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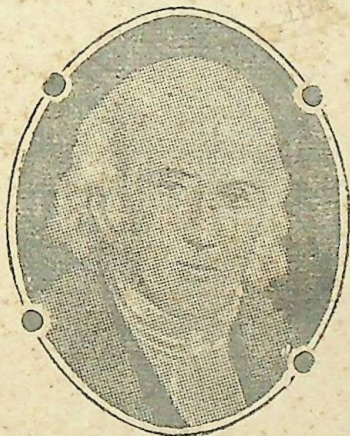
HOMŒOPATHIC HERALD

(Journal of Pure Homœopathy)

Vol. XII.

May, 1951.

No. 2.



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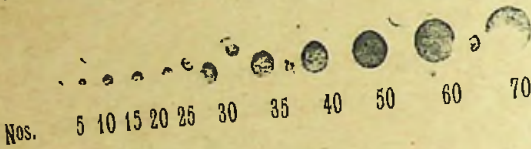
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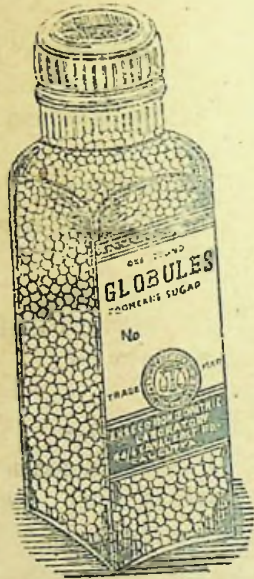
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Editorial

The modern civilization is a disease. With the advent of the modern civilization death and disease are bringing unprecedented woe and sufferings to human doors. Our efforts to prevent or to destroy them have so far entirely failed as inspite of modern medicine they suffer or they die. Life is in ceaseless motion towards death. Death is the ultimate goal of life. It is therefore futile to wage war against death which is the inevitable end of life and which is ever unconquerable.

God's creation, since the very dawn of the universe, has tried to disobey the laws of Nature which were originally intended for its protection. We have discarded the Divine protection and thereby have invited never-ending troubles to us. All our attempts to conquer death or disease simply irritate Nature and hasten the inevitable hour to our utter dissatisfaction and dismay. The farther we travel from Nature the greater will be our sufferings.

The administration of vaccines or any other preventive medicines for plague or small pox will not save humanity from destruction. In spite of the use of all these preventives, diseases like small pox, cholera, typhoid, plague or tuberculosis distinctly show a strong tendency to increase. Economic and moral causes of the production of diseases must be annihilated if the human race is to be saved from the jaws of death. Lack of good food and fresh air and also moral degeneration of social life lead human life to the path of death.

N. C. DAS.

GLEANINGS.

1. In tuberculosis, it is oftenest indicated in the incipient stage with the symptoms of cough, oppression and general weakness, but I have often found it indicated in the later stages, and if given very high and in the single dose and not repeated have seen it greatly benefit even incurable cases. If given low and repeated it will fearfully aggravate : Phos.

2. Phthisis pulmonalis, mesenteric or general, he only feels well while eating, or always feels best while eating : Iodium.

3. Tubercular affections of the glands : Bromine.

4. In chronic affections of the respiratory organs, which may finally lead to consumption, Spongia vies with Phosphorus, Sanguinaria and Sulphur. There is soreness, burning, rawness and heaviness in the chest, while the cough is worse in the evening, from cold air, talking, singing, or moving, and better from eating and drinking warm things : Spongia.

5. Lung troubles, great weakness in chest, so weak cannot talk ; great debility : Stannum.

6. Incipient tuberculosis, bad odor from mouth, dry cough after meals, severe burning in chest ; sticking between shoulder-blades : Agar.

7. Incipient phthisis, morning hæmorrhages, blood bright-red and not profuse in the morning ; dark and clotted in the afternoon : Acalypha Ind.

8. Phthisis, stitches in left side of chest, which do not permit her to lie on left side ; stitches in chest when stooping : Am-c.

9. Phthisis, cough when lying on right side, coldness between shoulders, colliquative diarrhœa : Amm-m.

10. Phthisis, pains at apex and through upper part of right lung, salty expectoration during day ; expectoration of frothy mucus in lumps : Ars. A.

11. Phthisis, left half of chest flattened and motionless : Ars-Iod.

12. Aphthæ during the last stage : Ars-Iod.

13. Last stage of tuberculosis pulmonum emaciation, dyspnœa, incessant cough with copious green purulent sputa : Ars. Nat.

14. Laryngeal phthisis, severe constant cough, great emaciation : Bapt.

15. Loss of hopefulness common to phthisical patients : Bapt.

16. Phthisis commencing on vocal cords : Brom.

17. Phthisis, pain in mammary region going up into the axilla : Brom.

18. First stage of tuberculosis, hæmoptœ, feels better from the discharge : Cact. G. (Brom).

19. Phthisis, during second stage chest painfully sensitive to touch and respiration : sweat of palms and soles ; middle third of right lung ; cold extremities : Calc-c.

20. Phthisis, prodromal stage, acrid eructations after fats, oils or sugar ; dislike to fats ; diarrhœa with prolapsus recti : Calc-c.



WONDERS OF HOMŒOPATHY.

N. C. DAS.

(1) —Sarkar, 35 years of age, consulted me for his pleurisy which seemed to run into its chronic form. It was the 18th month of the disease for which he was all along under allopathic treatment. The patient was a clerk in some Calcutta Bank. I noted the following symptoms.

(1) Patient fat, dark, weak.

(2) Thirst not marked.

- (3) Poor appetite.
- (4) Disturbed sleep.
- (5) Left chest painful, pain worse any motion, better lying on painful side.

(6) Fever 99 to 100·8 worse noon and afternoon.

(7) Flatulence marked.

(8) Dyspnoea on ascending.

(9) Tongue heavily coated.

(10) Urine scanty high-coloured.

(11) Feels chilly in open air.

(12) Tendency to dysentery ; during every attack of dysentery he spoils his cloth, as the desire is very urgent, can hardly wait.

(13) Hot palms and soles.

(14) Mother had Asthma.

Bryonia 200, 4 times a day continued for 15 days produced entirely satisfactory results. Then the remedy was repeated three times a day for 8 days and twice a day for 8 days. With this all his symptoms disappeared. The patient was given no medicine for 25 days. At the end of this period there was a tendency to relapse. He again felt pain in chest. At this time old dysentery reappeared with very urgent desire for stool. He wanted doors and windows open, chiefly during night. Sulphur 200, two doses in course of 15 days, cured him completely. No relapse is reported.

(1) Baby, age 14 months, after an attack of measles developed symptoms of severe diarrhoea. Symptoms were as follows.

(2) Frequent watery stools, offensive, about 30 stools during day and night.

(3) Diarrhoea continued for 10 days under allopathic Treatment.

(4) Vomits milk.

() Excoriation and redness about anus.

(6) Restless sleep, cannot bear covering on body. Sulphur 200. Cured.

ASSAM STATE HOMŒOPATHIC CONFERENCE

PRESIDENTIAL ADDRESS

BY

DR. J. N, MAZUMDER, M. SC., M. B., F. R. C. S., D. M. S. H.

