Mur., Salvia. Off., *Sul.*, VERAT. A., Tub. B.

Sweats, Hot: *Lach., Op., Pyrogen.*

Sweats, Honey odour: Thuja.

Sweats, Night: Calc. C., China, MERC., Tub. B.

Sweats, on Special parts: Calc. C., *China, Ip., Lach., Lyco., Nux V., Puls.,* Sep., Sil., Sul., Thuja, Verat. A.

Sweats, On uncovered parts: Thuja.

Sweats, On one side: PULS.

Sweats, Profuse: *Ars., Bapt.*, Boletus. L., *Ced.*, China, Chin. A, *Ferr. Ph.*, JABORANDI, *Lach.*, Merc., Nat. Mur, Podoph., *Pyrogen, Thuja, Sul.*

Sweats, Relive pains: Chin. A., Gels., *Nat. Mur.*

Sweats, Scanty: APIS., Chel., Eup. Perf., Ign., *Nux V.*, Malaria Off.

Sweats, With Thirst: China, *Ign.*

Fever

Quartan: Baja., Boletus. Laricis., *China, Podoph., Nat. S.*

Quotidian: Ars., Bapt., Bry., Calc. C., *Ced., Chel., Chin. A.*, China, Eup. Perf., *Ferr. Ph.*, Gels., *Ign.*, Ip., Lyco., Malaria Off., Meny., Nat. Mur., *Nat. S.*, Nux V., *Puls.*, Pyrogen, *Sep., Thuja, Sul.*, Tub. B.

Tertian: Ars., Bapt., *Calc. C.*, Ced., *Chel.*, China, Chin. A., Eup. Perf., *Ferr. Ph., Gels., Ign., Ip.*, Lyco., Meny., *Malaria Off.*, Nat. Mur., Nat. S., Nux V., *Puls., Sep., Sil.*, Sul., *Thuja, Tub. B.*

Fever, Every Rainy Season: Calc. C., Hep. S., *Lyco., Malaria Off.*, Nat. Mur., Nat. S., Sil., Sul.

Fever, Very High: Ferr. Ph., *Pyrogen*, Sul.

Concomitants

Adynamia: Ars., *China*, Kali. Ph., Puls., Nat. M.

Adynamia and hydræmia: China, Puls.

Anæmia: Alstonia, Ars., Calc. C., Calc Ph., *China*, Chin. A., Ferr. Ars., *Ferr.*, Lyco., Nat. Mur., *Nux V.*, *Ip.*, Ostrya, Virginica., Puls., *Sep.*, *Sul.*

Anxiety with gastric disorder: Nux V.

Anxiety with Palpitation and headache: *China*, *Ign.*, Nat. M., Lyco., Kali. Ph.

Anxiety with restlessness: Ars.

—, and Dyspnœa: Ars., Cact. G., *Conv.*

Appetite, Lost: *Ars.*, *Bapt.*, *Bry.*, *Calc. C.*, *Chel.*, CHINA, *Ign.*, *Ip.*, Lyco, NUX V., Ostrya Virginica, *Puls.*, Sep., SUL., *Thuja.*

Backache: Calc. C., Chel., Eup. Perf., Lyco., Nat M., *Nux V.*, *Puls.*, RHUS., *Sul.*, Variolinum.

Black-water fever: Ars, *Ars. Hydrog.*, *Apis.*, *Bry.*, *Carb. Ac.*, *Chel.*, Chin. A., *Colch*, Dig., *Hell*, LACH., Lyco, Merc., *Puls.*, Rhus., *Tereb.*

Bilious Malarial Fever: *Bapt.*, Bry., Chel., China, EUP. PERF., IP., *Malaria Off.*, MERC., NUX V., NAT. S., Ostrya V., POD., Polyporus. P.

Constipation: BRY., Calc. C., Cimex, *Chel.*, *Lach.*, LYCO., *Malaria Off.*, Meny., NAT. M., NUX V., *Polyporus P.*, Puls., Podoph., *Sep.*, Sil., Sul., *Thuja*, *Verat. A.*

Contraction of tendons and hamstrings, legs cannot be extended: Am. M., Cimex.

