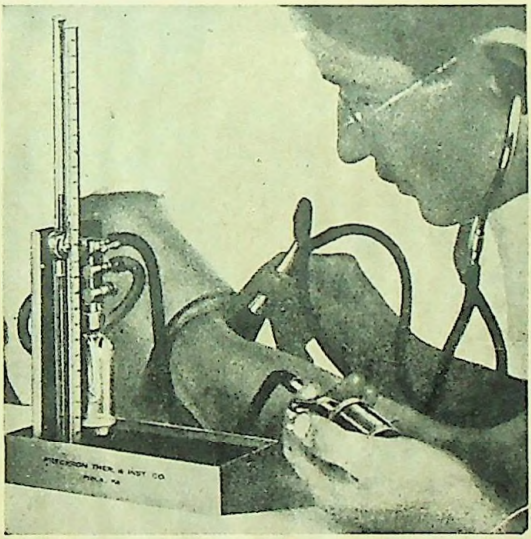
BLOOD PRESSURE

its Etiology & Treatment



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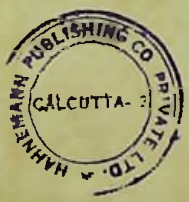
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— ITS —

ETIOLOGY AND TREATMENT

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DEDICATED

TO THE

MEMBERS OF THE HEALING PROFESSION

BLOOD PRESSURE

— ITS —

ETIOLOGY AND TREATMENT

BY

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PREFACE

This monograph on Blood Pressure is our humble attempt to give a lucid and comprehensive treatment of the subject within the limited space at our disposal. We have all through aimed at clarity of exposition and have scrupulously avoided all discussions of a purely academic or controversial nature, which is appropriate for a more ambitious undertaking.

It is undeniable that the proper understanding of the pathological state is a condition precedent to the rational management of the hypertensive and to the just evaluation of the changes in the blood pressure readings, in terms of prognosis. Therefore, the chief aim of this book has been to explain the mechanism by which normal blood pressure is maintained and the factors that tend to alter the tension in health and disease. On the basis of such explanation an idea could be formed of the effects, which those factors have, on the life and longevity of the subject and the steps needed for the rational treatment of the case in hand.

We do not pretend to claim any great originality for this treatise. As a matter of fact we have consulted and drawn heavily upon various authoritative books on the subject and, therefore, we owe a large obligation to those authorities. What we have sought to do in this treatise is to present the complex, if not confusing, knowledge in a more simple, compact and digestible form particularly to the noviciate for facility of consumption and assimilation.

The part dealing with the homœopathic repertory and the remedial treatment on the basis of symptomatology has been written entirely by one of the authors (Dr. N. K. B.) with a great deal of care and anxious consideration.

Our labour would be amply rewarded if this book proves helpful to the profession, to which it is dedicated. We shall receive with gratitude any suggestion which the profession may like to offer for improvement.

P. K. B.
N. K. B.

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BLOOD PRESSURE

Introduction

By the term BLOOD PRESSURE people are inclined to think of a serious disease of modern civilisation. Blood-pressure does not, in the strict sense of the term, mean a disease at all. It is essential for life, and every living man or woman carries some degree of blood pressure.

In certain pathological states the blood pressure rises above normal figure—sometimes reaching such heights as to become a source of imminent danger to life. This raised blood pressure is not a disease by itself, but a sign or manifestation of a pathological process—just as fever is not a disease but a measurable external index of an internal malady. It might be said in consonance, both with reason and science, that the rise of blood pressure is a CONSERVATIVE or COMPENSATORY process, by which adequate circulation of blood is maintained in the tissues in spite of increased resistance or obstruction to the flow of blood. If the blood pressure would fail to rise while the obstruction to the flow of blood is increasing, the inevitable result would be death from failure of circulation. To bring the analogy closer between fever and increased blood pressure, it may be asserted that a rise of blood pressure is a necessary evil to support

life in adverse circumstances of blood-flow as much as fever is an unpleasant reaction but, nevertheless, conducive to the body to fight out the invading disease. But both fever and blood pressure should remain within safe limits, and every effort should be made to reduce them when they assume alarming proportions. It must be borne in mind that a drastic reduction of fever or blood pressure by drugs is fraught with grave consequences, and should by no means be attempted. Removal of the cause to which the body reacts by fever or increased blood pressure is the ideal method of treatment.

High blood pressure, which is also known as HYPERTENSION, seems to be commoner in modern times than in the good old days. It cannot be denied that the modern civilisation has brought in its trail a great deal of adverse factors tending to raise blood pressure. Intensive struggle for existence associated with continual anxiety, greedy ambition, artificial methods of living, want of faith in religion, intemperance, irregular hours, adulterated and unwholesome food, and many vices peculiar to modern civilisation do undoubtedly play important parts in its causation. Moreover, with the discovery of the sphygmomanometer, the detection of raised blood pressure has become an easy affair and, therefore, more cases are brought to the notice of the profession today than before. However, it cannot be contended that hypertension was a rarity in the good old days, since apoplexy (Sannyash Roga) has been dealt with in the medical treatise of Ayurvedic System of Medicine.

Circulation.

In order to appreciate the importance of blood pressure a thorough understanding of circulation is requisite. Circulation means a continual flow of blood from the heart along certain channels called the arteries, capillaries and veins back to the heart itself. Or in other words, the blood stream flows round and round the same course in a cyclic fashion, without pause or intermission.

The POWER, which keeps the blood moving continually, is jointly supplied by the heart and the elasticity of the arterial wall. This power is needed to push the blood forward by overcoming the resistance to the flow of blood as given by the small arteries (called arterioles) and capillaries. For the circulation, to be continual, both the power and the resistance are essential. This will be explained later in the treatise.

The Heart.

The heart is a muscular pump, situated obliquely in the chest cavity between the lungs, so that the major part of it lies to the left of the mid-sternal line. It is divided by a musculo-membranous partition into the right and left sides. Each side presents an upper small chamber called auricle, and a lower large chamber known as the ventricle. The right chambers are concerned entirely with venous-blood, whereas the left ones are to deal with arterial or pure oxygenated blood. The phase of contraction of the heart is called

systole, while the phase of relaxation and rest is known as diastole.

Venous or impure blood is poured into the right auricle by the superior and inferior venæ cavæ—the two venous terminal trunks, the former bringing the impure blood from the head, neck and upper limbs, while the latter draining the impure blood from the rest of the body. The filling of the auricle is helped by the suction action of the expanding auricle, after contraction, as well as by the increased negative pressure produced inside the chest during inspiration.

The right auricle communicates with the right ventricle by means of a door guarded by a valve (tricuspid), which would allow only a one-way traffic, permitting the flow of blood from the auricle into the ventricle, and not in the opposite direction. In the relaxed state of the ventricle (diastole), the door remains open and the blood, pouring into the auricle, trickles into the ventricle and largely fills it. The ventricular filling is completed by a charge of blood sent into the ventricle by the auricular contraction, which precedes the ventricular systole. When auricular systole occurs the mouths of the superior and inferior venæ cavæ are shut by the contraction of the circular muscular fibres encircling their mouths, so that the blood cannot flow back into them.

The right ventricle, having received venous blood from the right auricle, pumps it through the pulmonary artery into the lungs, for oxygenation of the blood and for washing out its carbon dioxide in the breath. When the right ventricle contracts to drive the blood

into the lungs, the tricuspid valve closes to prevent its backward flow, while the semilunar valve, guarding the mouth of the pulmonary artery, is forced open to allow the passage of blood to the right and left lungs via the right and left branches of the pulmonary artery.

In the lungs the pulmonary arteries divide and subdivide into smaller and smaller branches till a network of very fine vessels (capillaries) is produced, their walls being so thin as to allow gaseous exchanges; the hæmoglobin of the blood combines with the oxygen from the inspired air, and the carbon dioxide of the blood is got rid of in the expired air. These capillaries unite with each other and make fine veins, which, in turn, unite with each other to make bigger veins. Thus the process goes on till four pulmonary veins are formed—two from each lung. These veins open into the left auricle by separate openings, through which the oxygenated blood from the lungs is received into the left auricle.

The left auricle, like the right one, communicates with the left ventricle by means of a door guarded by a valve (bicuspid or mitral), to allow a one-way traffic. The left auricle fills exactly in the same way as the right one.

The left ventricle receives the oxygenated blood from the left auricle, exactly in the same way as the right ventricle receives its blood from the right auricle. When the left ventricle contracts, the mitral valve closes and the aortic valve, guarding the mouth of the aorta opens, so that the blood being unable to

go backwards into the left auricle flows forwards into the aorta.

The auricles contract together, just before the simultaneous contraction of both the ventricles. After auricular systole, the auricles relax and continue in that state of diastole during ventricular contraction, as well as for the most of the period of ventricular rest (diastole). The events from the beginning of one auricular systole to the beginning of the next constitute a CARDIAC CYCLE.

The heart beats 72 times per minute in the average in healthy young man at rest. On that basis each cardiac cycle takes 0·8 second.

Auricular systole— 0·05 sec.
Auricular diastole— 0·75 sec. } = 0·8 sec.

Ventricular systole— 0·3 sec.
Ventricular diastole—0·5 sec. } = 0·8 sec.

Any increase of heart rate is always at the expense of the rest period of the heart, that is, the diastole.

The Arterial System.

The system of tubes through which the blood flows away from the heart to the tissues is known as the arterial system. There is a parent trunk called aorta, which rises from the left ventricle. From the aorta, big branches are given off. From these big branches further branches arise. This branching process goes on till very small arteries—called arterioles—are produced. Beyond these arterioles capillary networks are formed,

through which gaseous and other exchanges take place between the blood and the tissues. The whole arterial system bears a close resemblance to a tree with its trunk, branches, twigs and leaves.

The arteries are not rigid tubes. Their wall contains elastic and muscular tissues. The elastic tissue preponderates in the large arteries, while the muscular tissue is most developed in medium and small arteries. The capillaries have very thin transparent walls made of a single layer of endothelial cells, which are capable of contraction. On the wall of the capillaries a particular type of cell—called Rouget cell—is also found, which embrace the capillaries by delicate processes. When the Rouget cells contract the capillaries are strangled and, therefore, shut off by their embracing processes.

The muscular tissue of the arteries and arterioles, which is of the plain or involuntary variety, as well as the capillaries are under the control of the autonomic nervous system, comprising of vaso-constrictor mechanism and vaso-dilator mechanism. The vaso-constrictor mechanism is in constant mild action or tone, thereby preventing dilatation of vessels. The vaso-dilator mechanism comes into play to dilate the arterioles and capillaries according to requirements. Therefore, the peripheral resistance to the blood-flow may increase or decrease according to the degree of vaso-constriction or vaso-dilatation, which is determined by the autonomic nervous system.

The velocity of the flow of blood is not the same in all the tubes of the arterial system. The bigger the artery

the faster is the flow. In the aorta the blood flows at the rate of A FOOT PER SECOND, while in the capillaries the flow is AN INCH PER MINUTE, Or, in other words, the arterioles and capillaries constitute the peripheral resistance, which increase or decrease according to the state and degree of contraction or relaxation of the arterioles and capillaries.

The Venous System.

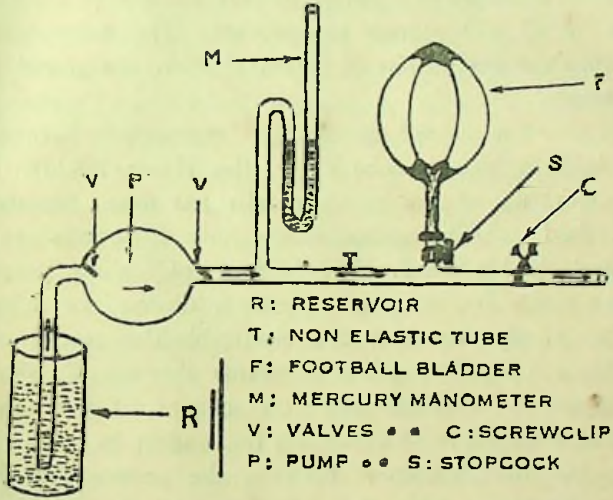
The capillaries unite to form small veins, which unite again to form larger ones. The process of forming larger and larger veins continue till two large venous trunks come into existence, namely, the Superior and the Inferior Venæ Cavæ. Except in very minute veins and in those veins which are not subjected to muscular pressure there are valves, usually found in pairs, to guide the flow of blood, by preventing its backward flow, from the periphery towards the heart.

The Blood Flow.

We know that the blood flows continually – without pause or intermission. How that is possible when it is admitted that the heart pours blood into the arteries intermittingly, the blood being sent in only during the contraction of the heart and not during its relaxation ? A simple experiment will explain as to how the flow could be continuous.

P is a pump which, when worked by hand, sucks a fluid from the reservoir R, and forces it into the tube T on account of the valves V.

T is a non-elastic tube, having the attachment to the pump at one end and screw-clip C at the other, by means of which the out-flow of fluid past C can be increased or decreased.



F is a foot-ball bladder, and therefore, elastic, which is filled with fluid and connected to the tube T. S is a stop-cock, which can connect or disconnect the fluids in T and F. M is a mercury manometer, to measure the pressure of fluid in the tube T during the contraction and relaxation of the pump P.

If S is closed and C fully open and the pump P is worked by hand, the fluid will flow out of C intermittingly in coincidence with the squeeze. Very little force is required to empty the pump and, consequently,

the manometer M will show a small rise of pressure during squeezing.

If now C is tightened or, in other words, the resistance to the flow is increased, more force would be required to empty the pump P. But all the same, the flow at C will remain intermittent. The manometer M will show greater rise of pressure when the pump is squeezed.

If now S is opened to establish connection between the fluids in the rigid tube T and the elastic bladder F, the working of the pump entails less force, because, the fluid which cannot escape past C enters and distends the bladder F. Here the flow at C is no longer intermittent but constant, because, during the filling of the pump, the distended elastic bladder recoils on the fluid in F and propels it outwards through C, since it can not go backwards into P on account of the valve V. The manometer M shows less fluctuation in pressure, that is, the difference between the pressures at M during the contraction and relaxation of the pump is not so great after S is opened. The more C is tightened the more would be the difference between the pressures during contraction and relaxation of the pump.

If the pump fills fully the flow at C will be greater than if it fills partially. That is, the supply of fluid to the pump from the reservoir R determines the output from the pump, which, in turn, determines the fluid pressure as well as the volume of fluid flowing past C.

Therefore, for the flow to be continuous at C, four factors are required :—

1. Regular and proper supply of fluid to the pump from R.
2. Intermittent action of the pump P.
3. Elastic recoil of the bladder F pressing the fluid out when the pump is filling.
4. Resistance to the flow by tightening C.

These are exactly the factors, which maintain a constant flow of blood, irrespective of the fact whether the heart is in a state of systole or diastole.

The Superior and the Inferior Venæ Cavæ form the reservoir, from which the pump heart is filled. Each ventricle pumps about 3 ounces of blood, the right ventricle sending it to the lungs and the left ventricle sending it into the already full aorta at each contraction.

The aorta is distended by the extra three ounces of blood forced into it by the ventricular power. When the ventricle goes into diastole, the distended and elastic wall of the aorta recoils on the column of blood, which in consequence, tends to flow both backwards and forwards. On account of the valve guarding the mouth of the aorta, the blood can not flow back into the heart, and therefore, it flows forwards towards the periphery.

The peripheral resistance is afforded by the arterioles and capillaries, which are in a state of constant tone, due to the action of the vaso-constrictor mechanism.

Blood Pressure.

The pressure which the blood exerts on the wall of the vessels is called blood pressure. During the contrac-

tion of the ventricle (systole) it is the maximum, while when the ventricle is filling (diastole) it is the minimum. The maximum pressure of blood in an artery is called systolic pressure, as it coincides with the systole of the ventricle. The minimum pressure in an artery is called diastolic pressure, as it coincides with the diastole of the ventricle. The difference between the maximum and minimum pressures, is known as the Pulse Pressure. It is the Pulse Pressure which keeps the blood moving constantly.

The blood pressure is not of the same degree in all vessels. It is much more in those arteries which are nearer to the heart than those which are further away from the heart.

In the brachial artery—the artery of choice for taking blood pressure reading—the systolic pressure in a healthy young man at rest is about 120 mm. of mercury, while the blood pressure in capillaries is between 20 to 10 mm. In the veins the blood pressure is lower ; the venous pressure in a vein at the bend of the elbow held at the level of the right auricle is only between 2 to 10 mm. of Hg. The table below gives an idea of the variation of blood pressure in different vessels.

Blood Pressure In Different Vessels.

		Systolic	Diastolic
Left ventricle	...	150	
Aorta	...	150	100
Brachial artery	...	120	80
Radial artery	...	100	70
Arterioles	...	80	60

		Systolic	Diastolic
Capillaries	...	20	20
Small veins	...	15	15
Femoral vein	...	20	
Inferior vena cava	...	3	

Recording The Blood Pressure In Man.

The blood pressure in man is recorded by the Sphygmomanometer. There are two types of sphygmomanometers—the mercury column instrument and the dial instrument. The mercury column instrument is more in use, because the instrumental error in blood pressure reading is nil or negligible—however old the instrument might be, since it is the height of the mercury column which determines the pressure. The dial instrument is liable to more instrumental error—particularly when old, since the correct reading depends upon the correct resistance of the spring, which is likely to be undermined with age. If the dial instrument is new it is as reliable as the other.

Procedure.

(1) The Auscultatory Method.

The patient should be sitting in a comfortable and relaxed position, with his arm resting on a table ; or he should lie down on his back, with the arm comfortably stretched out on the bed.

The arm-band containing an elastic bag is wrapped

round the arm, so that the lower edge of the band lies about an inch above the bend of the elbow. The elastic bag is now connected with sphygmomanometer, and air is pumped into the bag to distend it and, thereby, to compress the brachial artery and obliterate the radial pulse. The chest piece of the binaural stethoscope is placed on the brachial artery below the arm band, to listen to any click or murmur. By means of the escape valve, which is attached to the pump, air is gradually released from the elastic bag, to reduce its pressure on the brachial artery, as is shown by the descending mercury column of the sphygmomanometer.

When the pressure is being reduced five phases are differentiated as follows :

The first phase. A distinct click is detected to appear at a certain point, synchronising with the heart beat. This point is read off on the manometer as the systolic pressure, and indicates the force of the heart, which is just sufficient for the transmission of the pulse through the brachial artery in that state of compression. This click is heard a trifle earlier than the return of the radial pulse.

The second phase. The click changes to a murmur with a click or a murmur alone.

The third phase. It is ushered in by a loud tap.

The fourth phase. The loud tap suddenly changes to a dull tone. At this point the diastolic pressure is read off on the manometer.

The fifth phase. The dull tone completely disappears and no sound is heard.

There are some, who believe that the disappearance of the sound—the fifth phase—is the diastolic point. Except in very high blood pressure cases the difference between the 4th and the 5th phases is only about 4 to 6 mm. in many instances. But sometimes, especially in the young adults, the difference may be even 30 mm. ; therefore, to take the abolition of the sound as the diastolic point would lead to serious error.

In some cases of hypertension—particularly where the blood pressure is very high—the second phase of murmur may not be heard at all. The intensely loud tap of the third phase is followed by the fourth. The possibility of missing the second phase should be borne in mind, otherwise serious error may be committed by accepting the appearance of the tap of the third phase as the systolic point.

(2) The Palpatory Method.

The blood pressure may be recorded by feeling the pulse. The auscultatory or auditory method, as described above, is the method of choice to-day. However, palpatory method is still practised by some and, therefore it is given below.

The patient sits or lies, as in the first method, and the arm band is wrapped round the arm as usual. Air is pumped into the bag, which presses on the brachial artery. The mercury column not only rises in the manometer, but also oscillates with the brachial pulse. As the pressure in the bag is being raised, the oscillations increase and become greatest at a particular point. This point of maximal pulsation

indicates the diastolic point. With the continued rise of pressure in the bag the oscillations diminish and finally stop, and the pulse is no longer to be felt at the wrist. The height of the mercury column should now be read off on the manometer, to get the systolic pressure.