Dr. Chopra, Ladies and Gentlemen, brother Practitioners of Assam, I have been asked to preside over a Conference of Homœopathic practitioners many a time and I have always refused because I did not think that I was competent enough to do so. This time also I started with the same amount of diffidence in me as in previous occasions because I was told that one of the most veteran homœopaths of India, the first elected President of a council of homœopathy accepted by one of the State Governments, was to preside at this conference. But as I was requested by this gentleman to come here and officiate in his place, which I thought was indeed a great honour conferred upon a comparatively junior practitioner of homœopathy. Further, Homœopathy seems to be at cross roads in India at this particular juncture of time and I felt that I should try to help you gentlemen in chalking out a course of teaching and training for the homœopaths in the Province of Assam. With regard to this I felt I had acquired some amount of competence after having worked in the Homœopathic Enquiry Committee appointed by the Government of India. We, the members of the Homœopathic Enquiry Committee, have been much maligned by a large section of the profession, particularly the lay portion of it.

We have been blamed even as a Homœopathic Condemnation Committee. Gentlemen, even today I do not understand how condemnation of our teaching institutions or the majority of our practitioners for their short comings can be a condemnation of the system of Homœopathy.

We are turning over a new page in the history of Homœopathy and we felt that at this juncture the first

thing that any Indian is required to be in any sphere of public life is to be honest and that more so in the stocktaking of what we have in the homœopathic profession today in India. In the Committee Report we have asked for recognition of Homœopathy by the State. We have also asked for liberal help for the study of Homœopathy for future generations of Homœopaths. We have also asked for a radical control of entrants into the profession provided facilities are given by the State to see that the profession is not strangled.

Should we have asked for these things if he had already what we desire them to be? What was the use of asking for State controlled Institutions giving regular instructions with facilities for clinical teaching if we already had them? If the large number of Homœopathic Practitioners who are practising Homœopathy today were also real physicians, was there any necessity for us to have asked for such training facilities?

If we want ourselves to be recognised as also the Homœopathic system of treatment, we felt that we had our responsibilities towards the people who would recognise us. This brings us to a fundamental consideration of the difference between a mere homœopath and a complete homœopathic physician. This involves a lot of discussion as to what is necessary for practising homœopathy; but the main difficulty has been that the the physician, if he has to enjoy the rights and privileges of a physician, has many other ancillary duties to perform over and above his main duty of curing the sick.

These to my mind are (1) preventive medicine; (2) medico legal aspects which have increased so much in their implications today in view of the complexities of the relationship between the employer and the State. Further, there is the relationship between the employer and the employee. Next I put the aspects of prognosis where a knowledge of Pathology is essentially necessary for a physician. Lastly, but not the least, the homœopathic physician has to decide conscientiously what are

the difference between a natural disease, dynamic in nature, needing medicinal therapy and a surgical disease requiring surgical intervention along with drug therapy.

These surgical conditions as enumerated in the "Organon" are diverse, ranging from congenital defects, trauma and the mechanical effects of a dynamic disease. All these necessitate a general practitioner to be trained in the ancillary subjects subservient to the law of therapeutics that we all cherish so truly at heart. To my mind even that understanding of the law of therapeutics and its application in actual practice in a manner conducive to the production of best results would require the help of these auxiliary subjects.

Because the clinical approach to the study of diseases and drugs has raised Homoeopathy to an art almost independent of subjects satellite to the medicine proper, it does not imply that the study of these indispensable subjects, though not basic, is not required by a homoeopathic prescriber. I rather hold the opposite view that the best out of Homoeopathy can never be obtained without previous knowledge of the auxiliary subjects.

Otherwise Hahnemann himself would not have written in section 3 of the Organon (5th Edition) that the knowledge of diseases, knowledge of medical powers and knowledge about the choice of remedy are three essential requisities for a true practitioner of the art.

Gentlemen, knowledge is power and we can never know enough about the human organism. Any knowledge regarding man is not to be neglected by a physician "whose high and only mission is to restore the sick to health, to cure as it is termed." And sometimes it is dangerous for such persons who just hide their ignorance or for their ulterior motives, like financial gains through selling of medicines, books, degrees and diplomas, might want to propagate this idea that to practise Homoeopathy the auxiliary sciences and arts of medicines will not be necessary.

Gentlemen, I have tried to explain why we think we do not deserve to be condemned as a condemnation committee. I draw your attention today to what we strive for in this Enquiry Committee Report. At least once in the history of Homœopathy nine members of the Committee appointed by the State and country were fully qualified doctors, a majority of them practising Homœopathy and a minority of two practising modern medicine, with a Chairman who was an accepted scientist of repute, agreed upon the fact that it was a system of therapy with an orientation different from that of modern medicine and was one which could supply a State with the requisite necessities to be fulfilled by a scientific system of therapy. They recommended it unanimously for recognition.

If you go through the Report carefully you will find that the dissension notes of the two allopathic practitioners were only in the method of such recognition and not in the fact of recognition itself. Secondly, the fact of allowing the present practitioners of Homœopathy to continue to practice if and when any control of medical practice in general is introduced as an assured fact. Thirdly, once at least in India we have recognised the past graduates, of some of the institutions who did want to impart some sort of systematic training in spite of the tremendous difficulties that they had to face and meet, as persons fit to enjoy the rights and privileges of qualified doctors.

Gentlemen, we know that it is not the average practitioner of Homœopathy without such institutional training who is interested in having spoilt the chance of those trained colleagues of theirs who are putting up a fight but those who are interested in not having homœopathy recognised at all by the State are putting up this fight and trying to intimidate and delude the practitioner without institutional training with false propaganda. Once for all through your forum I want to assure the genuine practitioner without such training that we will not tolerate

any procedure in which their means of livelihood may be taken out. We will see that he has not got to face indecent competition from people who do a part-time job of sketchy Homœopathy and we can assure them that the way we have recommended in the Homœopathic Enquiry Committee to accept them will certainly never take away from them anything that they are enjoying now. In addition they will be accepted by the State as Homœopathic practitioners if not as Homœopathic physicians. Further, those amongst these who can come under category "C" of the classification of Homœopathic practitioners in the H. E. C. Report will certainly have an opportunity of getting themselves qualified and getting the privileges of a Homœopathic physician.

Gentlemen, to fight the Enquiry Committee Report at this stage when it is almost accepted even at the last Health Ministers' Conference is to fight Homœopathy and to put weapons into the hands of the not too sympathetic directorates at the States under the Centre. There are States where a directorate is sympathetic towards Homœopathy but I am afraid they are few.

In a Homœopathic conference it is customary to give a little account of what Homœopathy is. I do not know whether it is advisable to carry on giving the technical definitions in a place where most of us know what it is. I will just try to make it understandable even to the layman so that the fundamental difference between Homœopathy and the other systems of medicine may be clear in our minds.

The fundamental difference starts with the conception of what disease is between the different schools. Barring "ayurveda" I think the main difference lies in the roots of the conception of diseases. Allopathy, our so-called Modern medicine, has up to very recently conceived of diseases as an entity affecting a particular person either in a functional sphere where they take into account only up to that portion of the intangible phenomena in a

human body, namely, the mind. But mainly they consider structural disease derangements as what constitute diseases. According to them it is only when structural derangements have taken place that the function of an organ of a person is deranged, and thus they would think of a person with a diseased liver, a person with a diseased brain and a person with a diseased kidney, and while treating patients they want to treat this diseased liver, this diseased brain and this diseased kidney, trying to alleviate the other symptoms coincident with the functional disorders of these organs symptomatically either by a law of contraries or by methods of empiricism.