Cough: Ars., Calc. C., *Chel.*, *Eup. Perf.*, Ip, *Lach.*, Lyco., *Nux V.*, Phos., Puls., Rhus., Sep, Sul.

Deafness, from misuse of quinine: Ars., *Calc. C.*, *Caust.*, Ferr. Picr., *Ferr. P.*, *Hep. S.*, *Lyco.*, Nat. Sul., Nat. Mur., *Parthenium*, *Sil.*

Delirium: Apis, Ars., *Bapt.*, BELL., *Bry*, *Caps.*, *China*, Cup., Eup, *Ferr. Ph.*, *Gels.*, Hell., Hyos., *Ip.*, Lach., Lyco., Nat. Mur., Nux V., Op., Puls., Sabadila, Rhus T., Stram. *Sul.*, Verat. A., *Verat. V.*

Diarrhœa: Alstonia, Ars, Bapt., *Calc. C.*, Caps., Camph., *Ceanoth.*, Chel, China, Chin. A., Elat., Ferr. Ph., *Gels.*, *Helianth.*, Ip, *Lyco.*, *Malaria Off.*, Merc., Nat. M., *Nat. S.*, Nux V., Podoph., Puls., Pyrogen, *Sil.*, Sul., Thuja Verat. A.

Disposition to Malaria: Calc. C, Hep. Sul., Lyco., Malaria Off., Nat. Mur., *Psor.*, Sil., Sul., Tub. B.

Dysentery: *Alstonia*, Ars., *Bapt.*, *Calc. Ph.*, Caps., China, *Eucal.*, Ign., Ip., *Kali Bi.*, Nux V., Merc, Sul.

Dyspnœa: *Ars.*, Cact. G., Carb. V., *Conv.*, *Chin. A.*, Iberis., *Ip.*

Face, red: Bell, Cact. G., Ferr. Ph., Ign.

Face and Hands Bloated: Calc. A., Lyco.

Fear of Death: Ars.

Gastric, Symptoms: Alstonia, *Ars.*, *China*, *Eup. Perf.*, Ip., Nux., Puls.

Hæmoglobinuria: (See Black-water fever.)

Hæmorrhage: Arn., Cact. G., Calc. C., *Caps.*, China, *Chin. A.*, Ferr. Ph., Ip., *Lach.*, *Lyco.*, Millef., Nat Mur., Nux V., *Puls*, *Sep.*, Sul.

Hæmorrhoids: *Apis.*, *Calc. C.*, Caps., *Ferr. Ph.*, *Ign.*, Nat. Mur., Nux V., *Podoph.*, *Puls.* Sep., Sul.

Headache: Am. P., *Ars.*, *Caps*, Ced., *Chel.*, *China*, Chin. A., Eup. Perf., *Gels.*, Nat. M., *Nux V.*

Headache, Neuralgic, very Severe: Am. P., Ced.

Herpes Zoster: *Ars.*, *Apis.*, *Ced.*, Dolich., Mez, Ran. B., Nat. M., Rhus., Sul.

Hydroa: Nat. Mur.

Hyperæsthesia: Ign., *Nat. Mur.*

Insomnia: *Ars.*, Avena., *Calc. C.*, China, Coff., *Gels.*, *Ign.*, Nux V., Passifl., *Puls.*, Sul.

Jaundice: *Ars.*, *Card.*, *M.*, Ced., Chel., China, Dig., *Ferr.*, Gels., Hep. S., *Ign.*, Kali M., *Lyco.*, *Merc.*, *Nat. S.*, Nux V., Podoph, Phos., Puls., *Sep.*, Sul.

Liver, Enlargement: *Ars.*, Bry., Calc. C., Calc. A., Chel., *China*, Ferr. M., Gels., Helianth., Ign., *Ip.*, *Lept.*, *Lyco.*, Merc., *Nat. Mur.*, Nux V., *Phos.*, Podoph., *Sep.*, *Tub. B.*

Loquacity: Lach., Pod., *Pyrogen.*

Nausea: Ip., Ostrya, Virginica., Polyporus, P.

Nettle-Rash: Apis., *Ign.*, Nat. M., *Puls.*, *Rhus.*

Pain, Colic: Chin., Ign., Nat. M., Nat. S.