The Average Normal Blood Pressure.

It should always be borne in mind that the blood pressure of an individual is not a fixed entity. Normally it may vary considerably due to variety of factors, but it tends to assume the average for the age group.

Efforts have been made to find out a rough and ready formula to arrive at the normal pressure figure at a given age, but unfortunately no satisfactory formula has so far been found to indicate normal pressure at all ages.

All these formulæ have been put forward to work out the systolic pressure only, and not the diastolic.

It was once suggested that if 100 is added to the age of the individual, the figure will indicate the normal systolic pressure. However, the "age + 100" formula had to be discarded, because for the older age groups the deduced figures were often too high.

According to another formula the normal systolic blood pressure at the age of 20 should be taken as 120 mm., and for every 2 years of age 1 mm. should be added to 120. This has been found satisfactory, except that it places the systolic pressure of a man aged 60 at 140mm. as its upper limit—a figure which is rather low for the age.

According to the third formula 90 should be added

to the age, to get the normal systolic figure. This age + 90 formula gives more correct figure than the age + 100 formula. But it should be remembered, that no formula can give the exact normal systolic figure for every individual of a particular age.

In a healthy young adult in this country belonging to age group 20-45, the systolic pressure varies between 110 and 130 mm. of mercury.

The following table is based upon series of published figures of blood pressure estimations in Americans.

Systolic Blood Pressure.

Age	High	Average	Low
15—30 Years	142	123	104
30—40 „	145	126	107
40—50 „	147	128	110
50—60 „	150	133	117
60—70 „	156	138	121

The diastolic pressure in healthy young adults is between 60 and 80 mm. of mercury. It rarely exceeds 90, and never 100 in any age group, unless there is a pathological rise of pressure.

The pulse pressure is normally about 40 to 50 mm. of mercury. But perfect health is possible with a pulse pressure as low as 30.

In women the pressure is usually slightly lower than in man.

A variation of systolic pressure of 20 mm. or more is neither uncommon, nor abnormal. Systolic pressure

is rather unstable, and is much easily affected by different factors. The diastolic pressure, on the other hand, is nearly constant—rarely varying more than 6 to 8 mm. of mercury.

While recording blood pressure, it is advisable to take at least three readings. The first reading is usually the highest—particularly in nervous individuals, and in those whose blood pressure has never been taken before. Usually the third reading is much lower than the first, since by that time the patient largely, if not completely, gets over his nervousness. It is a common experience, that the blood pressure reading taken by a consultant is higher than that recorded by family physician; a difference of 20 mm. or more is pretty common. The reason for that is not far to seek. The patient being familiar with his own doctor does not feel as much nervous, while blood pressure is being recorded, as he does feel in the presence of the consultant, with whom he is not at all familiar.

The systolic reading indicates the force with which the left ventricle is contracting—while the diastolic reading indicates the degree of peripheral resistance, that is, the resistance given to the flow of blood by the arterioles and capillaries. The diastolic pressure keeps the aortic valve closed by exerting pressure upon it, and therefore the diastolic pressure also indicates the dead-load, which the ventricle has to lift at each ventricular systole, to open up the aortic valve and force the blood into the aorta. Therefore, it is clear that the actual driving force for the circulation of blood is indicated neither by the systolic nor by the diastolic

pressures, but by the difference between them, which is the pulse pressure.

The pressure picture is written in the following way : If the systolic pressure be 120 mm. and the diastolic be 80 mm. the pressure picture is written as 120-80-40 or 120/80/40, the last figure indicating the pulse pressure.

Variation Of Blood Pressure Under Normal Conditions.

It has already been pointed out, that the blood pressure of an individual is not a fixed entity. Many normal factors affect the blood pressure, causing more or less fluctuations of the pressure. These fluctuations do not indicate any disease of the heart, or blood-vessels.

There is frequently a DIURNAL variation of blood pressure. When one awakes normally after a good night's sleep, the blood pressure reading is lowest for all waking hours. During the day the blood pressure fluctuates, but it tends to rise most in the evening. During SLEEP the blood pressure is the lowest. But in these fluctuations the systolic pressure is only affected, the diastolic pressure practically remaining constant.

POSTURE also affects blood pressure. In the recumbent position it is the lowest, while, when standing, the systolic pressure rises by about 10 mm.; there may be a slight rise in diastolic pressure as well.

After a MEAL there is an appreciable rise of systolic pressure, but not the diastolic. The bigger the meal, the greater is the rise.

In healthy individuals EXERCISE will always cause

a rise of both systolic and diastolic pressures; but the systolic rise is faster and higher than the diastolic. The pulse pressure is, therefore, much increased with the purpose to enhance circulation, to meet the increased requirements of the muscles in activity. A rise of 30 to 40 mm. in the systolic pressure is not uncommon.

Blood pressure is very greatly influenced by all EMOTIONAL STATES, like excitement, fear, anger, and the like. The systolic pressure shoots up, but not the diastolic, which rises but little.

All the above factors not only affect the blood pressure in the normal individual, but they also similarly affect the pressure of the hypertensive. In some patients exercise may not cause a rise, and may even cause a fall in pressure. This only indicates, that the heart is left with little or no reserve power, to rise equal to the demand made on it by exercise. Or in other words, the heart is on its last leg.

High Blood Pressure Or Hypertension.

When the ***systolic pressure*** remains constantly above the upper limits of the normal for the age and sex of the individual, the condition is termed as "hypertension." It should be remembered that the systolic pressure of an individual may rise quite high in some circumstances, as worry, fit of temper, etc., but so long it is temporary it should not be considered as hypertension. It is the continued elevation of systolic pressure above normal limit, which should be considered as pathological. Attention is, however, drawn to

the fact, that it is not at all unusual to find wide fluctuations in systolic pressure, even in cases of chronic hypertension.

In hypertension the diastolic pressure also rises above normal, but not to the same extent as the systolic. It also varies, but usually within narrow limits, and never as widely as the systolic. In one sense, the sustained rise of diastolic pressure is of more important significance than that of the systolic. It has already been pointed out, that the diastolic pressure indicates the degree of peripheral resistance, which means the amount of load the heart has to lift at each beat. The higher is the diastolic pressure, the greater is the load. Whenever the load is greater than normal, the condition is deemed as "hypertension." A constant diastolic pressure of 100 mm. or more indicates hypertension, whether or not the systolic pressure is high.

A pressure picture of 170—110—60 indicates as much hypertension as the pressure picture of 140—110—30. But there is one great difference between the above two pictures. The first picture indicates a compensated hypertension, where the heart has risen equal to the increased peripheral resistance and is maintaining an effective pulse pressure (60 mm.) for proper circulation of blood; this picture is associated with no unpleasant symptoms. The second picture is not quite so good. The lower systolic pressure only indicates a weak heart —a heart which is not capable of pumping with enough force to maintain efficient circulation. The pulse pressure (30 mm.) being low the circulation of the

blood is inadequate. The patient may suffer from dizziness or even fainting, due to the poor supply of blood to the brain.

THEREFORE, ONLY THE DEGREE OF SYSTOLIC PRESSURE SHOULD NOT BE THE CRITERION TO JUDGE A CASE. THE DIASTOLIC PRESSURE, IN A WAY, IS MORE IMPORTANT THAN THE SYSTOLIC PRESSURE. THE PULSE PRESSURE IS THE MOST IMPORTANT FACTOR, BY WHICH THE STATE OF THE CIRCULATION OF BLOOD IS GAUGED.

Causes of Hypertension.

1. HEREDITY. Heredity plays an important role in its causation. If both the parents have high blood pressure, rarely the progeny escapes. If one of the parents is a hypertensive, the chance of hypertension in the children is present, but less so than in the former case.

2. AGE. Hypertension is mostly found in people after the age of forty. But younger people do also suffer from hypertension. Many cases are seen even below the age of twenty, as also in children of about 10 years of age. The cause of hypertension may not be the same in all these people. Hypertension in children is almost always due to a chronic inflammation of the kidneys.

3. SEX. More cases are found amongst men than in women. At or after menopause, which is popularly known as the "change of life", women are prone to suffer from hypertension.

4. OVERWEIGHT AND OBESITY. More cases of hypertension are found in over-weight and obese individuals, than in thin and underweight people. They are often of low stature, with stumpy limbs and short neck.

5. INTEMPERANCE IN DRINK AND OVERINDULGENCE IN FOOD. There is no evidence to support, that moderate use of alcohol has any causative relation to blood pressure. But over-indulgence in alcohol may be a contributary factor, either by its poisonous effect, or by its capacity to make the drinker obese and stout.

Meat eaters are not more prone to blood pressure than the vegetarians. It is the quantity of food that matters. Over-indulgence in rich food—particularly when prolonged for years—will lead to stoutness and increased pressure.

All sorts of vicious dissipations are likely to lead to this trouble.

6. MENTAL STATES. People, who are unfortunately so placed in life as to suffer from continual anxiety or worry for many many years, tend to become chronic hypertensives. A continued and sustained rise of blood pressure for a long stretch of time, caused by such mental factor, may ultimately become a permanent disease.

7. PERSONALITY. A type of high blood pressure known as "essential hypertension" is often associated with a distinctive personality type. The patients are usually hyperactive individuals, with great exuberance of mental and physical energy. They are temperament-

ally restless and always look for work. They are usually sensitive and short-tempered. Some of them appear to be at the very *pick* of health.

Common Pathology.

In every case of hypertension there is an increase in the peripheral resistance. This increased peripheral resistance may be due to spasm of the arterioles, or due to the narrowing of their channels on account of the thickening of their walls; peripheral resistance may also be increased, due to the interference with capillary circulation in the kidneys, or due to the inflammation of these organs.

Usually the initial cause of chronic hypertension is the spasm of the arterioles throughout the body. If the spasm would continue for months and years, there will be eventual organic change in the arteriolar walls, tending to make them rigid and thick, and thus causing the narrowing of the passages through them. As long as the organic change of the arteriolar walls has not occurred the blood pressure could be restored to normal, if the cause of the vaso-spasm could be obviated. Even with advanced organic changes in the arterioles there is some degree of vaso-spasm present, which, of course, is of no moment.

By a simple test, which is safely applicable to all cases except those who are very seriously ill, one can determine which of the two factors—spasm or organic change—is dominating in a hypertensive.

Inhalation of a drug called "amyl nitrite" causes a wide-spread vaso-dilatation, though only for a short

while. Or, in other words, "amyl nitrite" removes the spasm of the arterioles. By observing the effect of "amyl nitrite" inhalation, on both the systolic and diastolic pressures, it can be concluded as to how much part the spasm or organic change of the arterioles plays in a case of hypertension.

Procedure of the Test.

1. Take blood pressure reading and note it down.
2. Maintain sufficient pressure in the armlet, so that the click of the first phase remains audible.
3. Let the patient inhale a capsule of "amyl nitrite", crushed in a bit of cotton wool.
4. If spasm be present, it will soon pass off by the action of the drug, and blood pressure will fall. Therefore, within a few minutes of inhalation the click will no longer be heard.
5. Release pressure in the armlet by means of the escape valve, and locate the lowest systolic and diastolic pressures.
6. The degree of blood pressure drop indicates the intensity of the vascular spasm in the patient.

It is not unusual to find a pulse pressure of 100 mm. to drop to 40 to 50 mm. after "amyl nitrite" inhalation. Any physician in active practice might have observed a pressure picture of 240-130-110 changing to 130-78-52 by this test, indicating that the rise of peripheral resistance in this case was on account of arteriolar spasm.

If, on the other hand, the hypertensive would show little or no drop in the blood pressure by this test,

it only proves that spasm plays very little or no part in this case, and that advanced organic change has occurred in the arterioles, which have become incapable of dilatation.

By means of the above test we can make out the underlying cause of increased peripheral resistance. In some cases the absorption of toxin from acute or chronic foci of infection seems to be responsible for spasm, since the removal of such foci has restored the blood pressure to normal in some patients—though not in all showing focal sepsis. Cases are on record, in whom the draining of an abscess, removal of a tooth with an apical collection of pus, taking out of a diseased gall-bladder or appendix have brought the pressure down to normal.

In toxæmias of pregnancy—including eclampsia—the toxin is supposed to be responsible for the spasm of the arterioles, as well as for the inflammation of the kidneys. With the evacuation of the uterus the source of toxin is removed, and, in consequence, the blood pressure comes down to normal in a few weeks in the large majority of cases.

Blood pressure may also rise, due to the disorder or imbalance of the glands of internal secretion, which influence the arterioles. Raised blood pressure is seen in cases of exophthalmic goitre, in pituitary tumors, and sometimes after menopause.

A rise of blood pressure is also observed in cases of acute inflammation of the kidneys, which is known as "acute glomerulo-nephritis"—a condition, which is often associated with œdema, scanty urine or suppression of urine, albuminuria, hæmaturia and fever. If the acute

nephritis completely clears up, the blood pressure returns to normal and continues to remain so. But sometimes the acute inflammation of the kidneys subsides, only to exist in a chronic form.

Chronic hypertension, with which we are chiefly concerned, falls under the following heads :—

1. Hypertension due to chronic nephritis.
2. Essential hypertension—
   (a) Benign or (b) Malignant.
3. Climacteric hypertension, or hypertension of menopause.

Hypertension due to Chronic Nephritis.

HISTORY. A history of previous fever with œdema, scanty urine, albuminuria, hæmaturia, etc., makes the diagnosis easy, by drawing our attention to the kidneys. In all probability the acute inflammation of the kidneys never completely cleared up, but continued in existence in the chronic form. But such a history is often absent, because the previous acute nephritis might have been so mild as not to present the typical picture, as mentioned above. More often a history of recurrent attacks of tonsilitis, sorethroat, easy susceptibility to cold, repeated attacks of flue—or in short—a history of previous trouble of the upper respiratory passages —is available. These upper respiratory infections are very prone to affect the kidneys, and therefore, the history of such infection should draw our attention to them.

BLOOD PRESSURE. In chronic nephritis the blood pressure is usually not excessively high. A systolic pressure between 160 and 180 and the diastolic pressure

between 100 and 120 are common observations. But exceptions are sometimes found, with higher pressure figures.

THE URINE. On enquiry the patient would often say, that there is nothing wrong with his urine. On a careful questioning, he will say, that he repeatedly passes large quantity of urine "as clear as water." This brings out two important points—one, an increase in the total volume of urine, and the other, want of concentration of urine, that is, low specific gravity.

The increase of total volume and the constant low specific gravity of the urine indicate poor function of the kidneys. When these organs function properly a large drink of water will produce thin watery urine, while, when the fluid intake is low, the urine will be concentrated (of high specific gravity) and high coloured. This failure in the ability of the kidneys to concentrate urine will produce a large volume of urine, which should be got rid of by frequent urination (Polyuria) by day as well as by night (Nocturia). The loss of large quantity of water from the body will cause frequent thirst (Polydipsia), which is nothing but the cry of nature for restoration of fluid usually and continuously lost in the urine.

Examination of the urine will usually reveal a trace of albumin, though in certain cases the albumin reaction may be quite marked. All varieties of casts may be met with. Presence of a few red blood corpuscles and a few pus cells may also be found.

BUT THE MOST RELIABLE AND CONSTANT FINDINGS ARE THE INCREASE IN THE TOTAL

VOLUME, AND LOW SPECIFIC GRAVITY OF ALL SPECIMENS OF URINE, SHOWING A TRACE OF ALBUMIN.

With the progressive impairment of the functional capacity of the kidneys, which are the most important organs of elimination of waste products from the blood, there will be progressive retention of these products in the blood. This retention will ultimately lead to uræmia—a fatal complication.

ŒDEMA OR SWELLING. In most cases the œdema is slight and fleeting. Slight puffiness of the face and particularly eyelids in the morning may be noticed, which usually passes off during the day. Occasionally the œdema may be very marked.

Essential Hypertension.

A case of essential hypertension can be benign or malignant, according to the functional condition of the kidneys. As a matter of fact, the benign and the malignant hypertension are not two different diseases, but they are two stages of the same and progressive pathological process. When the hypertension is associated with normal kidney functions it is benign, whereas association with deranged kidney functions would make the very same case malignant.

HISTORY. Essential hypertension will often reveal the history of hypertension in one or both the parents. But there are many cases, who would furnish no such history. The patient usually gives the personal history of perfect health in the past, and may even boast that

he never had a doctor in his life. He usually looks healthy and robust, with a glow of health on his face. His hypertension is often discovered, for the first time, not on account of any related symptoms, but accidentally—by a chance of examination of blood pressure—as for taking out a life insurance policy. Essential hypertension is commonly found in the third to the fifth decade of life.

BLOOD PRESSURE. The blood pressure is often exceedingly high. It is not unusual to get the systolic reading of 200 mm. or more. The diastolic is about 130 mm. But it should be borne in mind that lesser readings do not negative the diagnosis.

THE URINE. In the benign stage there is nothing wrong with functions of the kidneys. The quantity and quality of urine is normal, and its specific gravity changes according to the quantity of fluid intake. The concentrating power of the kidneys is manifest in low fluid intake by the secretion of urine of high colour and high specific gravity. There is no polyuria, nocturia or polydipsia. Examination of urine gives normal analytical result, though occasionally a trace of albumin may be found. Inhalation of "amyl nitrite" brings down the systolic and diastolic pressure to normal, or very near normal.

When the case gradually drifts toward the malignant side, the kidney functions progressively deteriorate. Polyuria, nocturia, polydipsia, and constantly low specific gravity of the urine are found. Albuminuria makes its appearance. "Amyl nitrite" does not bring down the pressure as low as formerly.

Climacteric Hypertension.

It is very much like the essential hypertension of the benign type. The rise of pressure is mainly due to vascular spasm, as could be proved by "amyl nitrite" inhalation. The patient is above forty five years of age, and is usually stout, over-weight, under-sized, and mother of many children. Such patients have remarkable tolerance for high blood pressure, and do not usually suffer from any or much discomfort—even when the pressure is very high.

Symptoms of Hypertension.

Symptoms do not appear as soon as the pressure tends to rise. As a matter of fact, active and vigorous mental and bodily health is possible with hypertension. For some years, perhaps, there has been a gradual increase of pressure, of which the patient has not been aware. Often patients have no complaints, before a physician has told them about their heightened blood pressure.

When, however, the pressure reaches the limit of the patient's tolerance, symptoms begin to appear. Commonly, the nervous symptoms appear first, which are noticed either by the patient himself, or by his friends and relations. Irritability of temper, nervousness, change of disposition, inability to concentrate the mind, throbbing headache, insomnia and giddiness are some of the common initial symptoms. Rapid failure of vision, or even sudden blindness due to retinal hæmorrhage, may be the first symptom to attract attention to the blood pressure.

With deterioration of the function of the kidneys —the urinary symptoms appear, and puffiness, more or less, under the eyes is noticed in the morning.

When the heart is embarrassed by the increased load of peripheral resistance, breathlessness on slight exertion and cough make their appearance. Soon after œdema of the ankles starts, which is particularly marked in the evening after the day's work, but may disappear in the morning after a good night's rest. Precordial distress, and even anginal pain, may be experienced. When heart failure becomes very marked there are great dyspnœa, even at rest, cough with bloody expectoration, anasarca, and scanty high coloured urine.

Hæmorrhage in and from different parts of the body is met with cases of hypertension. Bleeding from nose and gums is common, and is deemed beneficial—since such bleeding may be considered as safety valve action. Bleeding in the lungs is also met with, which reveals itself as hæmoptysis of different intensity. Hæmorrhage in the brain, known as "apoplexy", is a very serious condition, which kills the patient outright, or leaves him to the miserable existence of a paralytic; only occasionally a complete or almost complete recovery is seen.

The Blood Pressure Regime.

The hypertensive should be made to understand, that he will have to live a very well-regulated and methodical life, if he wants to prolong it without suffering.

