

"REMEDIIUM PROBATISSIMUM"

Dr. Daniel Jones's cough was immediately after he had lain down. But it will be noted that he did not retire until midnight, whereas my other patients went to bed before. From a fairly extensive experience of *Aralia* as a cough remedy I have formed the conclusion that it is homœopathic to its cough by reason of its time and the patient's recumbent position.

In my opinion, I believe it is no good in coughs occurring at any time on lying down, neither does it avail in a cough caused by a relaxed uvula. Neither will it, as far as I am aware, cure any lung lesion whatsoever beyond bronchial irritation and catarrh. And positively it is no good at all in the genuine asthma. In all the cases I have given it in. But for the previous variety of cough it is a *remedium probatissimum* for the thousandth time. See the exactness of the homœopathic science.

pathy, Aug., 1952

STREPTOCOCCUS REPORTS

ROYAL E. ... M.D.

These brief reports are offered as an attempt to illustrate a few uses of *Streptococcin* in the hope that it may repay in kind some of the benefits which the writer has received from others who have presented helpful demonstrations of homœopathic principles and remedy action.

Streptococcin is one of the newer additions to our materia medica. So far as I know its literature could hardly be called that. Margaret Tyler, in her *Homœopathic Drug Pictures* characterizes it as "a mighty remedy" but relates it only casually to diagnostic entities such as diphtheria, scarlet fever, vaccination, measles, tonsillitis, chorea, rheumatism,

qualifying only by intimating their use in su... and
 after effects; and I would suggest the chronic p... seru n
 sickness. Boericke, in the ninth edition of... Pocket
Manual, suggests comparison with *Pyrogen*. He notes its
 use in the sepsis of infectious diseases and remarks the
 rapidity of its antifebrile action. The addition of remedies
 of this sort to our materia medica seem to be necessary be-
 cause of the ever increasing anaphylaxis of the masses by
 modern medical and surgical practices. Of necessity and
 according to law as these diseases are induced, the principle
 of similars reveals new remedies to overcome them. But,
 as time goes on and the complexity becomes deeper, cure
 and even palliation become more difficult. Patients com-
 from the zestful but fr... ts to attack diagnostic
 pathological entities... arder to treat with
 old measures of... This situation is
 still more diff... lent practitione
 decline of prov... a problem for the
 concern.

I.

Boy, aged five, of the two worst cases of imp...
 —in fact I had never seen anything like them. The
 worst one was his br... with it at the same...
 The lesions began on... nbranes of the lips; with
 yellowish crusts. *Sul*... no effect. Three days later
 the lips, nose and chin... e covered with black crusts,
 with bleeding from underneath them. The cervical glands
 were swollen... der. Tonsils also swollen which
 caused snoring, v... ad never occurred before. He was
 disturbed by any company and by noise. *Sept* relieved
 only temporarily and *Lachesis*, with *Rhus* interposed, did
 nothing. The temperature remained consistently at 103, he
 was thirstily all the time and had a white coated tongue of
 the strawberry type. *Streptococcin* was then given. Im-
 provement wen... on four days when the temperature shot
 up to 105, the left axillary glands were considerably swollen
 and very sore. He kept his hot feet out of bed; felt full

10M, 50M, then 200th over, a period of eight months "did a wonderful job." Extracting the abscessed teeth had not benefited, apparently. Returning to *Sulphur* after this, his more superficial complaints were helped better than before. A peculiar point is that certain *Sulphur* symptoms persisted during the time the *Streptococcin* was bringing improvement. These were: heartburn from tomato, craving for sweets, no appetite during the day then great for supper, aggravation with change of weather, before storms, itching lids. Here, at least, was a complementary relation.

VI.

W. S., a boy of 7, pale, sickly facies, no appetite, soft pulse, tired all the time; besides at night, he sleeps from 10 a.m. to 3 p.m. He has lost weight, returns to bed always after out doors a little while. *Streptococcin* 200., doses 2 a month apart. Has needed no attention since, now a year and a half.

VII

A little girl of 3, tonsils out two months previously, pale, thin, dark below eyes, no appetite, listless. *Streptococcin* 1M. She seemed to need nothing more for a year. Then *Calc. sul.* 200. for the inevitable post to sillectomy symptoms, viz., post nasal catarrh and bronchitis.

VIII

Mrs. P., 56, much diabetes in family history, also cancer. Obese, weight 220. Dental abscesses at 10, glycosuria at 18, colitis in twenties, tonsil concretions, pyelitis off and on several years, sunstroke. Was under the care of a homœopath so she escaped the customary operations. During the three years under my observation, *Pulsatilla* at long intervals seemed to do well most of the time, then it failed. For months after the last 200th, she had a persistent debility, the concretions were much in evidence, and the bad taste after meals popped out would last four or five days. During this period she would have a little dizziness and

pain in the joints. Her head felt thick and dull. Had gas pressure and palpitation. Fears at night, craved air. The joint aches were relieved after a copious defecation, but followed by headache. *Streptococcin* 1M and 10M brought emphatic appreciation of improvement, then *Sulphur* became the cure to further progress.