Pain and Soreness: Arn., Apis., Bapt., Caps., *China*, Eup. Perf., Gels., Malaria Off., *Nux V.*

Pain, Neuralgic: Amm. P., Cact. G., Ced., *Cimex.*, Chin. A., *Elat.*, Ferr. M., Meny., *Polyporus.*

Pain in Joints: China, Podoph.

Quinine, bad effects: ARS., *Bell.*, *Carbo. V.*, Ced., *Eucal.*, Ferr. M., IP., *Lach.*, NAT. M., Parth., Puls.

Restlessness: Ars., *Bapt.*, *Calc. C.*, *China*, *Ign.*, Lyco., *Nat. S.*, *Nux V.*, *Puls.*, Rhus., *Sep.*, *Sul.*

Rheumatic Pains: *Arn.*, *Azadirach. I.*, Bry., Ferr. M., MALARIA OFF., Pyrogen, RHUS., *Tub. B.*

Sighing: *Ign.*, *Sep.*, *Sul.*

Sleepiness: *Apis.*, Gels., Hell., Nux M., Op., *Sul.*

Sleep during sweats: Chin., POD.

Spleen, Enlargement: Ars., Calc. Ars., Bry., Caps., *Card. M.*, Ceanothus, *Ced.*, China, China A., Ferr. Ars., Helianthus, *Lach.*, Malaria Off., Maizine, Nat. M., Tub. B.

Spleen, Enlargement with Constipation: *Card. M.*, Maizine, Lach., Malaria Off., Nat. Mur., Tub. B.

Spleen, Inflammation: Ceanothus, China A., *Ferr. Ph.*, Malaria Off.

Spleen, Pain: *Ars.*, *Bellis.*, *Bry.*, *Caps.*, Ceanothus, *Ferr. Ph.*, Iod., Kali Iod., Malaria Off., Nat. M., *Rhus.*, *Sul.*

Sopor with Hot Sweats: Op.

Sub-tertian (malignant) malaria, cerebral: Apis., Ars., *Bapt.*, Bell., *Bry.*, Cact. G., Camph., *Carbo V.*, *Chin.*, *Chin. A.*, Elat., *Ferr. Ph.*, Gels., *Ip.*, Kali Phos., Lach., Laur., *Lyco.*, Op., Nat. M., *Naja.*, *Nux V.*, *Plasmodium*, *Pyrogen*, Rhus T., Sul., Verat. A., *Tub. B.*

Sub-tertian malaria, algid: Ars., Cact. G., CAMPH., CARBO V., Chin. A., Cup., Elat., *Ip.*, *Kali Ph.*, Laur., *Merc.*, SEC. COR., VERAT. A., *Naja.*, *Nux V.*

SUB-TERTIAN MALARIA :-

Aphasia: Am. C., Anac., Bell., Bov., *Bothropsd.*, *Chin.*, Chin. A., Gels., *Glonine*, Hyos., Ign., Kali Brom., *Kali Phos.*, LYCO., NAT. M., *Nux V.*, Op., Stram., *Sul.*, *Thuja.*

Coma, Sopor, Stupor: Ali., Apis., Bell., *Bapt.*, Camph., *Gels.*, Hell., Hyos., Op., Rhus T., *Verat. A.*, *Zinc.*

Convulsions: Ars., BELL., Bry., Calc. C., Camph., CIC. V., *Cina.*, *Cocc.*, CUP., *Dig.*, Gels., *Glon.*, *Hell.*, HYOS., *Ign.*, *Ip.*, Laur., *Lyco.*, Lach., Nux V., OP., PLB., *Puls.*, *Sec. C.*, Stram., Sul., Verat. A.

Convulsions, Clonic: *Ars.*, BELL., *Bry.*, *Calc. C.*, Chin., CIC. V., CUP., HYOS., Ign., *Ip.*, Lyco., Nat. M., *Nux V.*, OP., Puls., *Rhus T.*, STRAM., Sul., *Thuja*, *Verat. A.*

Convulsions, Tonic: BELL., *Calc. C.*, *Camph.*, CIC. V., Ign., *Ip.*, Lyco., Merc., *Nat. M.*, Sul., *Thuja*, Verat. A.