It is far better to tell the patient frankly that his blood pressure would remain above normal, instead of leading him into false hope. But at the same time it must be explained that elevated pressure is compatible with good health, unless it is too much elevated. As a matter of fact, an elevated pressure is essential for his life, as it determines adequate circulation of blood through the body. But at the same time he must be made to understand that he should take precaution, so that his blood pressure does not shoot up and bring about an accident.

REST. The value of rest, both physical and mental, in the management of high blood pressure is very considerable. A hypertensive should live as quiet a life as practicable, and should avoid all sorts of mental irritation, worry and bother. He should, by no means, get into avoidable controversy, debate and the like. He should maintain a cool temper, and never lose it. He should undertake no sudden exertion, and never hurry. Straining at stool should be scrupulously avoided. A good bit of rest and sleep every day should be ensured. Sometimes much benefit accrues from keeping the patient in bed for a day or so. Moderate and regulated exercise should not be discouraged. Walking is an excellent form of exercise. Quiet cycling, golf, horse-riding, Swedish exercises and slow breathing exercises may be allowed in some cases. "The cardinal rule", as said by Price, "in all cases should be that exercise should not be carried to the point of increased frequency of the pulse and respiration, or indication of cardiac distress." An hour's rest after a meal should be enjoined.

DIET. The nature of dieting should depend on

the type of the case under consideration. However, too drastic regulation of diet is not often required; it only tends to make the patient miserable. But in every case of hypertension one should see that the meals are neither large, nor rich. Spicy food should be avoided. Meat should either be omitted from the dietary, or allowed only once a week, in a very small quantity. Meat extractives, like soup and gravy, are better forbidden. White meat, like chicken or fish, may be safely allowed. Carbohydrates, fresh vegetables and fruits have no contra-indication, unless the patient is obese, where the carbohydrate should be reduced. Tea is allowed in moderation, but it is better to avoid coffee. Alcohol is better left alone altogether. Food should be taken at regular hours, and should be eaten slowly and thoroughly masticated. Addition of table salts at meals is better avoided, as well as large drinks of water.

In stout hypertensive, and particularly those with very high blood pressure, an initial day of fast followed by a few days of fruit and milk diet has been found useful. Good results have been found in patients, who observe two days of fasting in the month. Reduction of weight in obese individuals, by under-dieting, is beneficial.

Indulgence in tobacco is either completely stopped, or, if that is not possible, allowed only in strict moderation.

BOWELS. Steps should be taken that the bowels move satisfactorily and regularly. Such movement is of greater value than an occasional severe purge. Good wash of the bowels twice a month has been found to

help in some cases. Attempt should first be made to regulate bowels by dietetic measures, before taking recourse to drugs.

BATH. Cold bath should be avoided, as it tends to raise blood pressure. Tepid or warm bath is advocated. Hot bath, once or twice a week, sometimes help.

HYPOTENSION OR LOW BLOOD PRESSURE.

In dealing with the disorders of blood pressure the question of hypo-tension cannot be ignored with impunity. True it is that hypertension has engaged the attention of the profession infinitely more than hypotension. The reason for this lies in the fact, that the former is more often associated with grave danger and consequence, while the latter is not half so dangerous to life—provided there is no serious associated conditions.

Now the question arises as to what systolic pressure should be considered as subnormal. An individual having as low a systolic pressure as 100 mm. of Hg. may enjoy perfect health. There is no reason why he should not do so, provided his pulse pressure remains over 30 mm. of Hg. However, in some persons with such a low pressure, symptoms like headache, vertigo, muscular fatigue, mental lassitude, constipation due to reduced intestinal tone, etc., are produced. These symptoms need attention, since they indicate a pathological state.

DEFINITION. It is indeed difficult to furnish a dogmatic definition of hypotension. **But as a rough working rule a systolic pressure between 80—100 mm. should be considered to indicate hypotension.** However, it should be borne in mind, that the pressure may be much above 100 and yet be low for an individual.

It has already been pointed out, that normal pressure value is not the same in all individuals of the same age group, though the variation usually lies within certain limits. So long as the normal pulse pressure is maintained and no symptoms are produced the blood pressure should be considered as normal and not low, even though the readings do not conform to those of the age group, to which the individual may belong. Only when a low reading is associated with characteristic symptoms—the condition should be deemed as hypotension.

PRIMARY AND SECONDARY HYPOTENSION.

Primary hypotension is a condition for which no cause could be assigned. Probably the factors responsible for low pressure are conveyed to the family by heredity. There are families, whose members habitually carry a pressure very much lower than the average. But such hereditary or familial hypotension is not quite so common.

Secondary hypotension is commoner. The cases are numerous, and they are always the result of some

primary malady. The causes of secondary hypotension may be classified as follows : —

1. **Acute infections :** Excepting cerebro-spinal meningitis, all acute infective diseases cause a fall in the blood pressure.

2. **Chronic wasting diseases :** Diabetes, tuberculosis, and malnutrition from whatever cause.

3. **Endocrine disease :** Addison's disease.

4. **Fluid loss from the body :** Hæmorrhage, profuse diarrhœa, cholera, etc.

5. **Cardio-vascular diseases :** Dilatation of the heart, myocarditis, mitral stenosis, arterio-sclerosis (in some cases), and failing heart before death.

6. **Nervous diseases :** Neurasthenia, after epileptic fits, and after lumbar puncture, exhaustion, anaphylactic and surgical shock.

7. **Blood dyscrasias :** anæmia—primary or secondary, leukæmia, and polycythemia with splenomegaly.

8. **Intoxications ;** Chloroform and tobacco (chronic).

DISADVANTAGES OF HYPOTENSION.

People who suffer from hypotension are unable to carry on with their normal pursuits in life with vigour and, in bad cases, may not be able to live comfortably even at home. Any change of posture—particularly when assuming the upright from the recumbent position—causes a fall in the pulse pressure, due to the low vascular tone, specially in the splanchnic vessels. The fall causes giddiness, and may even cause fainting, due to a temporary poverty of blood in the brain.

Hypotension is also an important factor in the production of cerebral as well as coronary thrombosis. In diseased arteries (arterio-sclerosis) a slow blood stream, which is inevitable with hypotension, is a contributory cause for intra-vascular clotting. As a matter of fact, most cases of coronary and cerebral thrombosis are come across in people, who have been suffering from arterio-sclerosis with hypotension.

Finally, a hypotensive has a poor resistance to infection, which, when contracted, would worsen the case by a further reduction of pressure.

MANAGEMENT OF HYPOTENSION.

It is obvious that the treatment of secondary hypotension centres round the treatment of the primary cause. If the primary cause is amenable to treatment, the associated hypotension will tend to disappear.

Primary hypotension, when not attended with any symptom, need not be bothered with at all. Only those cases, which are associated with symptoms as already mentioned. should be attended to. Though in many cases it is almost impossible to cause any great rise of pressure, yet observation shows that, in a hypotensive, a slight increase in tension is attended with subjective improvement, which is out of all proportion to the increase in pressure. In the management of these cases general hygienic measures are as important as remedial drugs.

GENERAL MANAGEMENT.

1. Attend to the hygiene of the mouth, teeth and throat, and correct constipation, which is frequent, by dietetic means or by weak natural laxatives. Strong purgatives must not be given.

2. Correct under-nutrition by appetising, with wholesome and vitaminous food ; but do not allow rich or heavy meal, which might upset the digestion. Meat soup or extractive should be included in the dietary.

3. Rest is an important factor. Instruct to retire early to bed and rise early, if possible. The patient should be advised to make the process of getting up from bed a slow and gradual process, and not jumpy, by any chance. Rest for an hour in bed should also be enjoined after each meal.

4. Massage and exercise should be prescribed. General massage has a stimulating effect. An oil massage before bath is helpful. Bodily exercise should be prescribed, in accordance with the condition and the age of the patient. If he is restricted to bed, he should be given a few breathing exercises, which will stimulate the circulation of blood. This effect could be enhanced by a simple abdominal exercise as follows : Ask the patient to draw in the anterior abdominal wall and hold it on as long as possible, at intervals of 2 to 5 minutes for 10 to 15 times, morning and evening.

Patients, who are not so ill, should take towel or free hand exercises, particularly the abdominal ones. They should, however, be warned not to over-step their safe limits, and be exhausted and breathless.

5. Hydrotherapy :

(*a*) Hot and cold shower bath. This is the best when available. After the exercise the patient stands under a shower of warm water, which gradually and slowly changed into hot. The hot shower is suddenly turned off, and a shower of ordinary cold water is started, which is gradually and slowly changed into as cold as could be well borne. Turn off the shower and treat as below.

(*b*) Hot and cold sponge bath. Give a hot sponging to the whole body, except the head. Then quickly sponge with cold fresh or salt water. Next pour a bucket of cold water on the back and spine. and treat as below.

After bath follow immediately by a brisk rubbing with a coarse towel, to produce redness of the skin. Dry and cover him up with blankets or sheets. Keep him in recumbent position for half an hour.

6. Intoxications :

Stop all excessive indulgence in tobacco, alcohol, tea and coffee. Correct all detrimental habits, which are too many to enumerate individually.

REPERTORY ON BLOOD PRESSURE

MIND.

ABRUPT—Nat-m. **Tarent.**

ABSENT MINDED—Agn. Alum. **APIS** Arn. **Aur. Bar-c. Calad. CANN-I. CAUST. Cham.** Dulc. Graph. Hell. Hep. **Ign.** Kali-br. Kali-c. **Kali-p.** Lac-c. **LACH. Lyc.** Mag-c. Merc. **Mezer.** Mosch. **NAT-M. Nux-m. Nux-v.** Op. Petr. **Phos-ac.** Phos. **PLAT.** Plb. **Puls.** Rhus-t. **SEP.** Sil. Sulph. Thuj. **VERAT.** Zinc.

ANGER—Acon. **ANAC. Ars. BELL. BRY. CHAM.** Hep. **Hyos. Ign. Kali-c.** Kali-s. **LYC.** Merc. Mosch. **NAT-M. NIT-AC. NUX-V.** Petr. Psor. **Sep. STAPH. Stram.** Tarent. Verat.

ANGUISH—**ACON.** Apis. Arg-n. Arn. **ARS. Aur. BELL.** Bism. **Calc. Cann-i. CAUST.** Coff. **Crot-c.** Cupr. **Dig. Hep.** Hyos. Mag-c. Naja. Nat-c. **Phos. PLAT.** Psor. Puls. Sep. Tarent. Verat.

ANXIETY—**ACON.** Ambr. Anac. Ant-t. **ARG-N.** Asar. Bar-c. **BELL. BISM. BOR. Bry. Calc.** Camph. Cann-i. **Carb-s. CAUST.** Cocc. **Con.** Ferr. **Gels.** Graph. Iod. **KALI-C. Kali-p.** Kali-s. **LYC.** Mezer. Nat-a. **NAT-C. NIT-AC.** Nux-v. **Petr.** Phos-ac. Psor. **PULS.** Sep. Sil. Stram. Tab. Thuj. Zinc.

APHASIA — **Both.** Chen-a. **GLON. Kali-br.**

AVARICE—**ARS.** Bry. Calc. Cina. Coloc. **Lyc.** Nat-c. **Puls.** Sep.

BUSINESS, AVERSE TO –Agar. Anac. Ars. **Brom.** Cimic. **Con.** Graph. Kali-bi. Kali-br. Kali-c. **Lach.** Mag-s. **PHOS-AC.** Phyt. **Puls. Sep.** Sulph.

CHILDISH BEHAVIOUR—Anac. **Apis.** Arg-n. **BAR-C.** Bar-m. Carb-an. Carb-s. **CIC.** Croc. Ign. Kali-br. **Nux-m.** Puls. Seneg. **Stram.** Viol-o.

COMPANY, AVERSION TO—Aloe. Ambr. **ANAC. Aur. BAR-C.** Bell. **Bry.** Cact. Calc-p. **Carb-an.** Carb-v. **CHAM.** Cupr. Ferr. **GELS.** Hell. Hep. **IGN.** Iod. Kali-br. Kali-c. Lac-d. Lach. **LYC.** Nat-c. **NAT-M. NUX-V.** Phos. Pic-ac. **Plat. Puls. Sel. Sep.** Stann. **Sulph.** Thuj. Verat.

CONCENTRATION, DIFFICULT —Ambr. **ANAC.** Apis. **BAR-C. Cann-i.** Carb-an. **Carb-s. CARB-V. CAUST.** Cocc. Con. Dulc. Gels.

GLON. Graph. Hydr-ac. Hyos. Kali-br. Kali-c. Kali-p. Lac-c. LACH. LEC. LYC. Mag-m. Med. Merc. Mezer. Nat-a. Nat-c. Nat-m. Nit-ac. NUX-M. NUX-V. Op. PHOS-AC. PHOS. Pic-ac. Plat. Puls. Rhus-t. Sel. SEP. SIL. Spong. Stram. Sulph. Ter. Thuj. Verat. Viol-o. Zinc.

CONFUSION OF MIND—Anac. Ant-t. Arg-n. Ars. Aur. Bapt. BELL. Bor. Bry. CALC. Caps. CARB-V. Chel. Chin. Coff. Croth. Dios. Ferr. Gels. GLON. Graph. Hyos. LACH. Lyc. Mag-c. MERC. Mezer. Mosch. Nat-c. NAT-M. Nit-ac. Nux-m. NUX-V. Onos. OP. Petr. Phos-ac. Phos. Plb. Puls. Rhus-t. Sabad. Seneg. SEP. Staph. Stram. Stry. Sulph. Syph. Valer. Zinc.

CONSOLATION AGG.—Arn. Ars. Bell. Cact. Calc-p. Cham. Hell. IGN. Kali-c. Lil-t. Lyc. NAT-M. Nit-ac. Nux-v. Plat. SEP. SIL. Staph. Tarent.

AMEL.—PULS.

CONTEMPTUOUS—Ars. Canth. Cham. Chin. CIC. Hyos. Ign Lach. Lyc. Nat-m.. Nit-ac. PLAT. Sil.

CONTRADICT, DISPOSITION TO—Anac. Aur. Canth Caust. Ferr. HEP. Hyos. Ign. Lach. Lyc. Merc. Nat-c. Nit-ac. Nux-v. Olnd. Ruta.

CONTRADICTION, IS INTOLERANT OF—Aloe. Anac. AUR. Bry. Cocc. Ferr. Helon. IGN. LYC. Merc. Nat-c. NUX-V. Op. Petr. Sep. Sil. Stram.

CURSING—Aloe. ANAC. Ars. Bell. Cann-s. Canth. Hyos. Lac-c. Lil-t. Lyc. Nat-m. NIT-AC. Nux-v. Op. Plb. Puls. Stram. Tub. Verat.

DELUSIONS—Ambr. ARG-N. Ars. Aur. Bapt. BELL. Calc. CANN-I. Cann-s. Caust. Cocc. Coff. Glon. Hell. HYOS. Ign. Kali-br. LACH. Lyc. Lyss Merc. Nit-ac. Op. Petr. Phos-ac. Phos. Psor. Puls. Rhus-t SABAD. Sec. Sil. STRAM. Sulph. Zinc.

FORGETFUL — AMBR. Anac. Arg-n. Aur. BAR-C. Calc. Carb-s. Cocc. Colch. Kali-br. KALI-P. Lach. LYC. Merc. Nat-m. Nux-v. Petr. PHOS-AC. PHOS. Plat. Ruta. Selen. Sep. Sulph. Thuj. Tub. Verat. Zinc.

FRIGHTENED EASILY—Arg-n. ARS. Bar-c. Bell. BOR. Bry. Calc. Carb-an. Caust. GRAPH. Hyos Ign. Kali-c. Kali-p.. LYC. Merc. Nat-a. NAT-C. Nat-m. Nux-v. Op. Petr. Phos. PULS. STRAM. Sulph. Ther. Verat.

HURRY—Apis. ARG-N. ARS. Bar-c. Bell. Camph. Carb-s. Coff. Crot-c. Graph. Hep. Hyos. Ign. Kali-c. Kali-p. Lach. LIL-T. MED. MERC. Mosch. Nat-c. NAT-M. Nux-v. Phos-ac. Phos. Puls. Stram.

SULPH. Sulph-ac. TARENT. Thuj. Verat.

IMBECILITY — Aloe. AMBR. Am-c. ANAC. Arg-n. Ars. Aur. BAR-C. Bar-m. Bell. BUFO. Carb-s. Caust. Cocc. CON. Dios. Hyos. Ign. Kali-p. Lac-c. LYC. Merc. Nux-m. Nux-v. OP. Phos-ac. Sil. Staph. STRAM. Sulph. Ther. Verat. Verb. Zinc.

INDOLENCE — Aur. CALC. Carb-s. Chel. CHIN. Cocc. Cycl. GRAPH. Hep. Ign. Iod. Kali-c. Lac-c. LACH. Mezer. NAT-M. NIT-AC. Nux-v. Phos-ac. Phos. Pic-ac. Psor. Puls. SEP. Stann. SULPH. Ther. Thuj. Zinc.

LOQUACITY — Arg-m. Aur. BELL. Camph. Cann-i. Cimic. Croc. Crot-c. Cupr. Ferr-p. Gels. HYOS. Kali-br. LACH. Lachn. Mur-ac. Nat-c. Nux-v. Op. Phos. Plb. Podo. Pyrog. Selen. STRAM. Sulph. Thea. Thuj. Verat.

MILDNESS—Arn. Ars. Ars-i. BOR. Cact. Calad. Calc. Cann-i. Caust. Cocc. Croc. Cupr. Hell. Ign. Indg. Kali-c. Lil-t. Lyc. Mosch. Nit-ac. NAT-M. Op. Phos-ac. Phos. Plb. PULS. Rhus-t. Sep. SIL. Spong. Stann. Stram. Sulph. Thuj. Verat. Zinc.

MISTAKES LOCALITIES—Bell. Cann-i. Cic. GLON. Hura. Lach. Merc. Nat-m. NUX-M. PETR. Phos. Psor. Stram. Sulph. Valer. Verat.

MOANING — Acon. Apis. Ars. Bar-c. BELL. Bry. Calad. Camph. CANN-I. Carb-ac. Cham. Cic. Cina. Cocc. Colch. Crot-c. Cupr. Eup-per. Gels. Hyos. Ign. Ipec. Kali-br. KALI-C. Lach. Merc. Mur-ac. Nit-ac. Nux-v. Op. Phos. Podo. PULS. Sec. Stram. Sulph. Verat. ZINC.

MOROSE—Agar. Am-c. ANAC. Aran. Arn. Art-v. AUR. Bell. Bism. BRY. Calc. Caust. Colch. Coloc. Con. Crot-t. Cycl. Dig. Ferr. Ferr-p. Guai. Ipec. KALI-P. Led. Lyc. Mag-c. Merc. Mezer. Mur-ac. NUX-V. Phos-ac. Phos. Plat. Plb. PULS. SIL. Stry. Sulph. Thuj. Valer. Verb. Zinc.

OBSTINATE — Acon. Agar. Aloe. ALUM. ANAC. Arg-n. Ars. BELL. Bry. Calc. Caps. Cham. Chin. Cina. Dig. Ferr. Hep. Ign. Kali-c. Kali-p. Kreos. Lach. Lyc. Mag-m. Merc. Nit-ac. NUX-V. Pall. Phos-ac. Psor. Sil. Spong. Stram. SULPH. TARENT. Thuj. Viol-o. Zinc.

QUARRELSOME — Anac. Ars. AUR. Bell. Brom. Bry. Camph. Canth. Caust. CHAM. Con. Croc. Cupr. Dulc. Hyos. IGN. Kali-c. Lach. Lyc. Merc. Mosch. Nat-c. Nat-m. Nit-ac. NUX-V. PETR. Phos-ac. Phos. Plat. Psor. Sep.

Staph. STRAM. SULPH. TARENT. Thuj. Verat. Verat-v. Viol-t. Zinc.

RECOGNISE, DOES NOT, HIS RELATIVES—Acet-ac. Agar. Anac. BELL. Calad. Cic. Cupr. Glon. HYOS. Kali-bi. Lach. Meli. Merc. Œnan. Op. Phos. Plb. Stram. Sulph-ac. Tab. Valer. Verat. Zinc.