In the case of a diseased organ they want to restore the function of the organ either by removing a portion of the organ which is diseased when it is accessible and the cause of the condition is not known or partially known or when it is an infection that is an attack by external parasites, be it an animal of the higher type, the bacteria of the lower type in the scale of evolution or the ultra-microscopical virus to take such methods as would be inimical to these parasites continuing to flourish inside the human system. The methods of this have been diverse and the attempt has gone on from trying to find parasitocidal substances in the early stages which would be detrimental to the human organism, the chemo Therapeutic agents which came next whose effect was to produce substances which when inside the human organism would be most parasitical and least harmful to the human organism. The latest in this line has been the antibiotics which aim at making conditions inside the body such that parasites cannot continue to grow and multiply. You will find in this method the human being himself has as yet been kept out though his health is being found to be necessary as would be evidenced by a method of work of the antibiotics. In the other spheres the symptomatic treatment has been always to relieve symptoms by giving contrary medicines or by substitution theraph where a definite idea could be made with regard to the deficiency

of a particular constituent of the human organ. In these also the main factor of the human being as a whole was left out.

Homœopathy, as evolved by Hahnemann, started with a rebellious thought, the idea of finding a *causa morbi* (cause of diseases) by a harmful agent and of treating diseases from the point of view of "Tollecusum" (remove the cause) at the time of Hahnemann's practice was purely hypothetical. It was for him to understand that an individual was not the body alone. It was the energy that permeated the body and made it alive, work, function and suffer diseases that was primarily diseased in all diseases. The structural changes in the organ generally follow excepting in the case of trauma and congenital defects where it was because of some defect in the parents or in the derangement of this vital energy without which life, work, function and diseases are not possible. Diseased life energy, according to Hahnemann, has become disease of the person which includes his vital energy, mind and the structures that constitute his body. To the homœopath the disease was manifest only by the symptoms which were nothing but the deviations from the normal in either the mind, the structure or the function of the human organism. This was the main philosophy on which homœopathy is based. You will observe, gentlemen, that there is no such philosophy behind modern school of medicine and other schools excepting the ayurvedic system.

It was also an observed and scientific fact that drugs producing similar symptoms when administered to healthy persons as produced by diseases in a person and administered according to the law of symptom similarity produces such changes in vital energy as to eradicate the disease along with the *causa morbi* even when we did not know what the *causa morbi* was.

During the process of finalising the practical application of homœopathy, Hahnemann found that the drug effects when given in crude form were, though curative, producing undesirable symptoms because of the drug itself

acting in other spheres. To minimise that he wanted to diminish the quantity of drug and in this, as a chemist in a methodical manner, he took up a particular form of diminishing the quantity according to mathematical proportions and to have a good admixture of the drug with the dilutions giving definite numbers of succussion or pounding (trituration). And he found that peculiarly enough this particular method of dilution was increasing the curative property of the drug while diminishing the side effects or by-effects as it were. This he termed potentization or dynamisation of drugs.

There are still other theories and corollaries to these, the hypothesis of the Homoeopathic system. Gentlemen, you have heard in your President elect's message a better and more lucid exposition of the principles as also its mode of propagation in India and the world. I will just draw your attention to one fact today that the idea of the imponderable in our potencies are no longer imponderable. With the advent of Planknian mechanics as expounded by Planks and Einstien the conversion of mass into energy and energy into mass is no longer imponderable. The scientific fact of a crude substance being converted into some form of energy is definitely evidenced and proved by the fact of its capability of curing sickness when applied under conditions that it is predicated to do so. The explanation of how this conversion takes place is a matter for the scientist and not for the clinician. If that explanation being not available is adduced as a reason for not accepting Homoeopathy as a science I venture to say that much of modern medicine which was vaunted to be scientific for so many years from so many forum will have to be dubbed as unscientific. To mention a few, the much belauded specifics of modern medicine like Arsenic in Syphilis, Emetine in Amoebic dysentery and Quinine in Malaria still awaits explanation of their action. To say that they are parasitocidal of these diseases is to beg the question, because how this takes place is not known as yet.

Gentlemen, I do not want to take any more of your time. I conclude by just asking you to unite at this critical juncture of homœopathy and help your Enquiry Committee to formulate ways and means so that Assam, which is a growing Province, might have Homoeopathy recognised, the status of the homoeopaths accepted and arrangements made either by private bodies or by the State for the teaching homoeopathy and the auxiliary subjects so far as they are pertinent to the study of homoeopathy.

I thank you gentlemen for giving me this opportunity of meeting you and of explaining our action in the Homoeopathic Enquiry Committee of India.

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SOME PRACTICAL HINTS IN THERAPEUTICS.

DR. I. B. SANYAL M.S.C., M.B.

The following is a case from which many practical important points can be gathered

Patient—running a remittent type of temperature, seen on the 12th day of fever. The diagnosis was uncertain, because the patient showed all the clinical manifestations of typhoid fever but both blood culture in the 1st week and widal reaction in the second week were negative. However in the second week, the patient presented the following symptoms :—

- (a) Temperature rising up to about 105°, and falling to 102°5 to 103°.
- (b) Copious involuntary urination.
- (c) Occasional involuntary stool with fluttering noise.
- (d) Absolute wakefulness.
- (e) Almost speechless.
- (f) Extreme prostration.

But above all, the most troublesome symptom then was obstinate insomnia. The patient had sleeplessness for the

last 3 days, could not close the eyes even for a moment. The well reputed remedies for sleeplessness were tried but with no result. Next Kali phos. 6, 2 doses every one hour, were given and after the 1st dose patient was found to be sleepy and began sleeping one hour after the 2nd dose. Pt. slept for about 12 hrs. without any break.

Now it becomes an important thing here to explain the marvellous action of Kali phos. where drugs like coffea, etc. were an utter failure.

We know that if in the course of an acute disease, any particular symptom assumes a very striking feature, the causation and the modalities of that particular symptom should be given greater importance. In this case insomnia took up an extremely striking feature and so its cause and modalities are very important. Here we found on close analysis and from the previous history of the patient, that she had a profound mental shock for a continued period which led her to a condition of extreme prostration, more over patient showed some hysteric manifestations. Clearly the sleeplessness was due to utter nervous exhaustion and not due to any other cause. Kali phos covers

- (i) Sleeplessness of nervous origin, associated with
- (ii) Mental derangement
- (iii) General stimulant to brain in zymotic diseases, thus comprising with the then modalities and cause of sleeplessness—and the result as we have seen has been perfectly satisfactory.

Amongst other drugs, indicated for insomnia the following also could be thought of fitting with the present totality, the foremost of which is hyoscyamus, but it produced no impression on sleep. Hyoscyamus failed because this feature of the case viz extreme nervous prostration which seemed to be the cause of insomnia is absent in hyoscyamus. Coffea was also tried with equal unsatisfactory results. Coffea failed because the sleeplessness of Coffea is due to over activity of brain. The brain becomes crowded with many different types of thoughts and so the patient cannot sleep. But the cause of insomnia here was diff, and so Coffea failed.

Belladonna came to be of no use because one of the cardinal features of Belladonna viz congestion which is present in every case of Bell. was utterly lacking in this case.

After Kali phos. the patient kept well for one full day, temperature kept comparatively low but suddenly the next morning she developed symptoms of collapse with extreme restlessness rather fidgetiness particularly of the limbs. There was extreme prostration, patient was much restless, pulse was intermitting with retching after each meal. The condition improved after 2 doses of Ars. Alb. 200 repeated every one hour.

Intermittency of pulse disappeared, retching was a bit less and there was some amelioration about restlessness. The patient however was practically unconscious all along. Moreover she developed signs of consolidation in the lung. Ars. Alb. did this much of improvement that consciousness was restored to some extent but she could not speak. The full effect of Arsenic was not obtained until a few doses of Rhus tox 200 were given. Rhus tox was given on the following points:—

- (1) Restlessness of extremities particularly the lower—patient moving the legs constantly.
- (2) Chest showing signs of consolidation.
- (3) General fidgetiness.
- (4) Typhoid state of the patient.