Convulsions, Epileptiform: *Ars.*, BELL., CALC. C., Camph., CIC. V., CUP., HYOS., *Ign.*, Ip., Lach., Lyco., Nat. M., Nux V., *Op.*, SUL.

Convulsions, with unconsciousness: Bell., CALC. C., Camph., CIC. V., *Cocc.*, Cup., HYOS., *Ip.*, *Lach.*, *Laur.*, Lyco., *Merc.*, *Nat. M.*, *Nux V.*, *Op.*, Sul., *Verat. A.*

Convulsions, Shrieking: APIS., Bell.,

CIC. V., CUP., Cina., Ign., *Kali Br.*, *Lyco.*, *Op.*, *Sul.*, *Zinc.*

Convulsions, Froths at mouth, during: Ars., *Camph.*, *Cedr.*, Cup., Hyos., Lyco., *Nat. M.*, Op.

Convulsions begin in fingers of hands or feet: CUP.

Eyes, Closed: Calc. C., *Cocc.*, *Hyos.*, RHUS T., *Stram.*

Eyes, Glazed: *Lyco.*, *Podo.*

Eyes, eye-balls rolling constantly: *Nux V.*, *Op.*, Stram., Verat. A., Zinc.

Eyes, eye-balls rolling up and down: Sul.

Eyes, eye-balls turned upwards: Apis., *Camph.*, *Cina.*, Cup., *Hyos.*, *Laur.*, *Verat. A.*

Eyes, Staring: Bell., Hyos., Lyco., *Merc.*, Op., Sec. C., Stram.

Eyes, Twitching: Ars., Kali Ph., *Nat. M.*

Eyes, Paralysis of lids: Ars., *Bell.*, Cocc., Gels., *Merc.*, *Op.*, *Puls.*, *Stram.*, *Verat. A.*, Zinc.

Eyes, Strabismus—Divergent: Nat. M.

" " —Convergent: Cic. V., Cycl., Nux V.

Head, Bores in pillow: Apis., *Arn.*, Bell., *Bry.*, *Hell.*, *Stram.*, Sul., Tub.

Head, Drawn backwards: Cic. V., *Cim. R.*

Head, Drawn forward: Hyd. Ac., *Merc.*, Mur. Ac.

Head, Drawn sideways: Lyco., *Lach.*, *Nux V.*, *Rhus T.*

Head, jerking: Cic. V., *Hyos.*, Nat. M., *Stram.*

Head, Rolling: Apis., Arn., BELL., *Bry.*, *Cic.*, *Cim.*, *Cup.*, *Hell*, *Hyos.*, *Lyco.*, Merc., *Op.*, *Podo.*, *Stram*, Tub. B.

HEART COMPLICATIONS:-

Cyanosis: Ars., Carbo V., *Cup.*, Dig., Hydro. Ac., *Lach.*, Laur., *Lyco.*, Rhus.

Dyspnœa: *Ars.*, Cact. G., Calc. A., Chin. A., Conv. M., Dig., *Lach.*, Laur., Lyco., *Naja T.*

Fatty degeneration: *Arn.*, *Ars.*, **Aur.**, **Baryta C.**, *Calc. A.*, *Kali C.*, *Kal.*, NAT. IOD., PHOS., **Vanad.**

Weakness (muscular), failure: Ars., *Cact. G.*, *Carbo V.*, *Conv. M.*, *Crœt.*, **Caffeine.**, **Dig.**, *Glon.*, *Kali Phos.*, **Naja.**, *Quinine S.*, **Strych S.**, *Stroph.*, Verat. A., *Verat. V.* (Oxygen inhalation.)

Pain (severe neuralgic): *Aco.*, Bry., CACT. G., *Cim.*, *Cup.*, **Hyd. Ac.**, **Kal.**, Kali C., **Mag. Ph.**, *Nux.*, **Ox. Ac.**, **Rhus.**, SPIG.