OWN HOUSE — Meli. Merc. Psor.

WELL - KNOWN STREETS—Cann-i. GLON. Lach. NUX-M. PETR.

RESTLESSNESS—ACON. Agar. Anac. Apis. ARG-N. Arn. ARS. Ars-i. Art-v. Asaf. Aur. Aur-m. Bapt. BELL. Bov. Calc. Calc-p. Camph. Caust. Carb-v. Cimic. Cit-v. Coloc. Cupr. Cup-ars. FERR. Ferr-ars. HYOS. Kali-br. Kali-c. Kali-p. Lac-c. Lach. Lyc. MERC. Mosch. Nat-m. Op. Phos. Plb. Psor. PULS. RHUS-T. Sec. Sep. Sil. Staph. STRAM. SULPH. TARENT. Thuj. VALER. Verat. Vip. ZINC.

RUDENESS—Arn. Aur. Bell. Canth. Graph. Hyos. Lac-c. LYC. Nit-ac. Nux-v. Op. Phos. Stram. VERAT.

STARTING—Arn. Ars. Ars-i. Bar-c. BELL. Bor. Bry. Bufo. Calc. CAPS. Carb-an. Carb-s. Carb-v. Caust. Cic. Cocc. Con. Cur. Graph. Hura. HYOS. Ign. Kali-ars. KALI-C. Kali-i. Kali-p. Kali-s. LAC-C. Lach. Lyc. Med. Mur-ac. Nat-ars. Nat-c. NAT-M. Nat-p. Nit-ac. Nux-m. Nux-v. Op. Petr. Phos. Sep. Sil. STRAM. STRONT. Stry. Sulph. Ther. Verat. Zinc.

STUPEFACTION — APIS. Ars. BAPT. Bell. Bry. Cic. Cocc. Cupr. Ferr. GELS. HELL. HYOS. Kali-p. Lyc. Mag-m. Nux-m. NUX-V. OP. Petr. PHOS-AC. Phos. Plb. Puls. Rhus-t. Sep. STRAM. Sulph. Thuj. Verat. Vinc. Zinc.

VIOLENT—Acon. Anac. Ars. AUR. Bar-c. BELL. Bry. Carb-v. Cham. CIC. Cupr. Ferr. Graph. Hep. HYOS. Kali-p. Lach. Lyc. Mosch. Nat-m. Nit-ac. NUX-V. Petr. Phos. Plat. Sep. STRAM. Sulph. Tarent. Verat. Visc.

WEARY OF LIFE—Ant-c. ARS. AUR. Bell. Caust. Chin. Hep. Hyos. Kali-p. Lach. Lyc. Merc. Nat-m. NIT-AC. Nux-v. PHOS. Plb. Puls. Rhus-t. Sep. Sil. Staph Stram. Sulph. Thuj. Valer. Verat.

WORK, AVERSION TO MENTAL—ALOE. Anac. Aur. BAPT. Brom. Calc Carb-ac. Chel. CHIN. Chin-ars Colch. Ferr. Gels. Hyos. Kali-bi. KALI-P. Lach. LEC. Lyc. Med. Mur-ac. Nat-m. Nit-ac. NUX-V. Op. Phos-ac PHOS. Phyt. PIC-AC. Plat. Puls. Rhus-t. Sep. Sil. Staph. Sulph. Thuj. Tub. Valer.

WRONG, EVERYTHING SEEMS —Coloc. Eug. Hep. Naja Nux-v.

VERTIGO.

Acon. AGAR. Ail. Apis. ARG-M. Arg-n. Ars. Aur. Bapt. BRY. Calc. Calc-s. Cann-i. Carb-s. Chel. CHIN. Chin-s. Cic. COCC. CON. Cycl. Dig. Dulc. Ferr. GELS. Ipec. Kali-c. KALI-P. Lach. LYC. Merc. Mosch. Nat-c. NAT-M. Nat-s. Op. Petr. Phos-ac. PHOS. Plat. Psor. Pic-ac. PULS. Rhus-t. Sang Sec. SIL. Spig. Stann. Stram. SULPH. TAB. Ter. Thuj. Valer. Verat. Verat-v. Zinc.

MORNING—Am-c. Arg-n. Bov. Bry. Calc. CARB-AN. Carb-s. Chel. Chin. Dulc. Gels. Kali c. Kali-p. LACH. LYC. Mag-c. Nat-m. Nat-p. NUX-V. Petr. Phos-ac Phos. Puls. Sep. Sil. Sulph. Verat. Zinc.

FORE-NOON—Agar. Bry. Calc. Carb-v. Caust. Cham. Chin-s. Eup-pur. Fl-ac. Lach. Lact. Lyc. Nat-m. Phos. Samb. Sars. Stann. Sulph. Viol-t. Zinc.

NOON — Æth. Arn. Calc-p. Caust. Chin. Dulc. Ham. Kalm. Lyc. Mag-m. Mag-s. Merc. Nat-s. Nux-v. Phos. Stram. Sulph. Zinc.

AFTER-NOON — Æsc. Agar. Alum. Ambr. Benz-ac. Bry. Carb-s. Chel. Chin. Cupr. Cycl. Dios. Ferr. Ferr-p. Glon. Hura. Kali-c. Kali-p. LYC. Merc. Nat-m. Nux-v. Phos-ac. Phos. Puls. Rhus-t. Sep. Sil. Staph. Sulph. Thuj.

EVENING—Alum. Am-c. Apis. ARS. Bor. CALC. Carb-s. Carb-v. Chin. Cycl. Dios. Graph. Hep. Iris. Kali-ars. Kali-c. Kali-p. Kali-s. Lach. Lyc. Mag-c. Merc. Nat-m. Nat-s. Nit-ac. Nux-m. Nux-v. Phos-ac. PHOS. Pic-ac. PULS. Rhod. Selen. Sep. Sil. Staph. Sulph. Thuj. Zinc.

NIGHT—Am-c. Bell. Calc. Caust. Chin. Croc. Cycl. Dig. Ham. Lac-c. Lach. Nat-c. Nux-v. PHOS. Pic-ac. Rhod. Sang. Sil. Spong. Stram. Sulph. Ther. Thuj. Zinc.

ASCENDING STAIRS—Ant-c. Bor. CALC. Carb-ac. Coca. Glon. Kali-bi. Merc. Pic-ac. Sulph.

CLOSING EYES, ON—Alum. Alumn. Ant-t. Apis. Arg-n. ARN. Ars. CHEL. Cycl. Ferr. Hep. LACH. Mag-s. Petr. Phos-ac. Pip-m. SEP. Sil. Stram. THER. Thuj. Zinc.

AMEL.—Alum. Con. Dig. Ferr. Gels. Graph. Pip-m. Selen. Sulph. TAB. Verat-v.

COFFEE, AFTER — Arg-n. Cham. Mosch. NAT-M. Nux-v. Phos.

COITION, AFTER — Phos-ac. Sep.

CROSSING A BRIDGE—Bar-c. Brom.

RUNNING WATER — **Aug.** **Arg-m.** Brom. Ferr. Sulph.

DESCENDING, ON—**BOR.** Coff. Con. **FERR.** Gels. Mag-m. Sanic. Stann.

STAIRS — **BOR.** Carb-ac. **Con.** Gins. Merl. Merc. Phys. **Plat.** Tarent.

DINNER, AFTER—Aloe. Bell. Coloc. Ferr. **Hep.** **Mag-s.** **Nat-s.** **NUX-V.** Petr. Phos. **Puls.** Sel. **Sulph.** Thuj. **Zinc.**

EATING, WHILE—Am-c. Calc Con. Dios. **GRAT.** Mag-c. Nat-c. **Nux-v.** **Phos.** Selen. Sil.

AFTER—Alum. Bry. **Cham.** Chin. Cocc. Cycl. **GRAT.** **Kali-bi.** Kali-c. Kali-p. **Lach.** Lyc. Mag-s. **Nat-s.** **NUX-V.** Petr. **Phos.** **Puls.** Rhus-t. Sep. **Sulph.** Tarent. Zinc.

HEADACHE, DURING—**Acon.** Anac. **APIS.** **Arg-n.** Arn. **Ars.** **Aur.** Bar-c. **BELL.** Bov. Bry. **CALC.** **Calc-p.** Caust. Chel. Coff. **Con.** Cupr. Ferr. **Ferr-p.** **Gels.** **GLON.** Hep. Kali-bi. Kali-br. **Kali-c.** Kali-p. Kalm. **Lach.** Mag-m. Merc. **Nat-m.** **Nat-s.** Nux-m. **NUX-V.** Phos. Plb. Psor. **Puls.** **SANG.** Sep. **SIL.** Spig. Stront. Sulph. Tab. **Verat-v.** Zinc.

LOOKING DOWNWARD — Alumn. Calc. Con. Ferr. **Kalm.** Mag-m. Nat-c. Nux-v. Petr. **PHOS.** Puls. Sep. **SPIG.** Staph. **SULPH.** Thuj.

STEADILY — Am-c. **Caust.** Cur. **Kali-c.** Lach. **NAT-M.** Phos. Sil. Spig. Sulph. Tarent.

UPWARDS—**Calc.** Carb-v. **Caust.** Cupr. Dig. Graph. Iod. Kali-p. Lach. Mur-ac. **Nux-v.** **Petr.** **PHOS.** Plb. **Puls.** Sang. Sep. Sil. **Tab.** Thuj.

WINDOW, OUT OF A—Camph. **Carb-v.** **NAT-M.** Ox-ac.

MENTAL EXERTION—**Agar.** Am-c. **Arg-n.** Bar-c. Bor. Calc. Coff. Kalm. **NAT-C.** **NAT-M.** Nat-p. **NUX-V.** **Phos-ac.** Pic-ac. **Puls.** Sep. Sil. **Staph.**

NAUSEA, WITH — **ACON.** Alum. **Alumn.** Am-c. **Ant-c.** Bapt. Bar-c. **Bell.** **BRY.** Calc. **Calc-p.** Calc-s. **Camph.** Carb-an. Carb-v. Caust. Cham. Chel. **CHIN-S.** Cinnb. **COCC.** Con. **Cycl.** **FERR.** Ferr-ars. **Glon.** Graph. Ham. Hell. Hep. Ind. **Kali-bi.** Kali-p. Kalm. Lac-c. **Lach.** **LOB.** Lyss. Lyc. Merc. Mosch. **Nat-m.** Nit-ac. **Nux-m.** **NUX-V.** **PETR.** **Phos.** **Puls.** Rhus-t. Sang. **Sep.** Sil. Spig. Staph. Sulph. **Tab.** Ther. Verat **Verat-v.** Zinc.

OBJECTS SEEM TO TURN IN A CIRCLE—Agar. Alum. Bar-c. **Bry.** **CHEL.** Cic. Cocc. Colch. Con. Cycl. Kali-c. Kali-p. Lyc. Mag-c.

Mur-ac. NAT-M. Nat-s. Nux-v. Op. Phos-ac. Psor. Rhus-t. Sep. Sil. Sulph-ac.

PERIODICAL—Agar. Arg-m. Camph. Cocc. Cycl. Ign. Kali-c. NAT-M. PHOS. Tab. Ust.

RAISING HEAD—Acon. Ant-t. Arn. Bar-c. BRY. Calc. Carb-v. CHIN. Croc. Laur. Mag-s. Nux-v. Op. Phos. Pic-ac. Selen. Stann. Stram.

RIDING, WHILE—Ant-t Dig. Grat.

IN A CARRIAGE—Acon. Calc. Hep. Lyc. Sel. Sil.

AMEL.—Glon. Sil.

RISING, ON—ACON. Ail. Amyl-n. Arn. Bar-c. Bell. BRY. Calc. Cann-i. Carb-an. Caust. Chin. Cic. Con. Dig. FERR. Ferr-p. Glon. Guai. Ham. Hyos. Kali-bi. Kali-p. Lac-d. Lach. Merc. NAT-M. Nux-v. Petr. PHOS. Puls. RHUS-T. Sil. Sulph. TAB. Thuj. Verat-v.

FROM BED, ON—Agar. Arn. Bar-c. Bell. BRY. Cact. CHEL. Chin. Cimic. COCC. Dulc. FERR. Ferr-p. Fl-ac. Glon. Kali-bi. Lyc. Mag-m. NUX-V. Op. Petr. Phos-ac. PHOS. PHYT. Pic-ac. Puls. Rhus-t. Sep. Sil. Stram. Sulph. Verat-v

SLEEP, DURING—Æth. Crot-h. Lyc. Sang. Sep. Sil. Ther.

AFTER, AGG.—Ambr. Ars. Calc. Carb-v. Chin. Dulc. Graph. Hep. Kali-c. Kali-i. LACH. Lact. Med. Nat-m. NUX-V. Op. Sep. Spong. Stram. Ther. Thuj. Zinc.

STAGGERING, WITH—Ail. Arg-n. Aur. Bry. Calc. Camph. Carb-an. Carb-v. Cham. Chin. Cic. CON. Ferr. GELS. Ign. Kali-br. Lyc. Mur-ac. Nux-m. NUX-V. Petr. PHOS. Phyt. Sep. Stram. Sulph. Thuj.

STOOPING, ON—Alum. Anac. Arg-n. Aur. Bar-c. BELL. Bry. Calc. Calc-p. Camph. Carb-v. Caust. Cham. Con. Dig. Glon. Graph. Guare. Ham. Hell. Ign. Iod. Kali-bi. Kali-p. Kalm. Lach. Lyc. Merc-c. Mosch. Nat-m. Nit-ac. NUX-V. Petr. Phos. PULS. Sep. Sil. Staph. SULPH. Ther. Valer.

SYNCOPE, WITH—Alum. Ars. Bry. Canth. Carb-v. Cham. Croc. GLON. Hep. Lach. Mag-c. Mosch. NUX-V. Phos. Sulph.

SYPHILITIC—AUR.

TEA, AFTER—NAT-M. SEP.

AMEL.—Glon.

TURNING IN BED, ON—BELL. Cact. Carb-v. CON. Graph. Ind. Kalm. Lac-d. Meph. Phos. Rhus-t. Sulph.

VISION, OBSCURATION OF, WITH—Acon. Anac. Arg-n. Bell. Calc. Camph. Cupr. CYCL. Dulc. FERR. FERR-ARS. GELS. GLON. Hep. Kali-bi. Lach. Merc. Nit-ac. NUX-V. Par. PHOS. Phyt. Puls.

Sabin. Stram. Stront. Sulph. Tereb. Zinc.

VOMITING, WITH — Ars. Calc. Canth. Chel. Crot-t. **Glon.** Graph. Hell. KALI-BI. Kali-c. **Lach.** Mag-c. Merc. Mosch. **Nat-s. Nux-v.** Petr. **Puls.** Sang. Sep. **VERAT. Verat-v.**

WALKING, WHILE—Apis. Arg-n. Bell. **Bry.** Calc. Cann-i. Cocc. **Con.** Dulc. **Ferr.** Ferr-i. **Gels.** Hell. Hyos. Ign. Kali-bi. Kali-c. Kali-p. Laur. Mag-m. **Mur-ac.** Nat-c. **NAT-M.** Nat-s. Nit-ac. **Nux-m. Nux-v.** Petr. Phel. Phos-ac. **PHOS.** Phyt. Pic-ac. **Psor. PULS. Rhus-t.** Sec. **Sep. Sil.** Spig. **Stram. Sulph.** Tarent Thuj. Verat. Zinc.

WATCHING AND LOSS OF SLEEP, FROM—**COCC. NUX-V.**

WINDY WEATHER—**Calc-p.**

HEAD.

BALANCING SENSATION IN—Æsc. Bell. **Glon.** Lyc.

BOARD OR BAR BEFORE, SENSATION AS OF A—Acon. Æsc. Calc. **Carb-an.** Cocc. **Dulc.** Helon. Kreos. Lyc. Op. Plat. Plb. **RHUS-T.** Sulph. Zinc.

BOILING SENSATION—ACON. Cann-i. Coff. Dig. Graph. Hell. Kali-c. Lyc. Mag-m. Merc. Sil. Sulph.

BORES HEAD IN PILLOW—**APIS.** Arn. **BELL.** Bry. Camph. Crot-t. Dig. **HELL.** Hyper. **MED. STRAM.** Sulph. Tarent. **TUB.**

CEREBRAL HÆMORRHAGE—**ACON. ARN.** Aur. Bar-c. **BELL.** Camph. **CARB-V. Chin. Coff.** Colch. Con. **Cupr. Crot-h. Ferr. GELS.** Hyos. **Ipec. Lach.** Laur. Lyc. Merc. Nat-m. Nit-ac. **Nux-m. Nux-v. OP. Phos.** Plb. **Puls.** Stram.

CONGESTION—**ACON.** Ambr. Anac. Ant-c. **Apis. Arg-n. ARN.** Ars. Aur. **BELL.** Bor. **Bry.** Bufo. **CACT. Calc.** Calc-p. Calc-s. Camph. **Cann-s. Canth.** Carb-an. **Carb-s. CARB-V.** Cham. Chin. **Cimic.** Cocc. Croc. **CUPR.** Cycl. Dulc. **FERR. FERR-P.** Fl-ac. **GELS. GLON.** Graph. **Hell. Hyos.** Iod. Kali-bi. **Kali-br.** Kali-c. Kali-i. Kali-p. **LACH.** Laur **Lyc.** Mag-s. **MELI.** Merc. Mill. **Nat-c. NAT-M. Nux-v. OP.** Phos-ac. **PHOS.** Pic-ac. Plb. Psor. Puls. Ran-b. **Rhus-t. SANG.** Sep. Sil. Spong. **Stram. Stry. SULPH.** Sulph-ac. Tab. Thuj. Urt-u. **Verat. VERAT-V.** Zinc.

ENLARGED SENSATION—**AGAR.** Apis. **ARG-N. ARN.** Ars. Bapt. **BELL.** Berb. Bov. Cact. Caps. **Cimic.** Cor-r. Dulc Echi. Gels. **GLON.** Hyper. Kali-i. Lac-d.

Lach. Mang. Merc. Nat-m. NUX-M. NUX-V. Par. Plat. RAN-B. Sil. Spig. Sulph. Ther. Verat.

FULLNESS, AS IF IT WOULD BURST—Am-c. Aster. Cann-i. Daph. GLON. Ipec. Lil-t. Merc. Nit-ac.

HANDS, HOLDS HEAD, WITH—GLON. Hyos.

ON COUGHING—BRY. Nicc. NUX-V. Sulph.

HAT, AVERSION TO—Carb-an. Iod. Led. Lyc.

HEADACHE

HEADACHE—ACON. Am-c. Anthr. Apis. Arg-m. ARG-N. Arn. ARS. AUR. Bapt. BELL. Bor. BRY. Calc. Calc-p. Calc-s. Carb-v. Cham. Cocc. Crot-c. Cupr. Dig. Ferr. FERR-P. Gels. GLON. Graph. Hell. Hyos. Ign. IRIS. Kali-bi. Kali-c. KALI-I. Kali-p. Kali-s. Kalm. LACH. Lyc. Mag-p. MERC. Nat-c. NAT-M. Nat-s. NIT-AC. Nux-m. NUX-V. Op. Rhus-t. SANG. Sep. SIL. Spig SULPH. Tereb. Thuj. Verat. VERAT-V. Zinc.

AIR, OPEN, AMEL.—Alum. Apis. ARS. Aur. Bell. Cann-i. Carb-v. Cimic. Ferr. GLON. Hell. Hyos. Kali-bi. Kali-i. Kali-p. KALI-S. Led. Lyc. Mag-m. MANG. Mezer. Nat-m. Op. PHOS. PULS. Sang. Sel. Seneg. SEP. Sulph. Tab. ZINC.

ASCENDING STEPS, ON—Arn. BELL. BRY. CALC. Carb-v. Cupr. Ferr. Gels. Glon. Ign. Kalm. Lach. Lyc. Meph. Mosch. Nux-v. Phos-ac. Phos. Psor. Rhus-t. Sang. Sep. SIL. SPONG. Sulph. Tab. Zinc.