The total picture changed after Rhus tox. Restlessness was much ameliorated, almost nil, chest was almost free and she could now speak though in a nasal voice.

Here in it will not be out of place to mention some points as regards the use of Rhus tox in typhoid fever. It is generally indicated in the 1st week of the disease when patient complains of aching pain in the limbs and he cannot keep quiet on bed always changing position whereby feels some amount of temporary relief—he is chilly—thirst may or may not be present, with the temperature of a remittent type. But sometimes towards the end of the

2nd or beginning of the 3rd week, we also get a good field for Rhus tox which in these cases have been found to save many a life from imminent death. Patients in these conditions are generally extremely drowsy and in an extremely toxic condition and indications of Rhus tox are generally obtained by the following symptoms :—

Along with drowsiness there is restlessness generally restricted to the limbs particularly the lower ones ; involuntary passage of fæces and urine, the former is generally extremely offensive, patient remains chilly and if is not, absolutely unconscious, complains of aching pain in the limbs—if unconscious, pressure and massaging of the limbs brings about some comfort in the patient which is evidenced by decrease in restlessness. Here in Rhus tox should be differentiated from Arsenic, Zincum, Kali Brom. and Helleborus. In Zincum the fidgetiness is manifested on the feet only, patient moving the feet, one or the other constantly. In Helleborus there is automatic movement of one arm and one leg. Drowsiness in Helleborus is more profound, there may be complete unconsciousness. Involuntary stool of cadaveric odour is characteristic of Rhus tox in these conditions. In Helleborus there may be involuntary passage of stool but this cadaveric odour is not generally found.

Subsequently the patient was improving demanding occasional application of some drugs according to symptoms. But one night she suddenly developed violent delirium when the temperature was low and severe fearful delusions of insects. She was almost mad with much violence, giving out horrible cries. This was taken to be hysteric in nature and a single dose of Valeriana 30 removed all troubles.

The following day was alright but again at night same delusions and delirium started. Now the delusion was not restricted to insects only but there were delusions of other frightful objects also. But this time Valeriana was of no effect and drugs like Stramonium, Kali Brom, Aconite Tarentula, all were tried but there was no response. Lastly

Belladonna produced some very slight impression. Next Calc. carb. 200 was given. Calc. carb. was given on two points only—

- (1) Patient had delusions of frightful objects in general.
- (2) Constitution of the patient was that of Calc.

There was considerable amelioration but complete cure was not obtained. It is a controversial point here, whether the improvement was due to Bell or Calc. It was then thought to be due to Bell. and Calc. carb, being chronic of Bell. complemented its action because slight improvement was noticed after Bell; but subsequent events proved that Calc. carb. did a considerable portion of the work.

Next Kali Brom. 200 was given and the total picture changed within 2 hrs. There was no more delirium nor any frightful vision, patient was quiet sensible, talking most rationally. Temperature kept low.

Now it is a point for discussion here, whether Kali Brom. was justified so early without giving sufficient time for Calc. carb. to act. At the time of giving Kali Brom. the picture was this :—

(a) Though there was no shrill cries but patient's gestures and staring look all indicated that she was in awful fright.

(b) Occasional frightful delusions and visions of relations who is dead

(c) Extreme fidgetiness of limbs particularly the upper limbs—which was the then most noticeable symptom.

It is an important principle in homœopathy that in the treatment of diseases a well acting drug should never be changed until a state is reached where the action of the drug stops or a new picture of symptoms develop. But in acute case, as we have said before, it sometimes becomes necessary to change drugs at rapid successions because the picture symptom also is often found to and drugs should

be changed according to symptoms which attain most prominence at those particular times.

Here in this case, Bell. and Calc. carb. have done their jobs in combating mental fear and delusions and when these symptoms were combated to a great extent, the most prominent symptom then became extreme fidgetiness particularly of upper limbs—which is well covered by Kali Brom. Moreover Kali Brom. also covers night terrors, horried illusions, active delirium as well as sleepness ; and we see the result was marvellous.

Here again we come across practical fields showing the relative importance of symptoms in selecting out drugs. Kali Brom. which produced such remarkable results now had proved useless when given during the first stage of acute delirium. Kali Brom. no doubt, covers night terrors with horrid illusions and active delirium but drugs like Bell. or Stramonium have more reputations than Kali Brom, as regards these symptoms ; and the most important symptom at that time was acute delirium, so Bell. was effective and Kali Brom. failed. But later, most important symptom became fidgetiness of upper limbs associated with delirium which then occupied a place of secondary importance. This symptom complex viz fidgetiness associated with delirium is one of the leading symptoms of Kali Brom. and now Kali Brom. showed its right place of application.

Mentally the patient kept quite a normal state for about 24 hrs. after which she all on a sudden developed the same frightful dilusions and Calc. carb. 200 one dose was given with subsidence of all symptoms within 5 mits. This proved that the previous administration of of Calc. carb after Bell was quite justified and Calc. carb. helped the action of Bell. to a considerable extent.

After this the patient was gradually proceeding towards recovery with no untoward symptom. But suddenly she developed, one day, some new complications—Such as the following :—

- (1) Sudden increase of temperature
- (2) Ulceration and swelling of gums
- (3) Constipation for about 10 days
- (4) Urinary troubles viz loss of voluntary mict. reflex

The high fever with thirst and constipation led us to prescribe Bryo. 200 but no response was obtained. Next Hepar Sulph 6, a few doses were administered on the point that the patient developed much chilliness, which produced some impression on the temperature, though very slight and transient ; there was also a bit amelioration about gum troubles, but no satisfactory result was obtained. The urinary troubles became very urgent at that time, so Causticum 200, 2 doses were given. There was appreciable fall of temperature after the 1st dose, and some improvement about urination and after the 2nd dose the voluntary reflex mechanism for mict. was completely restored, with much amelioration about gum troubles.

Here it will not be out of place to mention something about the two types of micturition reflexes. These are

(i) Automatic mict. reflex—the sole mechanism in infant and little children—where the mechanism is entirely spinal—as soon as the bladder pressure rises, impulses are sent to nerve cells in the spinal cord and the bladder empties itself.

(ii) Voluntary mict reflex—In adults in whom the nervous system is well developed this is the mechanism for mict. where the whole reflex act is controlled by the higher centres in the brain.

The centres of mict. reflex lie in the lumber and in the sacral region. The diff. in the two cases is that in the second case these centres in the Sp. cord are regulated by higher centres. If any defect occurs affecting the filses for the voluntary regulation of bladder then this voluntary regulating mechanism is interfered with, patient is completely conscious of all events occurring in the bladder but he

has difficulty in imitiating the act and further he cannot hold his water at will ; no sooner does the desire come on than he responds to it immediately.

Causticum, however, though did much, but could not produce any beneficial effect about constipation. The bowels had to be moved by glycerine enema.

The patient kept all right, the temp. gradually falling down. This state continued for about 10 days, when the temperature fell to normal. But the bowel again remained more or less blocked for so many days. They did not move except on rare occasions when one or two hard marble like masses passed, but that also to be dragged out by finger, after the last enema. Patient felt much inconvenience—there was a constant desire but there was inability to expel the feces—a paretic condition of the gut.

Alumen 30 two doses at interval of 24 hrs. was given on the following points :—

- (a) Constipation of the most aggravated kind
 - (b) No desire for stool for days.
 - (c) Violent ineffectual urging with inability to expel
 - (d) Marble like masses pass but rectum still feels full.
- 24 hrs. after, the bowels moved automatically—about 15—20 hard masses passed and since then the bowels are moving regularly. Patient is still progressing well.