Hemiplegia: Arn., Ars., **Aur.**, Bapt., **Baryta C.**, *Bell.*, *Calc. C.*, **Caust.**, *Chenop.*, Chel., *Chin.*, **Cocc.**, *Cup. A.*, *Hyos.*, Ign., **Lach.**, Lyco., *Nat. M.*, **Nux V.**, **Olend.**, **Rhus.**, Sec. Cor., Verat. V.

Hemiplegia, Left: **Arn.**, Bapt., *Baryta C.*, Bell., **Cocc.**, Cup. A., *Chin.*, LACH.

Hemiplegia, Right: Ars., *Aur.*, **Bell.**, *Calc. C.*, CAUST., **Chenop.**, *Cocc.*, Ign., Lyco., **Nux V.**, *Sec. C.* (See Paralysis.)

Unconsciousness during fever: **Ali.**, **Apis.**, **Arn.**, BELL., *Bry.*, *Bapt.*, *Calc. C.*, **Camph.**, *Carbo V.*, Chel., Chin., **Cic. V.**, **Cina.**, **Cup.**, **Gels.**, **Glon.**, **Hell.**, HYD. AC., HYOS., **Ign.**, *Lach.*, *Lyco.*, *Merc.*, **Nat. M.**, *Nux V.*, OP., *Puls.*, **Rhus T.**, *Verat. A.*

Unconsciousness, before chill: Lach.

Unconsciousness, during chill: NAT M., *Bell.*, Camph., *Cic. V.*, Nux V., Verat. A.

Unconsciousness, with eyes fixed: Ars., Aethusa., CAMPH., Cup., Stram.

Unconsciousness, looking upwards: Lach. (For other symptoms see convulsions.)

Tongue, Blackish: Ars., *Bapt.*, *Lach.*, *Lyco.*, *Op.*, *Rhus.*

Tongue, Clean: *Ars.*, Gels., Ip., *Pyrog.*, *Rhus.*

Tongue, Forepart Clean, Coating increases towards the inner side and the posterior and last part is thickly coated: Nux V.

Tongue, Frothy, with Bubbles on Sides: Nat. Mur.

Tongue, Flabby, Coated: *Chel.*, MERC., *Pod.*, *Rhus.*

Tongue, Greenish: Nat. Sul.

Tongue, Red: *Apis.*, Ars., *Gels.*, *Lach.*, Pyrogen, *Rhus.*

Tongue, Red Edges: *Bapt.*, Card. M., Chel., *Pod.*, *Rhus.*

Tongue, Red Tip: Rhus., *Sul.*

Urine, black: *Apis.*, *Benz. Ac.*, *Carb. Ac.*, *Colch.*, *Hell.*, *Tereb.* (See Black water fever.)

Urine, Bloody: *Arn. M.*, *Ars.*, *Calc. C.*, *Caps.*, *Ip.*, *Lyco.*, *Nux V.*, Puls., *Sep.*, *Sul.*, Ter., Thuja. (See hæmoglobinuria.)

Urine, Red, Highly Coloured: *Apis.*, *Chel.*, Lyco., *Rhus.*, Ter.

Urine, Scanty: *Apis.*, Ars., *China*, *Ip.*, *Lyco.*, *Nat. S.*, *Nux V.*, *Puls.*, *Sep.*, Sul., Ter.

Urine, Retention: *Apis.*, *Ars.*, *Caps.*, Camph., *China*, *Ferr. Ph.*, Gels., Lyco., Nux V., Op., *Puls.*, Sul., Verat. A., Sec. C.

Urine, Turbid: *Card. M.*, Chel., *China*, *Ign.*, Ip., *Nat. Mur.*, *Puls.*, Sabad., Sep., Sul.

Vomiting: Ars., *Calc. C.*, Camph., *Chel.*, *China*, Cup., Elat., Eup. Perf., Ferr. Ph., Helianthus., *Ign.*, Ip., *Lyco.*, Malaria Off., Nat. S., Nux V., Puls., *Sep.*, Sil., Sul., Varat. A.

Vomiting, Acid: *Ars.*, Calc. C., China, *Ip.*, Lyco., *Nux V.*, *Sul.*

Vomiting, Bilious: Ars., *China*, Eup., Perf., *Ign.*, Ip., *Lyco.*, Nat. S., Nux V., *Puls.*, Sep.