BINDING HEAD, AMEL.—Apis. Arg-m. ARG-N. Arn. Bell. BRY. Calc. Carb-ac. Hep. Lac-d. Mag-m. Nux-v. Pic-ac. Psor. PULS. Rhod. SIL. Spig.

BLINDING—Asar. Aster. Bell. Caust. CYCL. Ferr-p. GELS. IRIS. Lac-d. Lil-t. Nat-m. Petr. Phos. Psor. SIL. Stram. Sulph.

BLOWING NOSE, AGG.—Ambr. Aster. AUR. BELL. Calc. Chel. Ferr. HEP. Mur-ac. Nit-ac. PULS. SULPH.

CLOSING EYE, ON, AMEL.—Acon. Agar. Aloe. BELL. BRY. Calc. Chel. Coff. Con. Hell. Hyos. Ign. Iod. Ipec. Nat-m. Nux-v. Plat. Rhus-t. Sep. SIL. Spig. Sulph. Zinc.

COLD APPLICATIONS AMEL.—Acon. ALOE. Am-c. Ant-c. ARS. Bell. Bry. Calc. Calc-p. Cham. Euph. Ferr. Ferr-p. GLON. Iod. Kali-bi. Lac-d. LACH. Led. Mosch. NAT-M. PHOS. Psor. PULS. Spig. Stram. SULPH. Zinc.

CONSTIPATED, WHILE—Aloe. Alum. BRY. Calc-p. Coff. Coll. Con. Crot-h. Ign. Lac-d. Lach.

Mag-c. **Nat-m. Nat-s. NUX-V.** Op. **Plb.** Petr. **Podo. Puls.** Verat. Zinc.

EATING, AFTER—Agar. **Alum.** Ars. **Bry.** Calc. **Calc-p.** Calc-s. **Carb-v.** Cham. **Cocc.** Coff. Con. Dios. Ferr. Ferr-p. Gels. Glon. **Graph.** Hyos. Kali-c. Lach. **Lyc.** Mag-c. **NAT-C. NAT-M.** Nux-m. **NUX-V.** Petr. **Phos-ac.** Phos. **PULS.** Rhus-t. Sep. **Sil. SULPH.** Verat. Zinc.

EPISTAXIS, AMEL.—Ant-c. Bufo. Carb-an. Cham. Dig. Ferr-p. Ham. Hyos. Kali-bi. Mag-s. **MELI.** Mill. **Petr. Psor.** Tab.

FOOT STEPS AGG.—**COFF. NUX-V.** Sil.

HAMMERING—**Am-c. Ars.** Aur. **BELL.** Chin. **Chin-s.** Cimic. **Cocc.** Coff. **Cur. FERR. FERR-ARS.** Ferr-p. **GLON.** Hep. Iris. Kali-i. **Lach.** Mag-s. Mezer. **NAT-M.** Nit-ac. Psor. Puls. Rhus-t. **SIL. SULPH. Tarent.**

HAT, FROM PRESSURE OF—Agar. Alum. Arg-m. **Calc-p.** Carb-an. **CARB-V.** Caust. Crot-t. Ferr-i. **GLON.** Hep. Kali-n. Lach. Laur. Led. Lyc. Mezer. **NIT-AC.** Sep. **Sil.** Staph. Sulph. **Valer.**

HOT DRINKS, AGG.—**Arum-t. PHOS. PULS. Sulph.**

INCREASING AND DECREASING GRADUALLY—Arn. Ars. Bar-c. Crot-h. Glon. Mezer. Nat-m. Op. Pic-ac. **Plat.** Psor. Sars. Spig. **STANN.** Staph. Sulph. Verb.

IRONING, FROM—**BRY.**

JAR, FROM ANY—Arn. **BELL. BRY.** Calc. **Carb-v.** Carb-s. Chin. Crot-h. **Ferr-p. Gels. GLON.** Hep. Kali-c. Kali-s. Lac-d. **Lach. LED.** Lyc. Mag-m. Merc. **Nat-m. NIT-AC. Nux-v.** Petr. **Phos-ac. Phos.** Psor. Rhus-t. **Sang. Sep. SIL. Spig.** Sulph. Ther. **Thuj** Vib.

LIES WITH HEAD HIGH—Arg-m. **ARS.** Bry. Carb-v. **Con. Gels.** Nat-m. **Phos. PULS. Spig.** Stront.

MOTION, FROM—Anac. **Ant-c.** Apis. **BELL. BRY.** Calc-p. Caps. **CARB-V. Carb-s.** Chin. **Cimic.** Cocc. **Coff. Con.** Crot-t. **Ferr-p. Gels. GLON.** Hep. Ign. Kali-bi. **Kreos.** Lac-d. **Lach. LED.** Lyc. Mag-m. **Mag-p.** Mang. **Meli. MEZER. Mosch. Nat-m. NIT-AC. Nux-m. Nux-v.** Phos-ac. **Phos.** Psor. Rumx. **Sang.** Sars. **Sep.** Sil. **Spig.** Stann. Staph. Sulph. **Ther.** Verat.

AMEL.—**Agar.** Arg-m. **Ars.** Benz-ac. **Caps.** Cham. Con. Ferr. Hyos. Ign. **Iris.** Kali-p. **Lyc.** Mag-m. **Mur-ac.** Nat-c. **Nux-m. Puls.** Rhod. **RHUS-T.** Stann. **Valer.**

PERIODIC HEADACHE—Æth. Aloe. **ALUM.** Anac. Apis. **ARS.** Ars-i. Bell. **Cact.** Calc. Carb-v. **CEDR. CHIN. Chin-ars. CHIN-S. COLOC.** Cupr. **Eup-per. Ferr.** Ferr-ars.

Ign. Kali-ars. **KALI-BI.** Kreos. Lac-d. **Lach.** Lyc. **NAT-M. NIT-AC.** Nux-v. **Phos.** Puls. Rhus-t. **SANG.** Sel. **SEP. SIL.** Spig. **Stram.** Sulph. Tub. Zinc.

PRESSURE, AMEL. — Alumn. **AM-C.** Anac. Apis. Arg-m. **Arg-n. BELL. BRY.** Calc. Chin. Cinnb. **Coloc. FERR.** Ferr-i. **Ferr-p. Glon.** Hell. Ipec. **Kali-bi.** Lac-d. **LACH.** Lyc. Mag-c. **MAG-M. MAG-P.** Mezer. **NAT-M.** Nat-s. Nux-v. Phos. **Pic-ac. Puls.** Pyrog. **Rhus-t. Sang.** Sep. **SIL.** Spig. **STANN.** Sulph. Thuj. Verat. Zinc.

READING, AGG.—Arg-m. Aur. Bry. **Calc.** Carb-v. Cham. Cimic. Coff. Ferr-i. **Glon. Lach.** Lyc. **NAT-M.** Nat-s. **NUX-V.** Op. **Phos-ac. Plat.** Ruta. **Sep.** Sil. Sulph. **Tub.**

SLEEP, AMEL.—Bell. Chel. Colch. Ferr. **Gels. Glon.** Graph. Hyos. Lac-c. **Pall. PHOS.** Pic-ac. Puls. **Sang. Sep.**

STOOPING, FROM — Alum. Apis. Bar-c. **BELL. BRY.** Calc. Chel. Cocc. **Coff.** Coloc. Dig. Dulc. Ferr. **Ferr-p.** Ign. Kali-c. Kali-n. Kali-s. Lach. Led. **MANG. MERC. Nat-m.** Nat-s. **Nit-ac.** Nux-m. **NUX-V.** Petr. Phos. **PULS.** Rhus-t. **Sang.** Seneg. **SEP.** Sil. **SPIG.** Stann. **SULPH.** Thuj. **VALER.** Verat.

SUN, FROM EXPOSURE TO— **Acon.** Agar. Aloe. **ANT-C.** Arum-t. Bar-c. **BELL. BRY.** Calc. Camph. Carb-v. Chin. Cocc. **Gels. Glon.** Hyos. Ign. **LACH. NAT-C.** Nat-m. **Nux-v. PULS. Sel.** Stram. Sulph. **Ther.** Valer. Zinc.

TALKING, WHILE — **Acon.** Aran. Arg-n. **Aur. BELL.** Bry. Calc. Calc-s. Chin. Cocc. Fl-ac. **Gels. Glon.** Ign. Iod. Jug-r. **Lac-c.** Mag-m. Meli. Mezer. **NAT-M.** Nux-v. Phos-ac. Puls. Rhus-t. Sang. Sil. Spig. **SULPH.** Zinc.

UNCONSCIOUSNESS, WITH— Acon. Arg-n. **BELL.** Bov. Cann-i. **Crot-h.** Ferr. **GLON.** Iod. Kali-c. Mag-c. **Mosch. NAT-M. Nux-v.** Petr. **Phos.** Puls. Sil. Stram. **Verat.**

WALKING, WHILE, AMEL.— Am-c. Calc. **Cycl.** Gels. **Guai.** Hyos. **LYC.** Mur-ac. Nat-c. Nat-m. **PHOS.** Puls. **RHOD. RHUS-T.** Sep. Staph. Sulph. **Tarax. Thuj.**

WARM BED, IN—**BELL.Carb-v. LYC. MEZER.**

WINE, FROM—Ant-c. **Ars.** Bell. Calc. **Carb-an. Carb-v.** Con. **Gels. Glon.** Ign. **Lach. Led.** Lyc. **Nat-c.** Nat-m. **NUX-V.** Ox-ac. Petr. Ran-b. Rhod. **SEL.** Sil. Stront. Verat. **ZINC.**

WRAPPING UP HEAD, AMEL.— Arg-n. **Ars. Aur. Bell.** Bry. Colch.

Con. Cupr. **Gels.** HEP. Kali-c. Kali-i. Lach. Mag-m. Mag-p. Mezer. **Nit-ac.** Nux-m. NUX-V. Phos-ac. **Psor.** RHOD. RHUS-T. Sanic. **Sep.** SIL. Squil. Stront. Thuj.

EYES.

BLEEDING IN THE RETINA (RETINAL HÆMORRHAGE)—Arn. **BELL. Crot-h.** Glon. Ham. **LACH. Merc-c. Phos.** Prun. **Sulph.**

BLURRED VISION—Ars. **Aur.** Cact. Calc. **Con. Crot-c. GELS. Glon.** Kali-p. **LAC-C. Lil-t. Lyc.** Med. **NAT-M.** Nux-v. Phos. **Phys.** Plat. **Psor.** Rhus-t. **Ruta.** Stram. Teucr. Thuj.

BURNING PAIN, IN—**ACON.** Agar. **All-c. ALUM. Am-m. APIS.** Arg-n. **ARS.** Aur. **Bell.** Bry. **Calc. Canth. Caps. Carb-s. CARB-V. Caust.** Chel. **CHIN.** Clem. **CON.** Crot-h. **Crot-t.** Dios. **EUPHR.** Ferr-p. Glon. **Graph.** Hep. Iod. **Kali-bi. Kali-c.** Kali-s. **LACH.** Lyc. Mag-m. **Merc. MERC-C.** Nat-c. **NAT-M. Nat-s. Nit-ac.** Nux-v. Op. Petr. **PHOS-AC. Phos. Puls. RAN-B.** Rhus-t. **RUTA. Sang.** Sep. **SULPH.** Tarent. Thuj. Verat. Zinc.

DIPLOPIA — Agar. **Alumn.** Arg-n. **AUR. BELL.** Cann-i. **Caust. Chel.** Cic. **Con. Cycl.** Daph. **Dig. GELS.** Graph. **HYOS.** Iod. Kali-c. **Kali-cy. Lyc. Lyss.** Merc. **Merc-c.** Morph. **NAT-M.** Nicc. **NIT-AC.** Nux-v. Op. **Plb.** Puls. Seneg. Stann. **STRAM. Sulph.** Ther. Thuj. Verat. Zinc.

INJECTED—**Acon.** All-c. Ant-t. Arg-n. **BELL.** Camph. **Clem.** Con. Ferr. **FERR-P. Gels. GLON.** Hep. **Kali-bi.** Kali-s. **Lach.** Merc. **NAT-M. NUX-V. OP.** Phos., **STRAM. Sulph.** Zinc.

SEES HALOS OF COLOURS AROUND THE LIGHT—Alum. **Anac.** Bar-c. **BELL.** Bry. Calad. Calc. **Carb-v.** Chin. Cic. **Cycl. Dig.** Gels. Hep. Ipec. Kali-c. **Lach.** Mag-m. **Nicc.** Nit-ac. **OSM. Phos-ac. PHOS. PULS.** Ruta. Sars. **Sep. Staph. SULPH. Tub.** Zinc.

EARS.

NOISES IN—Ambr. Arg-n. **Ars. Aur.** Bar-c. **BELL.** Bor. Cact. **CALC. CANN-I.** Caust. **CHIN. CHIN-S.** Cupr. Ferr-p. **GRAPH.** Kali-c. **KALI-I.** Kali-p. Kali-s. Kreos. **Lach. LYC.** Lyss. Merc. Nat-m. **Nat-s.** Nux-v. Op. **PETR. Phos-ac.** Phos. Plat. Plb. **Psor. PULS.** Rhod. **SANG.** Sil. **SPIG.** Staph. Stram. **SULPH.** Tab. Thuj. **TUB.** Valer. Verat. Xanth. Zinc.

NOSE.

BLOOD, CONGESTION OF, TO THE—Am-c. Calc. CUPR. Samb. Sulph.

EPISTAXIS— ACON. Agar. Alumn. Ambr. AM-C. Ant-c. ARN. Ars. Bapt. BELL. Both. BOV. Bry. CACT. Calc. Calc-p. Calc-s. Carb-s. CARB-V. Caust. Chin. CROC. CROT-H. Cupr. Dros. Elaps. Glon. HAM. Hyos. Ipec. Kali-i. Kali-p. LACH. Lyc. Med. MELI. MERC. MILL. Nat-c. Nat-m. NIT-AC. NUX-V. Phos-ac. PHOS. PULS. Rhus-t. Sabin. Sang. SEC. Stann. SULPH. Sulph-ac. Thuj. TUB. Ust. Verat. Zinc.

REDNESS OF THE—Aloe. ALUM. Ars. Apis. Aur. Bar-c. Bell. Bor. Calc. Carb-v. Caust. CHIN. Fl-ac. Graph. Hep. Kali-bi. Kali-c. Lach. Led. Mag-m. Merc. Merc-c. Nat-c. Nat-m. PHOS. Plb. Rhus-t. Stann. SULPH. Thuj. Zinc.

FACE.

BLOATED — ACON. Ant-t. APIS. APOC. ARS. Aur. Bell. Bry. Camph. Chin. Cocc. Colch. Crot-h. Dig. Dulc. Glon. Hippoz. Hyos. Kali-c. Lach. Merc. Nat-m. Op. Phos. Puls. Samb. Sep. Sulph. Vesp.

BLUISH—Apis. Arg-n. ARS. Asaf. BAPT. BELL. Bry. CAMPH. Cann-i. CARB-V. Chlor. Con. CUPR. DIG. Glon. Hydr-ac. HYOS. Ipec. Kali-cy. LACH. Laur. Lyc. MORPH. Nat-m. OP. Phos. Puls. Staph. SULPH. VERAT. VERAT-V. Vip. Zinc.

DROPPING OF THE JAW—Acet-ac. Apis. Arn. Ars. Bapt. Carb-v. Chel. Cupr. Gels. Glon. Hell. HYOS. Kali-i. LACH. LYC. Merc-cy. MUR-AC. Nux-v. OP. Phos-ac. Phos. Podo. Sec Stram. SULPH. Verat-v. Zinc.

PALE—Anac. ANT-T. Apis. ARG-M. ARS. Aur. Bell. Berb. CALC. CALC-P. Calc-s. CAMPH. Canth. Carb-an. Carb-s. CARB-V. Caust. CHIN. Chin-s. CINA. Clem. DIG. FERR. Ferr-i. FERR-P. GRAPH. Hyos. Kali-c. Lob. Lyc. Mang. Med. Nat-ars. Nat-c. NAT-M. Nat-p. Op. PHOS-AC. PLB. Puls. SEC. SEP. Sulph. TAB. Tub. VERAT. Vip. ZINC.

RED—ACON. Apis. AMYL-N. Arg-n. Aur. BAPT. BELL. Bry. Caps. Chel. Chin. Cic. Cina. Crot-h. Dig. FERR. FERR-I. GLON. Hyos. Kali-i. LACH. MELI. Merc. Mezer. Naja. NUX-V. OP. Phos. Rhus-t. SANG. Sil. STRAM. Sulph. Tereb. Verat-v.

WRINKLED FOREHEAD — Acet-ac. Alum. Brom. Caust. Cham. Cycl. Graph. Hell. LYC.

Merc. Nat-m. Ox-ac. Phos. Rhus-t. Sep. STRAM. Zinc.

MOUTH.

BAD TASTE—Ang. Ars. Bapt. Bry. CALC. Calc-p. Calc-s. Cann-s. Crot-t. Fl-ac. Gels. Graph. Hydr. Kali-bi. Kali-c. Lyc. MERC. Nat-m. NAT-S. Nux-m. NUX-V. Op. Phyt. Podo. Psor. PULS. Sars. Sep. Sil. SULPH. Sulph-ac. Vib. Zinc.

BITTER TASTE—ACON. Alum. Am-m. Arn. Ars. Aur. Bar-c. Bell. BRY. Calc. CARB-V. Carb-s. Card-m. Cham. CHEL. CHIN. Cocc. COLO. Crot-h. Dig. Eup-per. Ferr. Graph. Kali-c. Lach. Lept. Lyc. Mag-m. Merc. Mur-ac. NAT-M. NAT-S. Nux-m. NUX-V. Petr. Phos. PODO. PULS. Rhus-t. Sep. SULPH. Verat.

DRYNESS OF THE—ACON. Apis. ARS. Ars-s-f. Bar-c. Bar-m. BELL. Bor. BRY. Calc. CANN-I. Cann-s. Canth. CAPS. Carb-s. CARB-V. Caust. CHAM. Chel. CHIN. Cocc. CROT-C. Crot-h. Cupr. Dulc. Ferr. Gels. Graph. HYOS. IGN. KALI-BI. Kali-c. Kali-chl. Kali-i. Kali-n. Kali-p. LACH. LAUR. Lil-t. LYC. Mag-c. Mag-m. MERC. Mezer. MUR-AC. Naja. Nat-ars. Nat-c. NAT-M. NUX-M. NUX-V. Op. Phos-ac. PHOS. Puls. Rhod. RHUS-T. Sars. SEP. SIL. Stram. SULPH. Verat. Verat-v.

INSIPID TASTE—Alum. ANAC. Ant-t. Ars. Aur. Bapt. Bry. Caps. Chin. Cocc. Colch. Cycl. Dig. Eupper. Ferr. Guai. Ipec. Kali-c. Lyc. MERC. Mur-ac. Nat-c. NAT-M. Nux-m. Op. Petr. Phos. Psor. PULS. Sanic. Sep. Stann. Staph. Sulph. Thuj. Verat. Zinc.

METALLIC TASTE—Agn. Am-c. Arg-n. Ars. Bism. Calc. Canth. Cinnb. COCC. Coloc. Cupr. Ferr-i. Hep. Kali-bi. Lach. Lyc. MERC. Merc-c. Nat-ars. NAT-C. Nux-v. Phyt. Plb. Puls. RHUS-T. SENEG. Sep. Sil. Sulph. Tub. Zinc.

OFFENSIVE ODOUR FROM—Agar. Ambr. Anac. ARN. ARS. Ars-i. AUR. BAPT. Bar-c. Bell. Bry. Calc. Caps. CARB-V. CARB-AC. Carb-s. Caust. CHAM. CHEL. Chin. Cimic. Dulc. Fl-ac. Gels. Graph. Hep. Hyos. Iod. Kali-bi. Kali-c. Kali-i. Kali-p. KREOS. Lac-c. LACH. Lyc. MERC. MERC-C. Mur-ac. NAT-M. Nat-s. NIT-AC. Nux-m. NUX-V. Petr. Phos-ac. Phyt. PLB. PULS. Rhus-t. Sep. Stann. SULPH. Sulph-ac. TUB. Verb. Zinc.