INFANTS' EMERGENCY CASES

MENINGITIS

(Continued from page 16)

Stramonium : This is another remedy useful in the tuberculous meningitis of children. The child wakes up frightened from sleep as if from the first object seen. Its delirium is of a mild form and in delirium he talks continuously and, in some cases, even tries to escape.

Veratrum vir : A peculiarity of this medicine is that it causes acute hearing with oversensitiveness to sound while the vision is diminished with the pupils dilated. A red streak down the centre of the tongue will further distinguish it.

Zincum met : With its characteristic movement of the lower extremities or constant movement of hands and head is another remedy when paralysis is threatened. It is also useful in suppurative meningitis in association with exanthema. In the hydrocephalus condition it is an excellent remedy if the abovementioned movements of extremities are present.

REMEMBER :

In the first stage, at the very commencement of the trouble *Belladonna* well covers the symptoms in the majority of these cases. But it should always be borne in mind that when Bell. is indicated congestion should supervene the condition. Instead of congestion if it happens inflammation to be the supermost symptom, then *Aconite* will be a better choice.

Although *Belladonna* and *Glonoïn* are the best medicines for congestion of brain as a resultant of sun-stroke but if the history establishes that the congestion is the outcome of the child having slept with his head in the direct rays

of the sun then again *Aconite* will be superior to any other medicine.

Both *Aconite* and *Belladonna* are medicines for the early stage, prior to the commencement of serous exudation and when the exudation sets in they usually give place to *Sulphur* and *Bryonia* respectively.

When *Bryonia* will be indicated the congestion of *Belladonna* will no more predominate, instead, the face will become pale or at least pallor will alternate with red. Similarly the violent delirium of *Bell.* will subside and a milder type of *Bry.* may take its place. Aggravation from jars will then be substituted by an aggravation from movements, and hence the little patient will remain calm and quiet.

When *Aconite* calls in *Sulphur* the child will no more remain restless and sleepless but a drowsiness will step in and will quieten him inspite of the dry heat still continuing.

If the condition runs still further then *Bryonia* may require *Sulphur* to follow, while *Sulphur*, *Apis*. The well-known cephalic cry will guide to the choice of *Apis*.

Remember also that heat aggravates the troubles of an *Apis* kid but relieves the troubles of the child requiring *Apocynum*.

Before closing this chapter we have to consider three more conditions which are often found in association with meningitis, although they may appear independently as well.

HYDROCEPHALUS

Hydrocephalus is the first condition in this group and is a common feature of tuberculous meningitis. When the effusion begins in meningitis the fluid accumulates in the skull and this excess of cerebro-spinal fluid inside the cranium is called hydrocephalus or water on the brain. Sometimes a child is born with some defective development of that part giving rise to excessive collection of the cerebro-spinal fluid inside the cranium in consequence of which the cranium becomes bigger from its pressure as we find in some children.

Such cases are known as chronic hydrocephalus. But here, in this discussion, we have to deal with the acute type only. Medicines for this condition can be selected, according to symptoms, out of those described under Meningitis.

ENCEPHALITIS.

Inflammation of the brain is called Encephalitis and is frequently found in association with meningitis. It may also occur quite independently or along with some infectious disease like scarlet fever, measles, whooping cough or influenza. It is very difficult to ascertain whether the inflammation is of the brain itself or of its covering membrane as the symptoms are very similar. Let the pathologists tax their brain to find out the locality of the mischief. The practitioners of homœopathy, whose business is to restore health to the suffering humanity, will find no difficulty in tackling these cases successfully even without the knowledge of the name of the disease ; it may be meningitis or encephalitis, the symptoms will guide him to the right selection of his medicine. Suitable medicine for this condition also should be selected from those mentioned under "Meningitis."

Whenever an irritation in the child's brain is suspected and whenever a child is found rolling the head from side to side on the pillow or boring the head into the pillow with or without signs of paralysis a study of the medicines described in this chapter will prove worthwhile. Ascribing the mischief lying in different parts of the body the regulars may name the conditions whatever they like but the followers of Hahnemann must always be guided by the brain symptoms.

HYDROCEPHALOID.

Sometimes a hydrocephalus condition is found in association with green diarrhœa of children or with cholera infantum which has been named as Hydrocephaloid by some authors. Really speaking this is secondary to that diarrhœa

of green slimy stools and is due to the extreme weakness from excessive drainage.

These cases very easily yield to *China* which has green, slimy, watery stools; distended abdomen with flatus; vomiting of water soon after it is taken (Ars.); pale and cold face. We have no better medicine than *China* to remove the exhaustion of diarrhoea with or without vomiting. When the drowsiness or the soporous condition shows some improvement *Calcarea-phos* 3x or 6x in repeated doses will remove the remaining debility of the child. This drug too has green diarrhoea with slimy stools and is suitable for rachitic or teething children with open statures. But Dr. Jahr states that he derived best results from Phosphorus and *Calcarea-carb*. In some extreme cases he had to fall on *Zincum-met* too. *Phosphorus* has exhaustion and hence when this remedy is indicated the prostration will be from the onset of the trouble. It has green, slimy diarrhoea but its leading feature is that water is ejected as soon as it becomes warm in the stomach. It will be more suitable for hot-blooded children with fidgetiness and evening aggravation. *Calcarea-carb* will be suitable for children with big head and abdomen, open fontanelles who exhaust and perspire easily; the perspiration is more marked during sleep and on the occiput. *Zincum-met.* will be useful when paralysis seems to be imminent. Constant automatic motion of the lower extremities is its guiding symptom.

REMEMBER :

In the treatment of these cerebro-spinal complaints the remedies act slowly and not immediately; the reaction may start after 24 to 48 hours.

An aggravation of the complaint is generally the first sign of reaction and if it is allowed to act undisturbed and if the child still maintains vitality to stand the aggravation then the signs of improvement will gradually come to notice.

The stage of improvement lasts for a week or so and the signs of betterment are very painful. When the blood begins to circulate to the benumbed parts the child feels a tingling sensation all over the body. This itching, tingling and formication are the sure signs of improvement but are severely painful. The child will be crying in extreme agony and will be tossing about and whirling around all over the bed. Remember that any change of medicine at this stage means sure death.

DR. B. K. GOSWAMI.

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TYPHOID.

SEC II.

ANACARDIUM.

- (1) Weak and impaired intellect after typhoid. Loss of memory. Weakness of all the senses.
- (2) Heat of left side.
- (3) Heat of upper body with cold feet and hot breath.

ARUM TRIPH.

- (1) During delirium boring in nose, picking at one spot or at the dry lips.
- (2) Picking ends of fingers and dry lips till they bleed.
- (3) Unconscious of what is said to him or of what he is doing.
- (4) Putrid odor from mouth.
- (5) Buccal cavity raw and bleeding.
- (6) Great weakness.
- (7) Sleepy but on falling asleep sensation of smothering.
- (8) Diarrhœa ; dark yellow fluid or mushy ; each succeeding stool more watery.
- (9) Urine suppressed.

- (10) Restless tossing about bed, wants to escape.
- (11) Quivering of upper lids ; esp. left.
- (12) Acridity.
- (13) Bores head in pillow.
- (14) Soreness of nostrils, acrid excoriating discharge producing raw sores.
- (15) Nose obstructed, must breathe through mouth.
- (16) Corners of mouth sore and cracked.
- (17) Saliva profuse, acrid, corroding.

ARGENT NIT.