Vomiting of Food: *Ars.*, *Calc. C.*, *Eup. Perf.*, Ferr. Ph., *Ip.*, *Lyco.*, Nux V., *Pod.*, Puls.

Vomiting, Sour: Calc. C., *Nat. Mur.*, Nat. Ph., *Pod.*

Yawning and stretching before or during chill or fever: Boletus Laricis, *Chel.*, *China*, Elat., Gels., *Ign.*, Nat. M., Nux V., Rhus., Sul.

INDEX

MEDICINES :

MEDICINES CONTD.

MEDICINES CONTD.

MEDICINES CONTD.

REPERTORY

APPENDIX.

ARNICA MONTANA

Time of Chill or Fever: Afternoon and evening.

Differentiate it from: Ars., Bapt., China., Gels., Rhus. Tox.

Chief differentiating points: Chronic lingering cases of malaria treated with *Quinine*; anemia; fever reappears after exertion; aching and bruised feeling with weakness and weariness; very bad taste and offensive odour of secretions; fear of being physically examined or touched or approaching towards him.

Chill. After-noon and evening. Appears from the lower parts of the body; chill after sleep; chill on the side of the body on which the patient lies; chill of the lower extremities with *heat of head and face;* face often becomes flushed.

Fever. Mostly felt on face and head; dry heat of face and back; subtertian malaria; irregular fevers; quartan; tertian; seventh day; fortnightly and monthly fevers.

Sweat. Offensive, sour and sometimes cold; sweats on the whole body.

Malarial fevers treated with *quinine* and attacking every now and then specially after exertion—resuming business; workshop; office duties or undertaking uncomfortable long journeys etc., are successfully treated with Arnica. In some cases it is alone sufficient to cure the disease while in others it clears the way for some other medicine.

It has the feelings of 'hardness of the bed' of Bapt. and Pyrogen, soreness all over the body of Bapt. and China and restlessness on account of some bruised and stiff feelings ameliorated by changing sides and positions of Rhus. Tox.

There is *great thirst during chill* while during fever it may not at all be present. Cold extremities, hot head and face with dull sensorium during fever are some guiding symptoms. In sub-tertian cases of malaria you may find the patient in sopor and stupor. Before answering the question fully he gets into stupor again (Bapt); passing of urine and stool unconsciously and with it livid marks under the skin are other very important and differentiating symptoms; red and hot face (Bell., Gels. Bapt.) and cold extremities are always to be expected in Arinica. In a few cases deafness due to quinine was cured by this drug (Calc. C., Nat. M.). It is also an hæmorrhagic medicine; epistaxis and bleeding from intestines, stomach, uterus, etc., are often found. Low and high both potencies work.

ANTIMONIUM CRUDUM

Time of Chill or Fever: 10 A. M. to 1 Noon, Night.

Differentiate it from Cina, Ipc., Nat M., Nux. V., Puls.

Chief differentiating points: Fevers come on after cold bathing; taking vinegar, acids, fruits, heavy fat meals bring on the fever paroxyems with indigestion; thick milky white coated tongue; fretful, cross, sad and woeful mood; heat of the sun, exertion in the sun aggravates.

Chill. 10 A. M. to 1 Noon. Shaking chill with thirst (desire for beer).

Fever. Whole night with cold feet. Exertion in the sun is sure to bring on the fever. Tertian, quartan, daily, weekly and fortnightly fevers.

Sweat. Towards morning when waking. Sweat towards morning at the same hour in intermittent and tertian fevers.

Indigestion; diarrhœa and constipation alternate with peculiar coating of the tongue; heavy fat meals, fruits, vinegar and acids aggravate and bring on fevers. The other chief causes of the attack of malaria of this medicine are swimming and cold bathing after being heated in the sun, though the patient is worse in warm weather, sun, radiated heat, exertion in sunshine but the cold bathing instead of soothing and ameliorating brings on the sufferings. The constitutional tendency to corns and collocites on soles and fingers and splits in nails is marked. Extremes of life, the children and the old are generally much influenced with the drug. Alternate diarrhœa and constipation; solid fæces with copious hæmorrhage; agg: from heat in general and hot and damp season; sentimental mood in moonlight; cross, sad and woeful mood are important symptoms. Before and during malarial fevers the patients are unreasonably cross, sad and woeful. With indigestion sore and cracked corners of the mouth is often marked. Chill towards noon, heat all the night and sweat at the same hour in tertian fevers is characteristic of the drug. Another peculiar, sweat symptom of Art. C. is the shrivelling of the skin of finger ends with sweat.