IX.

Ruth Ann, 10, rough, itching skin, scratches until it bleeds; pale, indolent, difficult concentration: concretions in tonsils; too large feces; nausea. *Streptococcin* 10M and 50M, three months apart, was all that was required.

X.

A part of a woman came in 1942 (Mrs. P., 47), that is, she was minus tonsils, some cysts that had formed on the back of the neck, the uterus, one ovary and some adhesions that had formed. History of gastric ulcer, mastitis with lancing, bronchopneumonia and much grippe. She had had eczema since fourteen with repeated suppressions; covering the hands and wrists, raw cracked and bleeding. The laboratory diagnosed it as eczema although the eruption had a distinctly fungoid aspect. *Graph.* three doses, *Sul.* one, *Sepi.* two doses, *Petrol.* one dose, *Psor.* one dose and *Kali. mur.* 6th and 12th, these at intervals during eight years had pretty well cleared the skin and, of course, the general health was much better. Then the eruption started all over again actually, with red vesicles, "it felt good to scratch," lips also sore, dry and cracked in the corners. *Streptococcin* 10M and 50M three months apart, and nine months later, *Sul.* 200. No symptoms the last seven months.

XI.

Nancy G., 4, quiet disposition, chubby, "has tonsils," frequent sore throats, puffy below eyes, sings and talks long before sleep then sleeps heavily. At breakfast she is tired, also at dinner. She wants to lie down two hours. *Dysuria.* This was by mail. *Streptococcin* 1M reported much improved after a month.

ely, lasting two or three days. The foci are
ring, rather worse on the left side, with stiffness and
ling. The character of the pain is soreness, throbbing,
rcing like a knife. The attacks always begin in the after-
noon, are positively worse in damp weather, by change of
weather, approach of storm, relieved by heat. Heat waves
accompany the onset of the attacks. She has cold feet.
Streptococcin 10M checked the attacks for a month, then
the symptoms were so pronounced for *Psor.* that I switched
to that remedy. The 3M and 10M did good work. Then
Sepia 1M. The attacks have appeared during the last year
and a half.

XX

P. S., boy of 12; tonsillectomy, vaccination, glycosuria.
After washing his hair he had a sore throat and lay prescrip-
tion of *Bella-maria* 3x. for a few days "until the doctor
comes." Then he developed a fever and the cervical glands
became sore and swollen. He also coughed in his sleep at
night. Responded immediately to *Streptococcin* 1M.

In an attempt to make the remedy more useful, at least
to myself, I append a little scheme of numerical locations
and conditions which appeared in these twenty cases. More
amplification by experience with the remedy should bring
a better profile into view. Of course it can be only sugges-
tive, but a "breach presentation" in need is better than
none at all. Moreover, these cases were selected because
of the positive action obtained, no doubtful ones being
included. Even at that, we find that the importance of
Streptococcin as to frequency is less than that of the old
polyverosis. But that does not impugn its real need on occa-
sion. The scheme follows:

Significant locations in twenty cases.

Tonsils (including operated)	13
Joints	7
Skin	5

Significant conditions in twenty cases.

Debility	12	Skin lesions bleeding	2
Suppurations	8	Weather change	2
Relapses	7	Minus appendix	2
Delicate children	6	Abortive pus formation	2
• Recurrent suppuration	6	Melancholy	2
Retarded growth	5	Timidity	2
Cold feet	5	Company ggr.	2
Lesions renewing at origin	4	Before storm	1
Cracks	4	Craving air	1
Damp weather	3	Black crusts	1
Winter aggravates	3	Red crust	1
Sickly facies	3	Incontinence	1
Pallor	3	Full after a little	1
Heavy sleep	3	Hot feet	1
Cysts out	3		

—*Homœopathic Recorder*, July, 1952

SOME PERSONAL IDEAS OF MODERN HOMŒOPATHIC TREATMENT OF ACUTE—ALSO TROPICAL INFECTIONS

By DR. C. L. W. OVERMANN, of Breda, Holland

LADIES AND GENTLEMEN,

I was delighted with the request to come to London, to lecture for you, for I think it is an honour for me to read a paper for your famous Faculty of Homœopathy, the Faculty where so many Dutch doctors learned the principles of Homœopathy and who are good and well-known homœopaths in Holland now.

That I accepted the opportunity to speak here is not that I think I can teach you a lot, may be many of you are