SALTISH TASTE—Am-c. Ars. Ars-i. Bar-c. Bry. Calc. Carb-s. Carb-v. Carls. Cupr. Cycl. Fl-ac. Graph. Hyos. Kali-bi. Kali-chl. Lach.

Mag-m. MERC. MERC-C. Nat-c. NAT-M. Nit-ac. Nux-m. Nux-v. Op. Phos-ac. Phos. PULS. Rhus-t. Sep. Sulph. Tarax. Verat. Zinc.

SOUR TASTE—Alum. Alumn. Ant-c. ARG-N. Ars. Ars-i. Aur. Bar-c. CALC. Calc-s. Carb-s. Caust. Cham. Chin. Crot-h. Ferr. Graph. Hep. IGN. Kali-chl. Kalm. Lach. LYC. MAG-C. Mag-m. Merc. Mur-ac. Nat-ars. NAT-C. Nat-m. NAT-P. Nit-ac. Nux-m. NUX-V. Ox-ac. Petr. Phos-ac. PHOS. Puls. Sars. Sep. Sil. Stann. Sulph. Sulph-ac. Tarax. Verat.

SWEETISH TASTE — Acon. Alum. Alumn. Ars. Aur. Bar-m. Bell. Bry. Calc. Chin. Coff. CUPR. DULC. Ferr. Fl-ac. Hydr-ac. Kali-bi. Kali-c. Kali-i. Lach. LYC. Mag-c. Merc. Mur-ac. Nat-c. Nux-v. Op. Phos. Plat. Plb. Podo. PULS. Pyrog. Sabad. Sars. Sep. Spong. STANN. SULPH. Thuj. Zinc.

TREMBLING TONGUE—Agar. Apis. Arn. Ars. Aur. Bell. CAMPH. Canth. Carb-ac. Crot-h. Cupr. GELS. Hell. Hyos. IGN. LACH. Lyc. MERC. Mur-ac. Op. Phos-ac. PLB. Rhus-t. Sec. Stram. Tarax. Vip. Zinc.

THROAT.

CHOKING—Acon. Apis. Ars. Bapt. BELL. Cact. Canth. Carb-v. CAUST. Cham. Crot-h. Cupr. Dig. Ferr. Fl-ac. GELS. Glon. Graph. Hell. Hep. HYOS. IGN. Iod. Ipec. Kali-c. Kali-s. LAC-C. LACH. LAUR. Lyc. Mag-p. Merc. Mezer. Mosch. NAJA. Nat-m. Nux-v. Phos. Phyt. Plat. PLB. Puls. Rhod. Sep. SPONG. Stram. Stry. SULPH. Tab. Thuj. Verat. Zinc.

STOMACH.

DISTENSION OF THE—Abrot. ACON. Æth. AGAR. All-c. ALOE. Alum. Ant-c. Ant-t. Apis. Apoc. Arg-m. ARG-N. Arn. ARS. ASAF. Aur. Bapt. Bar-c. Bar-m. Berb. Bov. Brom. Bry. Calc. Canth. CARB-V. Carb-s. Caust. Cham. Chel. CHIN Cic. Cocc. COLCH. COLOC. Con. Croc. Dig. Gamb. GRAPH. Hell. HEP. Iod. Jatr. Kali-bi. KALI-C. Kali-p. LACH. LYC. Mag-c. Mag-p. MERC. Mur-ac. NAT-C. Nat-m. NAT-P. NAT-S. NUX-M. NUX-V. Op. Petr. PHOS-AC. PHOS. Podo. PULS. RAPH. Rhus-t. Sec. Sep. Sil. Stann. Staph. Stram. Stront. SULPH. Tab. TER. Thuj. Valer. VERAT. Zinc.

EASY SATIETY—Am-c. Bry. Caust. CHIN. Cycl. Dig. Ferr. Hydr. Ign. LYC. Mag-c. Nat-m. NUX-M. Nux-v. Op. Phos. PLAT.

Podo. Rhod. Sep. Sil. Sulph. Thuj.

ERUCTATIONS, AMEL.—Ant-t. ARG-N. Aur. Bar-c. Canth. Carb-s. CARB-V. Dig. Dios. Fl-ac. GRAPH. Hydr. IGN. KALI-BI. KALI-C. Kali-i. Kali-s. Lac-ac. Lach. LYC. Mag-c. Mosch. Nat-c. Nit-ac. NUX-V. Op. Phos-ac. Phos. Pic-ac. Plat. SANG. Sep. Sil. Sulph. Tarent. Tereb. Zinc.

FERMENTATION IN THE—Agar. Ambr. Brom. Bry. Calc. Carb-an. CARB-V. CHIN. Coff. Croc. Gran. Hell. Hep. LYC. Mag-m. Mur-ac. Nat-m. NAT-S. Phos. Plb. Rhus-t. Sars. Seneg. Stram. Sulph.

AFTER FRUIT—CHIN.

GURGLING IN THE—Agar. ALOE. Arg-n. Ars. Bry. Carb-s. Cocc. Coloc. CROT-T. Dros. Ferr-p. Gamb. Graph. Hell. Hyos. Ign. Kali-bi. Lach. LYC. Mag-c. Merc. Mur-ac. Nat-c. Nat-m. Nux-v. OLND. Op. Phos-ac. Phos. PODO. Psor. PULS. Raph. Sil. SULPH. Thuj. Verb. Zinc.

HEART-BURN—Æsc. Alum. AMBR. AM-C. Anac. Arg-n. Ars. Berb. Bry. CALC. Carb-an. CARB-V. Caust. Chel. Chin. CIC. Coff. CON. CROC. Dulc. Ferr. FERR-P. Fl-ac. Graph. Hep. Iod. IRIS. Kali-c. Lach. Lob. LYC. MAG-C. Merc. Nat-m. NAT-P. Nat-s. Nux-m. NUX-V. Phos. Podo. PULS. Rob. Sec. Sep. Sil. SULPH. SULPH-AC. Syph. Thuj. Valer. Verat-v. Zinc.

RAVENOUS APPETITE—Alum. AM-C. ANAC. ARG-M. Ars. Ars-i. Aur. Bar-i. CALC. Calc-p. Calc-s. CANN-I. Carb-s. CHIN. CINA. Con. Ferr. Fl-ac. GRAPH. Ign. IOD. Kali-n. Kali-p. Lac-ac. LYC. Mag-m. Merc. Mur-ac. NAT-M. NUX-V. OLND. PETR. Phos-ac. PHOS. PSOR. Puls. SABAD. Sec. Sep. SIL. Spong. Stann. STAPH. SULPH. Thuj. VERAT. Zinc.

EMACIATION, WITH—Abrot. CALC. IOD. NAT-M. PETR. Phos. Psor. Sulph. TUB.

SENSITIVE TO CLOTHING—Apis. ARG-N. Benz-ac. BOV. CALC. Carb-v. Caust. Chin. Coff. CROT-C. Crot-h. Eup-per. Graph. HEP. Kreos. Lac-c. LACH. LYC. Merc-c. Nat-s. NUX-V. Puls. Raph. Sars. Sep. Spong. Staun. Sulph.

AFTER EATING—Graph. LYC. Nux-v.

THIRST—Acet-ac. Ant-c. ACON. Arg-n. ARS. Bell. BRY. CALC. Calc-s. Caust. Cham. Chin. Crot-h. DIG. EUP-PER. Graph. HELL. Hep. Iod. Kali-br. Kali-p. Kreos. Lyc. MERC. MERC-C. NAT-M. Nat-p. Nat-s. Nux-v. Op Petr. Podo. Rhus-t. Rob.

Sep. SIL. STRAM. SULPH Sulph-ac. VERAT. Zinc.

THIRSTLESSNESS — Ant-c. ANT-T. APIS. Arg-n. Bov. Caps. CHIN. COLCH. Con. CYCL. Ferr. GELS. HELL.Hydr-ac. Ipec. Kali-c. Lyc. MENY. Nat-c. NUX-M. Nux-v. Petr. PHOS-AC. PULS. SABAD. Sep. Sulph. Thuj. Valer. Verat.

WANTING, APPETITE—Agar. Alum. ANT-C. Arg-n. ARS. ASAR. Bapt. Bar-c. Bor. Bry. Cact. CALC. Carb-an. Carb-v. CHAM. Chel. CHIN. Cina. COCC. Con. CYCL. Dig. FERR. Fl-ac. Graph. Hydr. Ipec. KALI-BI. Kali-s. LYC. Mag-c. Merc. NAT-M. Nux-m. NUX-V. Op. Petr. Phos-ac. PHOS. Plb. Podo. Psor. PULS Rhus-t. Sang. SEP. SIL. Stann. SULPH. Sulph-ac. Syph. Tereb. Thuj. Verat.

WATER-BRASH. — Alumn. Am-c. Am-m. Ant-t. Apis. ARS. BAR-C. Bism. BRY. CALC. Calc-p. Carb-an. CARB-V. Chin. Cocc. Dig. Ferr. Graph. Hep. Ipec. Kali-bi. KALI-C. Lach. LYC. Mag-m. Merc. MEZER. Nat-c. Nat-m. Nit-ac. NUX-V. Par. PETR. Phos. Podo. PULS. Rhus-t. SABAD. SANG. Sep. SIL. STAPH. SULPH. Sulph-ac. Thuj. Verat. Zinc.

RECTUM.

CONSTIPATION—Abrot. ÆSC. Aloe. ALUM. ALUMN. Ambr. AM-M. Anac. ANT-C. Apis. Ars. AUR. BAR-C. BAR-M. BRY. Calc. Carb-v. Carb-s. CAUST. Chel. Chin. Clem. Cocc. Coff. Coli. Coloc. CON. Dios. Ferr. GRAPH. Hep. HYDR. Ign. KALI-M. LAC-D. Lach. LYC. MAG-M. MAG-S. MERC. MEZER. Mur-ac. NAT-M. NIT-AC. Nux-m. NUX-V. Œna. OP. Phos. PLAT. PLB. Puls. Ruta. SANIC. SEL. SEP. SIL. Staph. Stram. STRY. SULPH. Thuj. VERAT. ZINC.

DIARRHŒA—Acon. Agar. ALOE. ANT-C. Ant-t. Apis. ARG-N. ARS. Bapt. Bar-c. Bry. CALC. CALC-P. Canth. CARB-V. Cham. CHIN. Coloc. Corn. CROT-T. Dios. DULC. FERR. Ferr-ars. Ferr-i. FERR-P. Fl-ac. GAMB. Hell. Hep. Iod. IPEC. IRIS. Kali-bi. KALI-P. Lept. Lyc. Merc. Merc-c. Nat-m. NAT-S. NIT-AC. Nux-m. NUX-V. Petr. PHOS-AC. PHOS. Plb. PODO. Psor. Puls. Rheum. SEC. Sep. SIL. SULPH. THUJ. Valer. VERAT. Zing.

DYSENTERY—Acon. ALOE. Arg-n. Arn. ARS. BAPT. Bell. Bry. CANTH. Caps. Carb-v. COLCH. COLOC. Dulc. HAM.

IPEC. Kali-bi. KALI-M. Lach. Mag-c. Mag-p. MERC. MERC-C. Nit-ac. NUX-V. PHOS. Puls. RHUS-T. SULPH. Throm. Verat.

FLATUS, AMEL.—Aloe. Arg-n. Aur. Bry. Calc-p. Carb-s. CARB-V. Cham. Chin. Cocc. Colch. Coloc. Graph. Ign. Kali-c. Lach. LYC. Mezer. NAT-S. Nux-m. NUX-V. Phos-ac. Phos. Plb. PULS. Rhod. SANG. SULPH. Thuj. Verat. Zinc.

HÆMORRHOIDS IN THE—Æsc. Ant-c. ARS. Bell. Calc-p. CAPS. CARB-V. Caust. COLL. Dios. Ferr. Fl-ac. GRAPH. HAM. Hep. Hydr. IGN. Kali-ars. Kali-bi. Kali-c. Kali-s. Mag-m. Merc. MUR-AC. Nat-m Nat-s. NIT-AC. Podo. Puls. Ruta. SEP. Sil. Staph. SULPH. THUJ. Zinc.

PULSATION IN THE—ALOE. Alum. Alumn. Am-m. Apis. Berb. Calc-p. Caps. Caust. Grat. Ham. LACH. Meli. NAT-M. Rhod. Seneg. SULPH.

BLADDER.

BALL IN THE, SENSATION OF A—Crot-h. Lach. Naja.

DYSURIA—ACON. Agar. Alum. APIS. ARG-N. Arn. Ars. BELL. Berb. Calc-p. Camph. CANN-S. CANTH. Caps. Chin. CLEM. Con. COP. Cupr. DIG. Dulc. Eup-pur. Gels. Hep. Kali-c. LIL-T. LYC. Merc. MERC-C. Nat-m. Nit-ac. NUX-V. OP. PAREIR. Petros. Plb. PULS. Rhus-t. Senec. SEP. Sil. Stram. SULPH. Tarent. TEREB Thuj Uva Verat. Zinc.

FEEBLE STREAM—ALUM. Apis. ARG-N. ARN. Bell. Berb. Calc-p. Camph. Cann-i. Caust. CLEM. Dig. Gels. Hell. HEP. Kali-bi. Kali-c. Kali-p. Kreos. Laur. Lyc. Med. MERC. MERC-C. Mur-ac. Nat-m Nit-ac. OP. Petr. Phos-ac. Prun. Puls. SARS. Sep. Stram. SULPH. Thuj. Zinc.

FULLNESS, SENSATION OF, IN THE—Apis. Arg-n. Arn. Ars. Bell. Calad. CHIM. Cub. DIG. EQUIS. Gels. Hell. Kali-i. Lyc. Med. Merc. Merc-c. NUX-V. OP. Puls. Ruta. Sep. Staph. Stram. Sulph. Thuj. Zinc.

MUST HASTEN TO URINATE, OR URINE WILL ESCAPE—Agar. Aloe. Arg-n. ARN. Bar-c. Bell. Bry. Camph. CANTH. CLEM. Coc-c. Dulc. Ferr-p. Hyos. KREOS. Merc NUX-V. Petros. Phos. Plb. PULS SEP. Squil. Staph. Stram. SULPH. Thuj. Verat. Zinc.

KIDNEYS.

PULSATION IN THE—Act-s. Berb. Bufo. Canth. Chel. Kali-i. Med. Pic-ac. Sabin. Sulph.

SUPPRESSION OF URINE—Acon. APIS. Arn ARS. Bell. Camph. CANTH. Carb-ac. CARB-V. Cic. Colch. Crot-h. Cupr. Dig. Erig. Hell. HYOS. Kali-bi. LACH. LAUR. LYC. Merc-c. OP. Phos. Plb. SEC. Sil. STRAM. Sulph. Tarent. Tereb. Urt-u VERAT. Zinc.

URINE.

ALBUMINOUS URINE—Ant-t. APIS. Arg-n. ARS. Aur. AUR-M. Aur-m-n. Calc. CALC-ARS. Cann-s. CANTH. Colch. Dig. Ferr-p. Gels. GLON. HELL. Iod. KALI-C. Lac-d. Lach. LYC. Merc. MERC-C Nat-ars. NAT-C. Nat-m. PHOS-AC. PHOS. Rhus-t. Sulph. TEREB. Uran. Zinc.

BLACK URINE—Ars. Canth. CARB-AC. COLCH. Dig. Hell. Kali-c. Kali-chl. LACH. Merc-c. Nat-m. Pareir. Phos. Sec. TEREB. Verat.

BROWN URINE—Acon. Ambr. ARN. ARS. Bell. BENZ-AC. BRY. Carb-ac. CHEL. Colch. Dig. Hell. Kreos. Lach. Lyc. Merc. MERC-C. Nit-ac. Phos. Puls. Stram. Sulph. Valer. Zinc.

GREENISH URINE—Ars Aur. Bapt. Berb. CAMPH. Chel. Chin. Chim. Colch. Cop. Crot-h. Dig. Kali-c. Mag-c. MERC-C. Nit-ac. Phos. Rheum. Rhod Ruta. Sulph. Uran. Verat.

PALE URINE—Alum. Am-c. Arg-m. Ars. Bell. Bry. Cann-i. Carb-v. Clem. Colch. CON. Dig. Ferr. GELS. Hep. Ign. KALI-N. Kreos. Lac-d. LED. Lyc. Mag-c. MERC-C. NAT-M. Nat-s. Nux-v. PHOS-AC. Phos. Plan. Rhod. SARS. Staph. Stram. Sulph. Verat.

RED URINE—Acon. Apis. Bapt. BELL. BENZ-AC. Berb. BRY. Cact. Camph. CANTH. Carb-v. Chel. Colch. Dulc. Ferr-p. Iod. Kali-bi. LYC. Merc. Mur-ac. Plat. Puls. Sel. SEP. STRAM. Sulph. Tereb. Thuj. Zinc.

SUGAR IN THE URINE—Acet-ac. ARG-M. Ars. Benz-ac. BOV. Calc. Calc-p. Carb-ac. Carb-v. Chel. Chin. Colch. Elaps. Ferr-m. HELON. Hep. Iris. KALI-P. Kreos. Lac-d. Lach. LYC. Med. Merc. Nat-s. Nit-ac. Op. PHOS-AC. PHOS. Pic-ac. PLB. Sil. Sulph. TARENT. TEREB. Thuj. URAN. ZINC.

YELLOW URINE—Agar. Aloe. Am-m. Ant-c. Ars. AUR. Bar-m. Bell. Berb. Cann-s. Cham CHEL. Chin. Colch. Crot-t. Daph. Hyos. Iod. LACH. Mag-m. Nat-c. Nit-ac. Plb. SEP. Verat.

MALE SEXUAL ORGANS.

COITION, AVERSION TO—Agar. Agn. Cann-s. GRAPH. Kali-c. LYC. Nat-m. Petr. Phos. Psor. Sulph.

COLDNESS OF PENIS—Agar. AGN. Bar-c. Caps. Dios. Indg. LYC. Merc. ONOS. SULPH.

HYDROCELE—APIS. Arn. Calc. Dig. Fl-ac. GRAPH. Hep. IOD. Lyss. Merc. Nat-m. Nux-v. Phos. Psor. PULS. RHOD. Sel. SIL. Spong. SULPH. Sulph-ac.

BRUISE, CAUSED BY A—Arn.

GONORRHŒAL ORCHITIS, AFTER—Phos.

HERPETIC ERUPTIONS, WITH—GRAPH.

INCOMPLETE ERECTION—Agar. AGN. Ars. CALAD. Camph. Cob. CON. Form. GRAPH. Hep. Lach. LYC. Merc. Nat-c. Nat-m. Nuph. NUX-V. Petr. Phos-ac. PHOS. SEL. SEP. Sil. SULPH.

SEXUAL PASSION, DIMINISHED—Agar. AGN. Alum. Aur. BAR-C. Calc-p. Clem. DIOS. Ferr. GRAPH. Hep. Ign. Kali-c. Kali-i. Kali-p. LYC. Mag-c. Mur-ac. Nat-m. Nit-ac. Nuph. Op. Phos-ac. Psor. Rhod. Sel. Sep. SIL. STAPH. Sulph. Ther.

SEXUAL PASSION, INCREASED—Agar. Am-c. Anac. ANAN. Ant-c. AUR. Bar-c. BAR-M. Brom. Bufo. CALC. Calc-p. CAMPH. CANN-I. CANN-S. CANTH. Cast. Chin. Cocc. Coff. Con. Dios. Ferr. Gels. Graph. Hyos. Ign. Kali-bi. Kali-p. Lach. LYC. LYSS. Merc. Mosch. Nat-c. Nat-m. Nit-ac. NUX-V. Op. Phos-ac. PHOS. PIC-AC. PLAT. Plb. Psor. PULS. Sep. Sil. Stann. Staph. Stram. Sulph. Tarent. Thuj. TUB. Ust. Verat. ZINC.