High potencies can be used with confidence to check the fever.

CAPSICUM

Time of chill or fever: 5 to 8 p. m.; night; 6 to 8 a. m; afternoon.

Differentiate it from: Ign., Lyco; N. Vom.

Chief differentiating points: Severe chill and shuddering every time after drinking water; sensation of cold sweat on the thigh. Agg: draft of cold air; sweat appears just after chill and then fever; chill with thirst.

Chill. Evening, night, morning; severe shaking and shuddering chill; great thirst during chill; drinking water aggravates.

Fever. First light temperature, followed by severe chill and then sweat which is followed by severe heat and high temperature. Tertian, Quotidian and Quartan fevers.

Sweat. Just after chill (a characteristic of the medicine) sour-smelling sweat appearing again at 4 A. M.

It is one of the best medicines for malaria when indicated. Severe shaking and shuddering chill aggravated by drafts of air, uncovering and drinking cold water (Nux. Vom.); sweat instead of heat after chills (caust., lyco.) followed by severe heat and now and then chill during fever on drinking water are characteristics of the medicine.

Plethoric, flabby and lazy persons with tendency to congestions and ulcerations of the mucous membrane often come into the grips of capsicum malaria. Biting and burning sensations; dysentric and loose stools with uninary troubles is another group of its symptoms. Aggravations from drinking water and current of air, go with every group of symptoms of this medicine.

DULCAAMARA

Time of Chill or Fever: Evening (4 to 8 p. m.) Night.

Differentiate it from: Cale. C., Lyco. Rhus., Tox., Staph.

Chief differentiating points: Thirst with chill and thirstless during fever; frequent micturition during chill; chill starts from the back; fever after exposure to wet cold weather.

Chill : Evening (4 to 8 p. m.), lame, painful and stiff back and limbs during chill; chill feels to start from the back.

Fever. Tertian, Quartan, Quotidian, weekly. Dry burning heat of the whole body without thirst; delirium during fever.

Sweat : Little or no sweat; offensive sweat appearing on palms of hands, epigastrium and back.

Fever after exposure to damp and cold weather; lameness and painful stiffness of the back and limbs during and between paroxysms; urinary symptoms of frequent micturition and often involuntary urination during chill; great thirst and nausea during cold stage and thirstless during fever are reliable and differentiating symptoms.

The time modality and susceptibility to cold and damp especially after sudden change from dry warm weather to damp, are also very important indications for malarial fevers. In this medicine High Potencies work satisfactorily.

ANDROGAPHIS PANICULATA
(KALMEGH)

Time of Chill & Fever: Afternoon and evening; noon.

Differentiate it from: Ars. A; Nat. M; Nux-Nom.

Chief Differentiating points: Throb bing and nailing pain in the occiput; general relief from cool air and cold application; severe burning heat with nausea; desire for small quantities of cold water at frequent intervals; restlessness, headache; loquacity; aml: from cold air and

water; enlarged and indurated liver and spleen; constipation; griping around the umbilicus and ineffectual urging to evacuate.

Chill: Slight chill at noon and afternoon.

Fever: Tertian ; Quotidian; burning heat with nausea and vomiting, headache, peculiar thirst; double type of fever (P. Wiswas)

Sweat: Little or no sweat.

This Hindustani drug is very useful for chronic malaria and cases treated with quinine. Anæmic subjects, with enlarged and indurated liver and spleen during or after malaria with little appetite or great hunger satisfied with a small quantity of food; constipation, sensation of fullness in the abdomen; griping pain in the naval region and ineffectual desire to evacuate are some verified symptoms. It anti-dotes quinine. Cases of jaundice have been successfully treated with this drug. Its general ameliora ion from cold; evening agg: light chill and slight or no sweat, restlessness, nausea and vomiting ; peculiar thirst; occipital headache and loquacity are important symptoms of the fever group.