- (1) Complete deafness.
- (2) Tongue dry, hard and black.
- (3) Hands tremble.
- (4) Lassitude of lower limbs.
- (5) Stool and urine passed involuntarily.
- (6) Bleeding from anus.
- (7) Utter insensibility of body.
- (8) Chilly when uncovered.
- (9) Complete apathy.
- (10) Voluntary motion impossible.
- (11) Short oppressed breathing, cough.
- (12) Very much excited at night with constant murmuring.
- (13) Fetid breath.
- (14) Feeble action of heart with filiform pulse.
- (15) Loss of consciousness.
- (16) Time passes very slowly.
- (17) Vertigo when walking with eyes closed.
- (18) Drowsy, dilated pupils, green stools.
- (19) Head feels much enlarged.
- (20) Eyes red, shuns light.
- (21) Violent itching of nose.
- (22) Face sunken, pale, bluish, leaden coloured.
- (23) Lips and finger nails blue.
- (24) Lips trembled when he spoke.
- (25) Teeth black, tongue black.

- (26) Red streak down middle of tongue.
- (27) Desire for sugar ; strong cheese.
- (28) Rumbling, gurgling in abdomen, wind cannot pass ; tension of abdomen, cannot bear to be touched.
- (29) Diarrhœa as soon as he drinks.
- (30) Trembling of limbs.
- (31) Nothing but shaking would arouse him ; scarcely are his eyes open before he again closes them.
- (32) Dreams he is hungry.
- (33) Asthmatic attacks at night, with rapid pulse.
- (34) Sensation of expansion, head, face, etc.
- (35) Dreadful soreness in the flesh and limbs ; muscles rigid.

ANTIM TART.

- (1) White pasty tongue. Red and dry, esp. center. white with red edges.
- (2) Anxious nausea.
- (3) Suffocative cough with profuse rattling of mucus.
- (4) Pneumo-Typhus with great rattling in chest, dyspnœa.
- (5) Rattling of mucus with little expectoration.
- (6) Drowsiness, debility and sweat.
- (7) Heaviness of head. Scalp very sensitive.
- (8) Tongue red in streaks.
- (9) Great oppression of breathing towards morning, must sit up to breathe.
- (10) Oppression and prostration.
- (11) Hollow cough with heat and moist hands, sweat on forehead.
- (12) Eyes congested, staring, dull, unsteady, half open or one closed.
- (13) Face red, bloated, anxious, or cool, pale, and sallow.
- (14) Nostrils dark, sooty, dilated.
- (15) Mouth open, parched, tongue dry and brown.
- (16) Great thirst.
- (17) Diarrhœa.

(18) Meteorism, nausea and vomiting.

(19) Vertigo on closing eyes ; when lifting head.

(20) Trembling of head particularly when coughing.

(21) Face pale, sunken ; pale, puffed with coma ; face bluish.

Cold sweat on face. Warm sweat on forehead and head from effects of vomit.

Convulsive twitches in almost every muscle of face.

(22) Lips dry, scurfy.

(23) Desire for acids.

(24) Much thirst, drinks little and often or absence of thirst.

(25) Respiration with much rattling of mucus. Much rattling of mucus in trachea, cannot get it up.

(26) Trembling of the hands.

(27) Hands cold and moist. Finger tips dry and hard.

(28) Weariness in feet ; cold feet.

(29) Weakness, insensibility and coldness, heaviness of limbs.

(30) Trembling of whole body.

(31) Great restlessness.

(32) Irresistible inclination to sleep.

(33) Affected parts sweat profusely. Sweat cold and clammy.

AMMONIUM CARB.

(1) Bleeding from nose, gums and bowels.

(2) Debility with soreness of whole body, has to lie down.

(3) Great chilliness with headache;

(4) Tendency to decubitus and gangrenous ulcerations.

(5) Hearing other talk or talking himself affects him.

(6) Headache as if it would burst.

(7) Scalp, even hair painful to touch.

(8) Aversion to light with burning in eyes.

(9) Eyes blood-shot with lachrymation.

- (10) Hard hearing.
- (11) Nosebleed when washing face in morning.
- (12) Lower lip cracked in the middle, bleeding and burning.
- (13) Blueness of the lips.
- (14) When stooping blood rushes to the tip of nose.
- (15) Painful vesicles on the tongue.
- (16) Great dryness of mouth and throat.
- (17) Hands look blue and veins distended after washing in cold water.
- (18) Trembling of hands ; feet.
- (19) Great weakness in legs.
- (20) Debility, must lie down. Adynamia.
- (21) High coloured and fetid urine.
- (22) Dreams of lice.
- (23) Talks during sleep.

ALUMINA.

- (1) When Bryonia though indicated does not act deep enough.
- (2) Diarrhoea whenever he urinates. Cannot urinate without straining hard at stool.
- (3) Alvine discharges frequent, foul, large quantities of blood with each stool.
- (4) Time passes too slowly.
- (5) Mental symptoms worse in morning on awaking.
- (6) Vertigo, everything turns in a circle.
- (7) Inclination to stare. Sensation of coldness in the eyes.
- (8) Redness of nose.
- (9) Point of nose cracked.
- (10) Involuntary twitching of lower jaw.
- (11) Upper lip covered with little blisters.
- (12) Teeth covered with sordes.
- (13) Tingling itching of tongue, must scratch it.
- (14) Aversion to meat. Desire for fruit and vegetables.

- (15) Mucus vomit
- (16) Arms and legs feel heavy.
- (17) Trembling of the limbs : jerking, twitching.
- (18) Sleepiness with inclination to lie down. Restless sleep, turns frequently.
- (19) Restless sleep, awaking with palpitation of heart.
- (20) Entire inability to sweat.

ABSINTHIUM.

- (1) Wants to lie with head low.
- (2) Eyes red, suffused with tears.
- (3) Urine of strong smell, like horse's urine.
- (4) Trembling of limbs.
- (5) Fevers in autumn with swollen liver and spleen.
- (6) Ecchymosis in stomach.
- (7) Sensation of weight on chest.
- (8) "Sleeplessness of Typhoid fever when there is congestion at the base of the brain." Farrington.
- (9) Wants to walk about in delirium.
- (10) Sees all sorts of visions

AILANTHUS.

- (1) Livid or purplish appearance of the skin.
- (2) Semi-conscious, can hardly comprehend what is said to him.
- (3) Stupor, delirium and insensibility.
- (4) Muttering delirium, with sleeplessness and restlessness, constant muttering delirium.
- (5) Vertigo.
- (6) Hot face. Head burning hot. Dark blue arms, eyes.
- (7) Cannot sit up.
- (8) Drowsy, yet very restless and anxious.
- (9) Raging delirium with brilliant eyes.
- (10) Delirium, with fever and anxiety.
- (11) Eyes suffused and congested, startled look when aroused:

- (12) Pupils widely dilated, photophobia.
- (13) Copious, thin ichorous and bloody discharge from nose.
- (14) Countenance indicative of much distress. Face dark as mahogany, hot, purplish face.
- (15) Teeth covered with sordes.
- (16) Tongue dry, parched and cracked, purplish white, tip and edges livid, brown in middle.
- (17) Stool, offensive, thin watery, diarrhoea. Involuntary stool with urine.
- (18) Skin cold, dry, livid. Forehead and face of purplish colour.
- (19) Extreme prostration, torpor, at the very onset.
- (20) Pulse small, rapid.
- (21) Stupid, dull, delirious, weak, stoic indifference.
- (22) Thirst for cold drinks.
- (23) Vomiting with stupor.
- (24) Tympanitis ; rumbling.
- (25) Urine scanty or suppressed.
- (26) Tingling in fingers on awaking.
- (27) Heaviness of limbs. Great debility. Sudden and extreme prostration. Low adynamic form.
- (28) Bronchial affections. Sleeps best on right side.
- (29) Cold sweat.
- (30) Ail, (compare Bapt).