FEMALE SEXUAL ORGANS.

COITION, AVERSION TO—Agn. Am-c. Bov. Cann-s. Caust. Clem. Ferr-p. Graph. Ign. Kali-br. Kali-p. Lach. Lyc. Med. NAT-M. Op. Petr. Phos. Plb. Psor. Rhod. SEP. Stann. Sulph. Thuj.

DESIRE INCREASED—Ant-c. APIS. Ars. Aur. Bar-m. Bell. Calad. CALC. CALC-P. CAMPH. Cann-i. CANTH. Carb-v. Coff. CON. Dulc. FL-AC. Gels. GRAT. HYOS. Ign. Kali-br. KALI-P. Kreos. Lac-c. LACH. LIL-T. Lyc. Merc. Mosch. MURX. Nat-c. Nat-m. NUX-V. Op. Orig. PHOS. PIC-AC. PLAT. PULS. Sabin. Sil. Stann. Staph. Stram. Tarent. Thuj. VERAT. Zinc.

ENJOYMENT ABSENT — Alum. Berb. Brom. Calc. Cann-s. CAUST. FERR. Ferr-m. GRAPH. Kali-br. Lyss. Med. Nat-m. Onos. Phos. Plat. Puls. SEP.

LEUCORRHŒA—Alet. ALUM. Am-c. Am-m. Arg-n. ARS. Ars-i. Aur-m. Bar-c. BOR. Bov. CALC Calc-p. Calc-s. CAUST. Cocc. Ferr. Gels. Graph. Hep. IOD. Kali-ars. KALI-BI. KALI-C. Kali-chl. Kali-i. Kali-p. Kali-s. KREOS. Lac-c. Lach. Lyc. Mag-m. MED. MERC. Merc-c. Mur-ac. Nat-c. NAT-M. Nat-s. NIT-AC. Nux-m. Orig. Petr. Phos-ac. PLAT. Psor. PULS. SEP. Sil. STANN. SULPH. SULPH-AC. SYPH. Thuj. Zinc.

METRORRHAGIA—Acon. Arn. Ars. BELL. Both Bry. CALC. Canth. Carb-v. CHIN. Colch. Coloc. CROC. CROT-H. Erig. FERR. Ferr-p. HAM. Hyos. Iod. IPEC. Kali-c. KALI-FER. Kreos. LACH. Lyc. MILL. MURX. Nat-c. NIT-AC. Nux-m. NUX-V. PHOS. PLAT. PSOR. PULS. Rat. SABIN. SEC. Senec. Sep. Sil. SULPH. Tarent. TRIL. UST. Verat. Zinc.

LARYNX AND TRACHEA.

HOARSENESS—ACON. ALL-C. Alum. Ambr. Am-c. Am-m. Ant-t. ARG-M. ARG-N. Ars. ARUM-T. Bar-c. Bell. BROM. Bry. CALC. Calc-s. Canth. Caps. CARB-V. CAUST. Cham. Chlor. Cupr. DROS. Dulc. Euphr. Ferr-p. Gels. HEP. Hyos. IOD. KALI-BI. Kali-c. Kali-chl. Kali-p. Kali-s. LACH. Laur. Lyc. Mag-m. MANG. MERC. NAJA. NAT-M. Nit-ac. Nux-v. Op. Petr. PHOS. Phyt. Puls. Rhus-t. SEL. Sep. SPONG. STANN. STRAM. Sulph. TELL. Thuj. Verat. Zinc. ZING.

RATTLING, LARYNX—Am-c. ANT-T. Bar-c. Carb-v. Caust. Euphr. Ferr-p. HEP. Hyos. IPEC. Kali-c. Kali-s. Laur. Merc. Nat-m. Nit-ac. Op. Puls. Samb. Sep. Sil. Sulph.

TICKLING IN THE TRACHEA—Acon. Agar. Bell. Bry. Calc. Caps. Carb-s. Carb-v. Cham. Con. Dulc. Euphr. Ferr. Hyos. Iod. Kali-bi. KALI-C. Kalm. Lach. Med. Nat-s. Nux-v. PHOS-AC. Phos. Psor. PULS. RHUS-T. RUMX. SANG. Seneg. Sep. Sil. Spong. STANN. Stict. Still. Sulph. Thuj. Verat. Zinc.

RESPIRATION.

ASTHMATIC—Acon. AMBR. Am-c. ANT-T. Apis. ARG-N. ARS. Ars-i. Asaf. Aur. Bar-c. Bell. BLAT. Bov. Brom. Bry. Caet. Calc. Cann-s. Caps. CARB-V. Chin.

Chlol. CUPR. Dig. Dulc. Ferr. FERR-P. Graph. Hep. Ign. IPEC. Kali-ars. Kali-br. KALI-C. Kali-chl. Kali-i. KALI-N. KALI-P. Kali-s. Lach. Led. LOB. Lyc. Med. Meph. Mosch. Naja. NAT-S. NUX-V. Op. PHOS. PULS. Ruta. SAMB. Sang. Seneg. Sep. SIL. SPONG. Stann. Stram. SULPH. Sulph-ac. Thuj. Verat. Zinc.

SNORING—Arn. Ars. Brom. Camph. Cham. Chin. Cic. Cupr. Dros. Glon. Hep. Hydr-ac. Hyos. Ign. Kali-bi. LAC-C. Lach. Laur. Lyc. Mur-ac. Nit-ac. Nux-v. OP. Petr. Rhus-t. Samb. Sil. Stann. Stram. Sulph.

STERTOROUS—Acon. Am-c. Ant-t. Apis. Arn. Ars. Bell. Camph. Carb-ac. Chin. Cupr. Gels. Glon. Hydr-ac. Kali-bi. Lach. Laur. Lyc. Nit-ac. Nux-m. Nux-v. OP. Phos. Puls. Spong. Stram. Tab.

COUGH.

COUGH, BETTER FROM EXPECTORATION— Ail. Alum. Alumn. Bell. Calc. Carb-an. Caust. Gual. Hep. Iod. Ipec. Kali-n. Kreos. LACH. Lob. Meli. Mezer. Phos. Phyt. Sang. Sep. Sulph. Zinc.

DISTRESSING—Arum-t. Brom. CAUST. Lach. Lyc. Nit-ac. NUX-V. Sang. Seneg. Sep. Squil. Stann.

RATTLING—ANT-T. Arg-m. Arg-n. Bar-c. Bell. Brom. Bry. Cact. Calc. Calc-s. Carb-an. Carb-v. CAUST. Cham. Chel. Coc-c. Ferr. Hep. Hydr. Iod. IPEC. Kali-bi. Kali-chl. Kali-p. KALI-S. Lach. Lyc. Merc. Nat-m. Nat-s. Nux-v. Op. PHOS. Puls. Samb. SEP. Sil. Squil. Stann. Sulph. Verat.

CHEST.

ANXIETY IN REGION OF HEART—ACON. Ambr. Amyl-n. Ant-t. ARG-N. ARS. AUR. Bell. Brom. CACT. Calc. Camph. CARB-V. Cinch. Coff. Cupr. Dig. Ferr. FERR-P. Gels. Glon. HYDR-AC. IGN. Iod. Ipec. KALM. Lach. Lyc. Meny. Merc. Naja. Nux-v. Op. PHOS. Plb. Plat. Prun. Psor. Puls. Rhus-t. Spig. Spong. Tab. Tarent. THER. Verat. Viol-t. Vip.

CARDIAC DILATATION — Alum. AM-C. Ant-t. Apis. ARS. Aur. CACT. Coff. Cupr. Hydr-ac. Iod. Kali-i. LACH. Laur. Lil-t. Lyc. Lycps. NAJA. Nat-m. Nux-v. Phos-ac. PHOS. Plb. Psor. Puls. Tab. Verat.

CARDIAC HYPERTROPHY—ACON. Amyl-n. ARN. Ars. Aspar. AUR. AUR-I. Aur-m. Brom. CACT. Dig. Ferr. Glon. Graph. Hep.

Iber. Iod. Kali-bi. KALI-C. KALM. Lach. LITH. Lyc. Lycps. Naja. Nat-m. Nux-v. PHOS. Plb. Puls. Rhus-t. Spig. SPONG. Staph.

WITH NUMBNESS AND TINGLING OF LEFT ARM AND FINGERS—ACON. RHUS-T.

COLDNESS IN THE — Acon. Am-m. Arg-m. Ars. Asaf. Bell. BOL. Bry. CACT. Camph. Canth. CAPS. Cham. Con. Dig. Dulc. EUP-PER. EUP-PUR. Ferr. Gels. Ham. Hyos. Ign. Kali-c. Lac-d. LACH. Led. Lil-t. Meny. Mezer. NAT-M. NAT-S. Nit-ac. Nux-v. Phos. PULS. Rhus-t. Sil. Stann. Stry. SULPH. VERAT.

CONSTRICTION, TENSION, TIGHTNESSIN THE—ACON. Agar. Am-c. Ant-t. Apis. Arg-n. ARS. AUR. Bapt. BELL. Bor. BROM. BRY. CACT. Calc Calc-p. CARB-V. Carb-s. CAUST. Chel. Chlor. Cocc. CON. Crot-c. Cupr. DIG. Dros. Ferr. FERR-P. Glon. Graph. Hyos. IGN. Ipec. Kali-bi. KALI-C. Kali-p. LACH. Mag-p. Merc. Naja. Nat-c. Nat-m. Nit-ac. Nux-m. Nux-v. Op. PHOS. Plat. Puls. Rhus-t. SENEG. Sep. SIL. Spig. Spong. Squil. STANN. Stram. Sulph. Tab. Thuj. VERAT

PALPITATION—ACON. Agar. Ambr. Am-c. AMYL-N. Apis. ARG-N. Arn. ARS. Ars-i. AUR. Aur-m. Bar-c. Bell. Brom. Bry. CACT. CALC. Calc-p. Camph. Cann-i. Carb-v. CHIN. Colch. Con. Cupr. DIG. Ferr. FERR-P. Gels. GLON. Hydr-ac. IOD. KALI-P. KALM. LACH. Lec. Lob. LYC. Lycps. Mag-m. Merc. Mosch. NAJA. Nat-ars. Nat-c. NAT-M. Nat-p. Nux-m. NUX-V. Phos-ac. PHOS. Puls. Rhus-t. Sep. SPIG. Spong. Staph. SULPH. TAB. THUJ. VERAT.

WEAKNESS IN THE—Æsc. Agar. ARS. Bar-c. Brach. CALC. Carb-v. Casc. Cic. Eup-per. Gels. GRAPH. Hydr. Kali-p. Lach. Lyss. Med. Murx. NAT-M. NUX-V. Ox-ac. Petr. PHOS-AC. Phos. Pic-ac. Puls. Rhus-t. SEL. SEP. Sil. SULPH. Verat-v. ZINC.

EXTREMITIES.

BURNING IN THE PALMS—Æsc. Apis. Ars. CALC. Calc-s. Canth. Carb-v. Fl-ac. Graph. LACH. Lachn. Lyc. Med. Merc. Mur-ac. Nat-c. Nat-m. Petr. PHOS. Rhus-t. Sang. Sec. Sep. STANN. SULPH. Upa.

BURNING IN THE SOLES—Æsc. Alum. Ambr. Anac. Ars. Aur-m. Bell. CALC. Calc-s. Canth. Carb-s. Carb-v. Caust. Cham. Cocc. Cupr. Dulc. Fl-ac. Graph. Kali-p. KALI-S. LACH. Lachn.

LYC. Mag-m. Manc. Mang. MED. Merc. Nat-c. NAT-S. Nux-v. Phos-ac. PHOS. Plb. Puls. Sec. SEP. Sil. Stann. SULPH. Sulph-i. Tab. Zinc.

FORMICATION IN THE—ACON. Agar. Alum. Arg-n. Bar-c. Camph. Caust. Hep. Ign. Kali-p. Lach. Laur. LYC. Mezer. Nux-v. PHOS-AC. Phos. Plb. Puls. Rhod. Rhus-t. Sabad. SEC. Stram. Stry. TARENT. Verat. Zinc.

INCO-ORDINATION IN THE—Agar. ALUM. Arg-n. Bell. Calc. Carb-s. Caust. Chlol. Coca. Cocc. CON. Cupr. Gels. Merc. Onos. Phos-ac. Phos. Plb. Sec. Stram. Sulph. Tab. Zinc.

WEAKNESS IN THE—Agar. Alum. Anac. Arg-m. ARG-N. ARS. Bar-m. Bry. CALC. Calc-p. CAUST. Cic. Cocc. CON. Cupr. Dulc. FERR. Ferr-m. GELS. Graph. Hep. Iod. Kali-bi. KALI-BR. KALI-C. KALI-P. Kali-s. Kalm. Lach. LYC. MERC. Nat-c. Nat-m. NIT-AC. NUX-V. Op. Petr. Phos-ac. Phos. PIC-AC. PLB. Psor. Puls. RHUS-T. Sec. SIL. Stann. STAPH. Sulph. Tarent. Thuj. Zinc.

SLEEP.

DISTURBED—Acon. Apis. Arn. ARS. Bar-c. BELL. Cact. Calc-p. Cupr-ars. Dig. Dulc. Form. GRAPH. Hyos. Kali-bi. Kali-i. Kali-p. Laur. OP. Phys. Plb. Puls. Sep. SULPH. Tab. Vesp.

SLEEPLESSNESS—Acon. Agar. Aloe. Apis. ARG-N. Arn. ARS. Ars-i. Aur. Bapt. BELL. Bor. Bry. CACT. CALC. Calc-p. Camph. Canth. Carb-v. CHAM. Chin. Cit-v. COFF. Cycl. Fl-ac. Gels. Glon. Hep. HYOS. Ign. Kali-br. KALI-C. KALI-P. Kreos. LACH. Lyc. MERC. Merc-c. Nat-m. Nat-s. NUX-V. OP. Plb. PULS. RHUS-T. Sel. SEP. SIL. Stram. Staph. SULPH. Syph. Tab. Tarent. THUJ. VALER. Verat. Zinc.

PERSPIRATION.

COLD—Agar. AM-C. Anac. ANT-T. Arn. ARS. Bar-c. CALC. CAMPH. CARB-V. Carb-s. Chin. Chin-ars. COCC. Crot-h. Dros. Elaps. FERR. Gels. HEP. Hyos. IPEC. Lach. Lob. LYC. Merc. MERC-C. Mezer. Mur-ac. Nat-c. Nux-v. Petr. Phos. Psor. Puls. Ruta. SEC. SEP. Spig. Staph. Sulph. TAB. Thuj. Tub. VERAT. VERAT-V.

HOT—ACON. Æsc. BELL. Bry. Calc. Carb-v. CHAM. Chel. Chin. Cocc. CON. Dig. IGN. IPEC. Merc-i-r. Nat-c. NUX-V. OP. Phos. PSOR. Puls. Pyrog. Sabad. SEP. Sil. Stann. Staph. STRAM. Sulph. Thuj. Verat.

PROFUSE—Amyl-n. **ANT-T.** Arg-n. **ARS.** Aur-m. **AUR-M-N.** Bapt. **Bar-c. BELL. BRY.** Cact. **CALC.** Camph. Caps. **Carb-an.** Carb-s. **CARB-V.** Caust. Cedr. **CHIN. Chin-ars. CHIN-S.** Cist. Colch. Cupr. Dig. Eup-per. **FERR. Ferr-ars.** Ferr-p. Gels. **HEP.** Ipec. **Kali-ars. Kali-bi. KALI-C. KALI-P.** Lac-ac. **Lach. LYC.** Mag-c. **MERC.** Mezer. Nat-c. **NAT-M.** Nit-ac. Nux-v. Petr. **PHOS-AC. Phos. Psor.** Puls. **Rhus-t.** Sabad. **Samb.** Sec. Selen. **Sep. Sil.** Spong. Stram. **Sulph.** Tarax. Thuj. Tub. Valer. **Verat.** Zinc.

SYMPTOMS AGGRAVATE WHILE SWEATING—Ant-t. **Ars.** Calc. **Caust. Cham.** Chin. Croc. Eup-per. **Ferr. FORM.** Ign. Ipec. Lyc. **Merc.** Nat-c. Nux-v. **Op.** Phos. Puls. Psor. Rhus-t. **Sep** Spong. **Stram. Sulph. Verat.**

AMELIORATE WHILE SWEATING—**Acon.** Æsc. Æth. Apis. Ars. Bapt. Bell Bov. **Bry.** Calad. Camph. Canth. Cham. **Chin s.** Cimx. **CUPR.** Eup-per. **Gels.** Lyc. **Nat-m.** Psor. **Rhus-t.** Samb. Sec. **Stront.** Thuj. Verat.

THERAPEUTICS.

1. Acetanilidum—It depresses heart, respiration and blood pressure; lowers temperature. **Enlarged sensation in the head. Fainting. Albuminuria, with œdema of the feet and ankles.** Pulse weak and irregular.

2. Acetic Acid—Great debility. Frequent fainting, dyspnœa and cardiac weakness. Blood rushes to head. Temporal vessels distended. Cheeks hot and flushed. **Intense burning thirst. Vomits after every kind of food. Sour belching and vomiting.** Tympanitic abdomen. Passes large quantities of pale urine. Cough, worse when inhaling. Œdema of the feet and legs. Profuse cold sweat.

3. Aconitum Napellus—Dry heat and red face. Thirsty and restless. Chilliness and formication down back. **Formication and numbness. Sleeplessness, with tossing about. Bursting headache. As if brain were moved by boiling water. Vertigo; worse on rising (Nux Vomica; Opium). Pulse full and bounding, almost incompressible.** Fears death, but believes that he will soon die. Pains are intolerable; they drive him crazy. Bitter taste of every thing except water. Burning from stomach to œsophagus.

4. Adonis Vernalis—Heavy weight in the stomach. Scanty and albuminous urine. Frequent desire to take a long breath (**Phosphorus; Ignatia; Lachesis**). Feeling of weight on the chest. **It is useful in lowering arterial pressure. Pulse rapid and irregular.**

Cardiac asthma. Marked venous engorgement. Præcordial pain, palpitation and dyspnœa. Spine stiff and aching.

5. Adrenalin—Useful in arterio-sclerosis and blood pressure. **Vertigo, nausea and vomiting are prominent.** Is invaluable in checking capillary hæmorrhages from almost all parts.

6. Agaricus Muscarius—Jerking, twitching, trembling and itching are strong indications. Aversion to work. Indifference **Headache with nose-bleed or thick mucus discharge. Double vision (Gelsemium). Laboured. oppressed breathing. Cough ends in a sneeze. Pulse irregular and intermittent.** Redness of the face may supervene with palpitation. Cough with expectoration of little balls of mucus. Gastric disturbance with sharp pain in the right hypochondrium.

7. Alumen—Great weakness of the chest. Asthma of old people. Copious, ropy expectoration in the morning. **Hæmoptysis. Palpitation from lying down on the right hand side. Obstinate constipation. No desire for stool for days altogether. Marble-like masses pass ; still the rectum feels loaded.** Vertigo. Mental paresis. Dysphagia, especially to liquids. Every cold settles in throat.

8. Ambra Grisea—Desires to be alone. Loathing of life. Patient weakened by age and overwork. Slow comprehension. **Rush of blood to head. Epistaxis, especially in the morning. Eructations, with violent, convulsive cough.** Sensation of coldness in the abdomen. Urine turbid, even during emission, forming a brown sediment. Palpitation, with pressure in the chest as from a lump lodged there.

9. Ammoniacum—Stars and fiery points float before the eyes. Dim vision. Easily fatigued from reading. **Chronic bronchial catarrh. Tough and hard mucus is dislodged with great difficulty.** Heart beats stronger, extends to the pit of the stomach. Throat feels dry. Difficult breathing.

10. Ammonium Carb—Shocks through the head. Pulsating pain in the forehead; better from hard pressure. Aversion to light. Forgetfulness. Ill-humour. **Stoppage of nostrils at night, with long-continued coryza. Epistaxis after washing and after eating.** Tip of nose congested. Great appetite, but easily satisfied. Stools difficult, hard and knotty. Bleeding piles, worse during menses. White, sandy, bloody, copious, turbid or fetid urine. Chest feels tired. Slow, laboured, stertorous breathing.