Tincture to middle potencies have been used with satisfaction.

MURATIC ACID

Time of chill or fever: Afternoon or evening. 3 to 9 P.M.

Differentiate it from: Bapt., Puls., Sulph.

Chief differentiating points: Dry mouth and throat without thirst; involuntary stools or prolapsing bowels with urinating or passing flatus ; Intensive burning heat

with aversion to covers and without thirst; burning sensation on face and soles; restless and weak; urine often profuse; great aversion to the sight or thought of meat. Loud moaning and muttering.

Chill: Sensation of severe chill from back; cold hands and hot cheeks ; chill in the afternoon and evening; no thirst during chill.

Fever: Tertian; quotidian; sub-tertian.

Burning heat with no thirst and aversion to covers; restlessness ; vertigo on lying on the right side, Delirium, low muttering and loud moaning.

Sweat: On head and back; sweat in the late evening till up to 12 p.m., fever may continue after sweat; irritable and taciturn during sweat and wants to uncover.

This medicine is often required for the patients who cannot urinate without passing stool in addition with atonic condition ; great anæmia, prostration, muscular debility and restlessness. Palpitation during fever; intermittent pulse, intermits at the third beat; short tongue (unable to protude out). Sordes on teeth ; dry and burnt look of the tongue; aphthus and other ulcerations of the mouth are important symptoms. Sad, taciturn and irritable mood; moaning and muttering delirium during fever especially in subtertian with haemorrhages from orifices and deafness is another group of its dependable symptoms in malaria.

Potency : Low and high both have been used with success.

VIII

SILICA
OR
SILICEA TERRA

Time of Chill or Fever: Afternoon; Evening (12 noon to 10 P.M.)

Differentiate it from: Ars. A., Calc. C , Lyco., N. Vom., Rhus. T.

Chief differentiating points: Contitutional symptoms ; uncovering or moving during fever causes great shivering; heat with great thirst but cold water causes waves of chill; profuse sweat on head and neck during sleep ; sometimes the sweat is slight over the head only; profuse urine.

Chill: Severe chill in afternoon and evening; constant internal chill ; agg: by uncovering, moving or drinking cold water.

Fever: Tertian; Quotidian; Irregular fevers. Fever may begin first and then sensation of chill in the evening ; fever may be followed by sweat and then chill during fever; flying heat in daytime with thirst; heat felt most on face.

Sweat: Sometimes wholly wanting; debilitating sweat after mid-night; profuse sour and offensive sweat over the *head* and neck.

Chronic, maltreated and difficult cases of Silica constitution yield beautifully to this medicine. The constitutional symptoms, especially of peculiar sweat and sensitiveness to general cold and damp is the choice for the medicine Feet and soles perspire often profusely and the smell is sour and offensive; ulcers and blisters between the toes caused by the sweat; sweat generally during sleep over the whole head extending to the nape of neck while the body is dry; the sweat smells sour and offensive. These symptoms are found especially during apyrexia.

Sudden suppression of the feet sweat by taking cold of the parts or exposure to cold damp weather causes the return of the malarial paroxysms; malarial cachexia with constipation, the stool comes down with great straining of the abdominal muscles and slips back after coming a little way through the anus; the patient is sensitive to cold in general and it is the head which feels it most; dehyderated persons with comparatively large head and rough skin which suppurates easily and forms fistulous openings; sensation of heaviness in inner parts, debility ; exhaustion ; want of animal heat and weakness of joints especially of the ankle are some other peculiar constitutional symptoms. High potencies work satisfactorily.

THIRSTLESSNESS.

Ant. C; Apis. m; Arn. m; Bell; Carbo. V; China; Cimax; Gels; Hell; Ign. A; Ipc; Menyanthes; Muratic Act; Nux V; Puls; Verat A. See Page 134.

Thirst during chill: Ant. C., Arn. m., Caps., Carb. Veg , Ignatia., Ipc.

Thirst during sweat : N. Vom., Stram.

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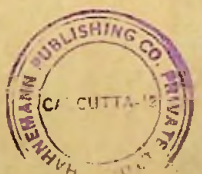
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