Ail produces more profound stupor than Bapt. Ail has a well-marked excoriating, watery discharge from the nose making the upper lip sore.

ACETIC ACID.

- (1) Violent delirium, incoherent talking. Alternate stupor and delirium. Violent delirium with distention of belly and obstinate constipation.
- (2) Appears as if drunken, with heavy head.
- (3) Nosebleed.
- (4) Left cheek very red with fever.
- (5) Lips, deep purple tint.

- (6) Foul breath.
- (7) No thirst with fever.
- (8) Diarrhœa in the later stages of abdominal typhus.
- (9) Costiveness with tympanitis and stupor.
- (10) Hæmorrhage from bowels.
- (11) Febrile heat, with dry skin ; in bilious, putrid and typhoid fevers.
- (12) Typhus with delirium.
- (13) Slow putrid fever with night sweats.
- (14) Great debility and prostration.
- (15) Intense thirst for water.
- (16) Large quantities of urine.
- (17) Profuse weakening diarrhœa.

AGARICUS.

- (1) Delirium, tries to get out of bed. Great exertion of power with delirium. Great loquacity. Sings, talks, does not answer question. Disinclined to answer questions, talks continually. Delirium constant, knows no one, throws things at the nurse.
- (2) Pupils dilated.
- (3) Trembling in lips, muscles of lower jaw.
- (4) Left side of tongue numb.
Tongue ; dry, white.
Tremulous propulsion of the tongue.
- (5) Offensive smell from mouth.
- (6) Burning thirst.
- (7) Loud rumbling in bowels.
- (8) General tremor of whole body ; legs ; hands.
- (9) Small quick pulse.
- (10) Frequent jumping of muscles.
- (11) Involuntary movements while awake, ceasing during sleep.
- (12) Coma. On falling asleep starts, twitches, sudden complete awaking, wide awake at night.
- (13) Very sensitive to cold air.
- (14) Heat of upper part of body.

- (15) Sweat greasy.
- (16) Symptoms appear diagonally.
- (17) Low type of typhoid. Tympanitic condition. Rumbling; and gurgling in bowels; horribly fetid discharges; trembling and jerking of muscles. Tongue dry, tremulous; meteorism and distention of abdomen
- (18) Urine feels cold on passing.
- (19) Legs feel heavy.
- (20) Spine sensitive to touch.
- (21) Great weakness and weariness and uncomfortable feeling in body.
- (22) Chattering of jaws and trembling of limbs.
- (23) Typhoid fever in drunkards.
- (24) Stupor.
- (25) Pains in legs, esp. in hips, with twitching of muscles.
- (26) Cramps in hands and feet.
- (27) Desire for liquors.
- (28) Twitchings.
- (29) Skin hot and dry.
- (30) Tongue dry brown, tremulous.

ALUMEN.

(1) "Great masses of coagulated black blood passe from the anus in the third week of Typhus with signs of great exhaustion."

(2) "Ichorous diarrhœa, mixed with blood of an offensive odor or passes large quantities of coagulated blood; very weakening colliquative diarrhœa, discharge of coagula from rectum and uterus."

(3) "In hæmorrhage from the bowels during Typhoid you may also remember Alumen which is useful when there are large clots passed."

"Arsenic is called for in this hæmorrhage when the flow consist of dark watery blood and is associated with anxiety and restlessness."

"Hamamelis: dark venous flow, without anxiety. Sometimes blood is dark and pitch-like."

"Leptendra: stool consists of black blood looking like pitch."

"Nitric acid: Profuse bright-red hæmorrhage from the bowels with fainting on the slightest motion."

"Alumina: large quantities of black blood with each stool. Cannot urinate without straining hard to stool.

Diarrhœa, whenever he urinates."

"Typhoid with hæmorrhage from bowels: Am-c. Arn. Carb. v. Chin. Croc. H. Ham. Kreos. Lach. Mur. ac. Sul. ac. Tereb."

With suppression of urine: Colch. Stramo. Zingib.

DIGITALIS.

- (1) A very slow pulse. or rapid pulse. esp. after motion.
- (2) Stools gray or ash-coloured.
- (3) Urine too scanty.
- (4) Cyanosis.
- (5) Tongue white, bluish; clean.
- (6) Pupils dilated.

FLUORIC ACID.

- (1) Presence of decubitus.

GINSENG.

- (1) Loud gurgling noise in ileo-cæcal tract; dry tongue; delirium on going to sleep.

HAMAMELIS.

- (1) Dark and pitch like hæmorrhages of venous blood, without anxiety.
- (2) Small loss of blood causes great prostration.
- (3) Much weariness, easily tired.
- (4) Dryness of mouth.

(5) Restless at night.

(6) Hæmorrhage from the bowels of fluid, dark, fetid blood ; great soreness of abdomen.

HYDRO. AC.

(1) Drink rolls audibly down the throat.

CASTOREUM.

Patients, especially women, who are nervous and do not react after typhoid fever. If after the fever has spent its force, the patient remains irritable, with weak and exhausting sweat, Castoreum helps her at once."

Farrington.

Twitching of muscles.

Extreme exhaustion.

CHLORINE.

(1) Fear of becoming crazy. or that he will lose his senses.

(2) Very forgetful ; cannot remember names.

(3) Constant fear of some impending disease.

(4) A peculiar painful sensation in vertex, passing down the left side of the body. This is a precursor of typhoid. It is worse after eating.

CHIN-SULPH.

(1) Sensitive spine.

(2) Trembling of limbs.

(3) Chilliness on back.

(4) Face red, great thirst.

(5) Veins on arms and legs enlarge.

(6) When typhoid fever becomes rapidly pernicious.

(7) Restlessness, excessive sensibility to touch, noises.

(8) Weakness of limbs.

(9) Mouth dry, tongue yellow at root ; tongue white ; thick yellow fur on it.

(10) Deafness, ringing in ears.

- (11) Closes eyelids involuntarily from sheer prostration.
- (12) Indifference and apathy. (Reverse of Ars. A.)
- (13) Stupid expression. Vacant stare.
- (14) Averse to answering questions.
- (15) Abdomen distended; gurgling on pressure on
cœcal region.
- (16) Involuntary stool and urine.
- (17) Rattling in chest. (right side).

COCOULUS.

- (1) Cerebro-spinal form of typhoid.
- (2) Abdomen tympanitic; rumbling.
- (3) Startles very easily.
- (4) Sobbing, moaning, groaning.
- (5) Thoughts fixed on one unpleasant subject. She is
absorbed and observes nothing about her.
- (6) Vertigo, must lie down.
- (7) Sensation of emptiness or hollowness in head.
- (8) Pupils dilated.
- (8) Eyes protruding. Eyes closed with balls constantly
rolling about.
- (10) Hardness of hearing; noises in ears.
- (11) Face pale; blue around the eyes; sweat in face.
- (12) Tongue as if paralyzed; pains at base when
protruded.
- (13) Sensation of dryness in mouth; frothy saliva,
violent thirst.
- (14) Dry throat. Thirst with aversion to drink or
thirstless.
- (15) Longing for cold drink, beer, aversion to sour
things,
- (16) Now one hand and again other is alternately hot
and cold.
- (17) Cold feet.
- (18) Feels too weak to talk aloud.
Great lassitude of the whole body.
- (19) Sleep aggravates all the symptoms.

- (20) Continuous chilliness with hot skin.
- (21) Jerkings of muscles esp. of lower limbs.
- (22) Trembling of all the limbs.
- (23) Weak, can hardly stand erect.
- (24) Great weariness at 9 A. M. heaviness in all the limbs, unconquerable inclination to sleep.
- (25) Indolence, sits in silence. Wants to lie down.
- (26) Unconquerable coma vigil. Coma.
- (27) Cold sweat on forehead and hands.
- (28) Pupils contracted or dilated.
- (29) Mouth dry at night.
- (30) Frequent urination in small quantities.
- (31) A great deal of efforts to speak the words plainly.
- (32) Eyelids heavy, falls shut.
- (33) Feet very heavy.
- (34) After mental and bodily overexertion.
- (35) Cold sweat of feet.

—o—

HEADACHE.

[Continued from page 40]

LITHIUM CARB.

Pain : Burning ; Pulsating ; Beating ; Throbbing ; Pressing.

Location : Forehead ; Left side of forehead, over eyes ; Occiput ; Left side of head ; Temples ; Vertex.

Aggravation : Morning ; After eating ; Looking fixedly at anything ; While lying ; After menses ; On awaking ; Suppression on of menses ; Towards evening.

Amelioration : Walking in open air ; Sitting, lying, During eating ; Open air, going out.

Attending Symptoms : Inability to see right half of objects ; Nausea ; Head seems large.

Description : Confusion of head.

Headache on vertex and temples, worse on awaking, the eyes pain as if sore and difficulty in keeping the eye lids open,

Pain from stomach to head, from left temple into left orbit, better while eating, worse after eating, after suppression of menses.

Inability to see right half of objects

Tension as if bound, better sitting and going out.

Head externally sensitive.

Headache ceases while eating.

Trembling and throbbing. Pain and heaviness over eyes, worse toward evening. Pain in left temple extending into orbit, with gnawing in stomach began an hour before dinner, better while eating, but returning soon after and remaining as a pressure in temples until night and only goes away after falling asleep.

Pains in small spot in right temple.

Pressure in temples from without inwards, a pressing pain in middle of chest.

Tension as if bound in temple with half vision.

Early on awaking violent headache in vertex and temples with nausea.

Heavy weight on vertex with pressure on left temple.

Headache like a stitch, superiorly in vertex, on right side, sensitive when touched.

Headache worse when lying down, it pains everywhere ; better when sitting up, by going out.

Looking up at anything aggravates headache, can hardly keep eyes open ; then pain as if sore from morning till noon.

Head seems large.

LILIUM TIG.

Type : Neuralgic.

Pain : Burning. Drawing. Pressing. Tearing. Hot pain. Blinding.

Causes : Uterine disorder.

Location : Over left eye. Vertex. Occiput. Temples. Over eyes. Forehead.

Aggravation : Morning. Morning on waking. Evening. Open air. Walking in open air. Warm room.

Amelioration : Pressure. At sun-set.

Attending Symptoms : Blurred sight. Constant desire to pick the nose. Morning diarrhœa. Vertigo. Depression of spirits. Bearing down pains in pelvic region. Strangury. Menstrual irregularities. Irritable condition of heart. Cold feet, worse at night,, better moving them. Uterine disorders.

Description : Heavy feeling in head, at times slightly confused, then almost crazed feeling in the head, rushing like some liquid through the head generally from right to left, pains over the eyes.

Blurred sight with heat in eyelids and eyes.

Constant desire to pick the nose ; fullness of the head with pressure outward as if contents would be forced through every aperture.

Heavy feeling in head with morning diarrhœa.

Paroxysmal headache.

Dull pressive aching from left temple pressive aching from left temple to occiput.

Vertigo. Depression of spirits.

Bearing down pains in pelvic region, strangury, menses irregular, irregular condition of heart.

Cold feet, worse at night, better by moving them.

Headache, especially if depending on uterine disorders.

Dull pain in forehead over the eyes.

Hot pain.

Blinding pain in forehead and temples.

Pressure outward.

Headache on waking, worse in open air, better at sun set, with heaviness as if too full of blood, flowing blood from nose, desire to support head with hands.

Neuralgia over left eye to vertex.

Neuralgia in temples, alternately left and right.

Pressure and crazy feeling in vertex.

Pain in occiput and over eyes.

LEDUM.

Type : Syphilitic. Mercurial. Rheumatic. Gouty. Chronic.

Pain : Boring. Digging. Dull. Drawing. Pressing. Sore. Stunning. Stupefying. Tearing. Pulsating. Throbbing. Beating.

Location : Forehead. Occiput. One side of head. Temples.

Aggravation : Morning. Evening. Night. Getting cold in head. Coughing. Cutting hairs. Pressure of hat. Jar. Lying. Mercury. Motion. Shaking head. Spirituous liquor. False step. Stepping heavily. Stoooping. Talking. Touch. Walking. Warm room. Getting wet. Wine. Wrapping up head.

Amelioration : Open air.

Description : Raging, pulsating headache as if something were gnawing in her temples, occiput and ears.

Beating tearing pain in head, with red bloated look in face and eyes.

Cannot bear to have head covered.

Head affected after getting wet.

Syphilitic and mercurial headaches.

Chronic rheumatic gout.

Pressing headache when head is covered.

A mis-step cause the concussion of brain.

Stupefying headache.

Pressive headache as if the whole brain were weighed down.

Tearing in head and eyes.

Violent throbbing pain in head.

LAUROCERASUS.

Type : Periodical. Menstrual. Chronic. Congestive.

Pain : Boring. Digging. Dull. Pressing. Shooting. Stitching. Stunning. Stupefying. Tearing. Pulsating. Beating. Throbbing.

Cause : Nervous prostration.

[To be continued.

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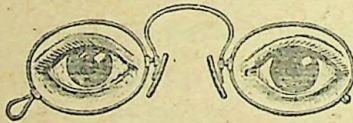
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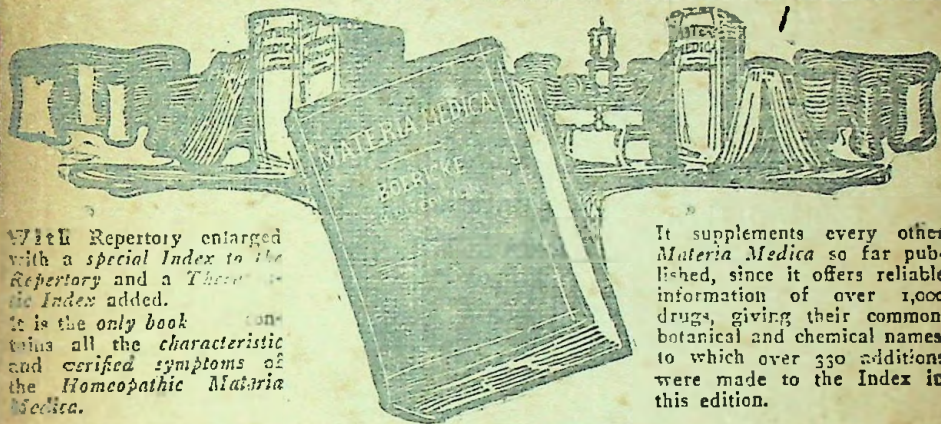
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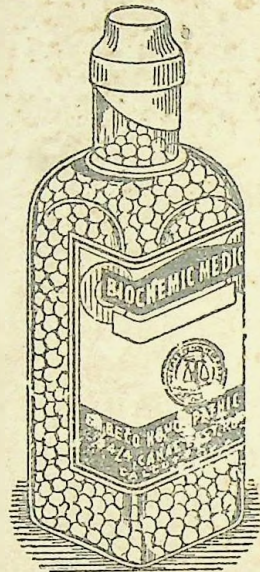
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