11. Amyl Nitrite—Palpitation of the heart and similar conditions are readily cured by it, especially the flushings and other discomforts at cimacteric. **Hic-cough and yawning. Surging of blood to head and face. Sense of constriction in the throat. Collar seems too tight. Dyspnœa and asthmatic feelings. Great oppression and fullness of chest. Præcordial anxiety. Tumultuous action of the heart.** Much flushing of heat; sometimes followed by cold and clammy skin and profuse sweat. Throbbing throughout the whole body. Constant stretching for hours.

12. Angustura Vera—Pain in the knees. Cracking in the joints. Arms feel tired and heavy. **Drawing in the nape of the neck. Headache, with heat of face. Acute pain in cheeks. Drawing in facial muscles. Cramp-like**

pain on the zygomatic arch. Irresistible desire for coffee. Atonic dyspepsia. Belching, with cough. Bitter taste in the mouth. Tenesmus with soft stool. Burning in the anus.

13. Antimonium Crudum—Much concerned about his fate. **Cross and contradictive ; whatever is done fails to give him satisfaction. Sulky, does not wish to speak. Peevish, vexed without cause. Heaviness in the forehead, with vertigo. Tongue coated thick white, as if whitewashed.** Loss of appetite. Desire for acids and pickles. Eructations tasting of the ingesta. Heart-burn, nausea and vomiting. Alternate diarrhœa and constipation. Cough worse when coming in a warm room.

14. Antipyrene—Epileptiform seizures. Contractures. Trembling and cramps. **General prostration. Oppression and dyspnœa. Faintness, with sensation of stoppage of heart. Cheyne-stokes respiration.** Rapid, weak and irregular pulse. Throbbing throughout the whole body. Œdema and puffiness of the face. Urine diminished.

15. Apis Mellifica—Lids swollen ; red, œdematous. Pale, waxy, or œdematous countenance. Thirstlessness. Vomiting of food. Craving for milk. **Urine suppressed ; loaded with casts ; scanty and high coloured urine.** Constipation. Feels as if something would break on straining. Hæmorrhoids with stinging pains. Feels as if he could not draw another breath. Sudden puffing up of the whole body.

16. Argentum Nitricum—Headache with coldness and trembling. Brain-fag, with general debility

and trembling. Vertigo, with buzzing in the ears. **Sensation of a splinter in the throat on swallowing. Belching accompanies most of the ailments.** Pulse irregular and intermittent. Palpitation ; worse lying on the right side. Walks and stands unsteadily. Great craving for sweets. Melancholic ; apprehensive of some serious disease,

17. Arsenicum Album—Great thirst ; **drinks much, but little at a time.** Nausea, retching and vomiting, after eating or drinking. Craves acids, coffee and pungent things. Heart-burn. Long-lasting eructations. **Is unable to lie down ; fears suffocation. Asthma, worse at midnight. Wheezing respiration. Palpitation.** Ascites and anasarca. Abdomen painful and swollen ; Albuminous urine. Scanty and burning urine. Great prostration. Gradual loss of weight from impaired nutrition. **Great anguish and restlessness. Despair drives him from place to place.**

18. Asafœtida—Syphilitic ulcerations, with offensive, purulent discharges. Caries of different bones. **Sensation of a ball rising in the throat. Flatulence. Great difficulty in bringing up the wind.** Cutting and burning in the stomach. Obstinate constipation. Spasmodic tightness in the chest, as if lungs could not be fully expanded.

19. Asparagus Officinalis—Its marked and immediate action on the urinary secretion is well-known. **Weakness and cardiac depression. Palpitation, with oppression of the chest.** Great oppression in breathing. Rheumatic pain in the back, especially near shoulder and limbs.

20. Aurum Metallicum—Hopeless, despondent, and great desire to commit suicide. **Palpitation and congestion. Is particularly useful for mercurio-syphilitic dyscrasia.** Peevish and vehement at least contradiction. Weakness of memory. Roaring in the head. **Violent headache. Congestion to head. Double vision ; upper half of objects invisible. Sees fiery objects.** Horrible odour from the nose and mouth. Obstinate constipation. Stools hard and painful. Urine turbid, like butter milk. Dyspnœa, worse at night. **Sleeplessness. Palpitation. Pulse rapid and irregular. Cardiac hypertrophy.**

21. Baryta Carb—Sub-maxillary glands and tonsils enormously swollen. Takes cold easily. Can swallow only liquids. **Loss of memory. Irresolute. Lack of confidence in himself. Childish ; grieves over trifles.** Great urging to urinate. Every time he attempts to urinate, his piles come down. Burning in the urethra on urinating. Suffocative cough. Fetid foot-sweat.

22. Belladonna—It has a marked action on vascular system, skin and glands. **Hence its complaints are always associated with hot, red skin. flushed face, glaring eyes, throbbing carotids, excited mental states,** etc. Vertigo, with falling to the left side or backwards. Intense headache, worse from light, noise, jar, lying down and in after-noon ; better by hard pressure and semi-erect posture. Constant moaning. Great thirst for cold water. Palpitation from least exertion.

23. Benzoic Acid—Joints crack on motion. Rheumatic gout ; nodes very painful. Asthmatic cough ; worse at night and from lying on right side. **Pain in the**

region of the heart. Brown and excessively bad smelling urine. Mental depression. Omits words in writing. Bowel movements mostly windy.

24. Bothrops Lanceolatus—Great lassitude and sluggishness. Hemiplegia with aphasia. Nervous trembling. **Pace puffy and swollen. Besotted expression. Great difficulty of swallowing.** Cannot even swallow liquids. Hæmorrhages from almost every orifice of the body. Black vomiting. Intense hæmatemesis.

25. Bromium—Every inspiration provokes cough. **Hypertrophy of the heart from overexercise or gymnastics. Difficult and painful breathing. Rattling of mucus in the larynx. Hoarseness.** Testicles swollen and indurated. Jerking and starting during sleep. Headache, worse from heat of sun and by rapid motion.

26. Bryonia Alba—Excessive dryness of mucous membranes of the entire body. Lips and tongue dry, parched, cracked ; stool dry, as if burnt ; cough dry, hard, racking, with scanty expectoration ; urine dark and scanty. **GREAT THIRST ; for large quantities at long intervals. Pressure as from stone at pit of stomach, relieved by eructation (Nux-Vomica ; Pulsatilla).** Nausea and faintness when rising up. Mind exceedingly irritable. Everything puts him out of humour. Bursting or splitting headache—as if everything would be pressed out.

27. Cactus Grandiflorus—The whole body feels as if caged, each wire being twisted tighter. Atheromatous arteries with cardiac weakness. Oppressed breathing as from a weight on the chest. **Heart-constriction, as from an iron band. Angina pectoris ; pain**

shooting down left arm Palpitation, with vertigo, dyspnœa and flatulence. Pulse irregular. Screams with pain. Fear of death. Ill-humour. Congestive headache. Periodical head pains, threatening apoplexy. Blood-vessels in the head distended. Profuse bleeding from the nose.

28. Calcarea Ārsenica—Violent rush of blood to head with vertigo. **Headache, better from lying on the painful side. Weekly headache. Albuminuria. Passes urine every hour. Slightest emotion causes palpitation.** Great mental depression. Craving for alcohol. Complaints of fleshy women during menopause.

29. Calcarea Carbonica—Headache with cold hands and feet. Vertigo, worse from ascending and when turning head. **Much perspiration over the head, wetting the pillow far around Palpitation. Extreme dyspnœa. Longing for fresh air. Incarcerated flatulence. Whitish, watery and sour-smelling stools.** Milk disagrees. Frequent sour eructations, or sour vomiting. Heart-burn. Troublesome cough at night, with free expectoration in the morning.

30. Cannabis Indica—Chest oppressed with deep, laboured breathing. Palpitation awakes him. Piercing pain in the cardiac region. **Sensation as if the top of the head were opening and shutting, or as if the calvarium were being lifted. Shocks through the brain.** Noises in the ear like boiling water. Constantly theorizing. Rapid change of mood. Excessive loquacity. Time seems too long ; seconds seem ages.

31. Carbo Vegetabilis—Excessive distension of the abdomen, worse after eating and drinking. **Gets**

temporary relief from belching. Rancid, sour, or putrid eructations. Water-brash. Burning in the stomach. Slow digestion ; food putrefies before it digests. Cannot bear tight clothing around waist and abdomen. Asthma, with blue skin and coldness in the extremities. Must be fanned. Offensive expectoration. Head feels heavy and constricted. Vertigo with nausea and tinnitus. Epistaxis in daily attacks.

32. Carboneum Sulphuratum—Very useful in patients broken down by abuse of alcohol. Head aches as from a tight cap. Ears feel obstructed. **Noises in the head. Changeable mood. Sluggishness. Arteries and veins congested.** Chronic rheumatism. Retinal congestion. Abdominal distension, and rumbling.

33. Causticum—Coryza with hoarseness. Paralysis of tongue, with indistinct speech. Gums bleed readily. Acid dyspepsia. **Feels as if lime were burned in the stomach. Urine expelled very slowly and sometimes retained. Cough with pain in the hip, and better by drinking cold water.** Pain in the chest with palpitation. Stiffness between shoulders. Paralysis of single parts. Unsteady walking Aversion to sweets.

34. Chelidonium—Small lumps of mucus fly from the mouth when coughing. **Feeling of constriction in the chest. Embarrassed respiration. Prefers hot food and drink.** Nausea or vomiting ; better from taking very hot water. Gastralgia, relieved by eating. Pain through stomach to back and right shoulder-blade. **Right-sided headache. Fan-like motion of the alæ nasi. Pain in the liver.** Hard stools, like sheep's dung. Clay-coloured stools.

35. Chininum Arsenicum—Head feels too full. Throbbing headache. Vertigo, worse from looking up. Darting pains running up into head. Hyperchlorhydria. Eggs produce diarrhœa. Anorexia. Suffocative attacks, occurring in periodical paroxysms. Must have open air. Palpitation. Sensation as if the heart stopped beating. Water tastes bitter. Sleeplessness. Great irritability.

36. Cimicifuga—Irregular, trembling pulse. Angina pectoris. Numbness of the left arm ; feels as if bound to the side. Heart's action ceases suddenly, impending suffocation. Rheumatic pains in muscles of back and neck. Pain from eyes to top of head. Waving sensation, or opening and shutting sensation in brain. Brain feels too large. Migraine. Pains like electric shocks here and there. Sleeplessness. Nausea and vomiting. Pain across pelvis, from hip to hip.

37. Cinchona—Debility from exhausting discharges—from loss of vital fluids. Sensation as if skull would burst, or as if brain were balancing to and fro, and striking against skull. Intense throbbing of head and carotids. Scalp sensitive ; worse from combing hair. Spots before eyes. Photophobia. Ringing in ears. Slow digestion. Tympanitic abdomen.

38. Coca—Useful in a variety of complaints incidental to mountain climbing, such as palpitation, dyspnœa, anxiety and insomnia. Noises in ear. Headache with vertigo, preceded by flashes of light. Feeling like a band across the forehead. Diplopia (Gelsemium). Longing for alcoholic liquors and tobacco. Great satiety for a long time. Want of breath, short

breath, especially in aged athletes, and drunkards. Hæmoptysis.

39. Coffea Cruda—Short, dry cough. Nervous palpitation. All senses are acutely sensitive. **Tossing about in anguish. Is full of ideas and quick to act. Seems as if brain were torn to pieces, or as if nail were driven in head.** Intolerance of tight clothing about the stomach. Sleepless, on account of mental activity.

40. Conium—Sexual nervousness, with feeble erection. Testicles hard and enlarged. **Much difficulty in voiding urine ; it flows and stops again. Frequent urging for stool. Tremulous weakness after every stool.** Vertigo, when lying down, and when turning over in bed. No inclination for business or study. Takes no interest in anything.

41. Convallaria Majalis—Dull headache. Coppery taste in the mouth. Tongue feels sore and scalded. Pain in the sacro-iliac joints, running down leg. **Orthopnœa. Palpitation from least exertion. Tobacco heart, especially when due to cigarettes. Angina pectoris.** Extremely rapid and irregular pulse. Dropsy due to heart troubles. Is of use when ventricles are overdistended and dilatation begins.

42. Cratægus—It acts on the muscles of the heart and is a heart tonic. Myocarditis. Failing compensation. **Irregularity of heart. General anasarca. Arterio-sclerosis. Said to have a solvent power upon crustaceous and calcareous deposits in arteries.** Apprehensive and despondent. Air hunger. Dyspepsia. Irregular pulse and breathing. Painful sensation of pressure in left side of chest below the clavicle.

43. **Crotalus Horridus**—Epistaxis. Vertigo, with weakness and trembling. Dull, heavy occipital pain, worse on right side and right eye. **Must walk on tip-toe to avoid jarring in the head. Great sadness. Clouded memory. Cannot lie on right side, without vomiting dark-green matter. Black or coffee-grounds vomiting.** Trembling, fluttering feeling below the epigastrium. Intestinal hæmorrhage. Albuminous, scanty and dark-red urine. Cough, with bloody expectoration.

44. **Cuprum Metallicum**—Face distorted, bluish and cyanotic. Contraction of the jaws, with foam at mouth. Constant protrusion and retraction of the tongue. **Stammering speech. Uses words not intended. Hiccough, preceding spasms. Strong metallic taste in mouth. When drinking, the fluid descends with a gurgling sound. Craving for cold drink.** Spasmodic asthma. Dyspnœa with epigastric uneasiness. Angina pectoris, clonic spasms, beginning in fingers and toes. Clenched thumbs.

45. **Curare**—Tired pain up and down spine. Arms weak and heavy. Legs tremble; give way in walking. **Threatened paralysis of respiration on falling asleep. Short breath. Very distressing dyspnœa.** Black spots before vision. Lancinating pains all over head. Nervous debility.

46. **Digitalis**—Comes into play in all diseases where the heart is primarily involved. **The pulse is weak, irregular, intermittent or abnormally slow. Faintness and vomiting from motion. The least movement causes violent palpitation.** Sensation as if the heart

would stop beating, if he moves (opposite to **Gelsemium**). Swelling of the feet. Cyanosis. Hydrocele ; scrotum enlarged like a bladder. Great weakness in chest. Cannot bear to talk.

47. Euphorbia Lathyris—Labored breathing. Weak and fluttering heart action. Pulse full, bounding and somewhat irregular. **Restlessness, worse at night. Sleep disturbed by anxious dreams.** Nausea and vomiting of copious, clear water, intermingled with white, gelatinous lumps.

48. Fagopyrum—Inability to study or to remember. Depressed and irritable. **Pain deep in head, with upward pressure. Occipital headache. Pain around heart ; (better lying on back), extending to left shoulder and arm.** Palpitation with oppression. Pulse irregular, intermittent or rapid. Drooling. Persistent, morning nausea.

49. Ferrum Metallicum—Voracious appetite, or absolute loss of appetite. Loathing of sour things. Eructations of food after eating. **Vomiting immediately after eating. Vertigo on seeing flowing water. Hammering headache. Pain in back of head, with roaring in neck.** Surging of blood to chest. Palpitation, worse from movement. Pulse full, but soft and yielding. Dropsy after loss of vital fluids.

50. Ferrum Phosphoricum—Its symptoms are more or less corresponding to those of **Aconite** and **Belladonna.** The typical **Ferrum Phos** subject is rather full-blooded and robust. Rush of blood to head. Ill effects of sun-heat. **Throbbing sensation in the head. Headache better from cold applications. Epistaxis ;**

blood bright red. Hæmoptysis. Hard, dry cough, with soreness in the chest. Palpitation. Pulse rapid and incompressible. Articular rheumatism. Rheumatic pain in shoulders. Face at times looks flushed. Vomiting of undigested food.

51. Gelsemium—Great muscular weakness and tired feeling. Dizziness, dullness and drowsiness. General depression from heat of sun. Occipital headache. Band-like feeling around the head. Wants to have the head raised on pillow. Double vision. Oppression about chest. Palpitation. Pulse slow when quiet, but greatly accelerated on motion. There is a feeling as if it were necessary to keep the heart in motion, otherwise the heart's action would cease. As a rule, the Gels. patient has no thirst.

52. Glonoine—A great remedy for congestive headache, hyperæmia of the brain, etc. Violent convulsions, associated with cerebral congestion. Surging of blood to head and heart. Confusion, with dizziness. Bad effects of sunheat; sunstroke. Cannot recognize localities. Head feels enormously large, as if the skull were too small for the brain. Laborious action of the heart. Fluttering or palpitation along with dyspnœa. Cannot go uphill. Any exertion brings on rush of blood to heart and fainting spells. Throbbing in the whole body up to finger-tips.

53. Grindelia—An efficacious remedy for oppression and wheezing in bronchitic patients. The sibilant rales are disseminated with foamy mucus, very difficult to detach. Asthma, with profuse, tenacious expectoration, which relieves. Stops breathing when falling

asleep ; wakes with a start, and gasps for breath. Must sit up in order to breathe. Cannot breathe when lying down. Cardiac weakness. From its frequent use one can lower blood pressure.

54. Hydrastis—Bronchitis in old, exhausted persons, with thick, yellow tenacious expectoration. **Frequent fainting spells, with cold sweat all over. Constipation. After stool, long lasting pain in the rectum.** Anus fissured. Urine smells decomposed. Atonic dyspepsia. Tongue white, swollen, large, flabby and slimy ; shows imprint of teeth.

55. Hydrocyanic Acid—Noisy and agitated breathing. Dry, spasmodic, suffocative cough. Venously congested lungs. **Marked cyanosis. Violent palpitation. Pulse weak and irregular. Extremities cold.** Torturing pain in the chest. Angina pectoris. Pain and tightness in the chest. Unconsciousness. Fears everything—horses, wagons, houses falling, etc.

56. Iberis—Possesses great efficacy in cardiac diseases, since it has marked action upon the heart. Controls vascular excitement in hypertrophy with thickening of the heart's walls. Liver region full and painful. White stools. **Palpitation, with vertigo and choking in throat. Stitching pains in cardiac region. Pulse full, irregular and intermittent. Worse from least motion and in a warm room.** Dropsy, with enlarged heart. Violent palpitation induced by slightest exertion, or by laughing, or coughing. Cardiac dyspnœa. Tachycardia.

57. Iodoformum—Sharp, neuralgic pain in the head. Head feels heavy, as if it could not be lifted

from the pillow. **Feeling of a weight on the chest, as if smothering. Cough and wheezing on going to bed. Pain in the left breast, like a hand grasping at the base of the heart.** Hæmoptysis. Asthmatic breathing. Abdomen distended. Chronic diarrhœa. Temper irritable. Weakness of knees, when going upstairs.

58. Kali Bichromicum—Voice hoarse, worse evening. Metallic, hacking cough. Profuse, yellow expectoration, very glutinous and sticky, coming out in long, stringy, and very tenacious mass. **Pain from mid-sternum to back. Cardiac dilatation, especially from co-existing renal lesion. Pains fly rapidly from one place to another.** Heavily coated tongue. Mapped tongue. Aphthæ. Loaded feeling in the stomach, immediately after eating. General weakness. Frontal headache.

59. Kali Carbonicum—Drowsy after eating. Great exhaustion. Severe backache. Lumbago, with sharp pains extending up and down back and to thighs. Cough, worse at 3 A. M. **Leaning forward relieves chest symptoms. Palpitation and burning in the heart region. Sensation as if heart were suspended. Weak, rapid or intermittent pulse.** Threatened heart-failure. Dropsical swelling of the extremities. Bag-like swelling of the upper eyelids. Involuntary urination when coughing, sneezing, etc. Sour vomiting. Easy choking when eating.

60. Kali Phosphoricum—Paralytic numbness, in back and extremities. Exertion aggravates. Breath offensive, or fetid. Tongue coated brownish, like mustard. Spongy and receding gums. Cough, with yellow expectoration. **Asthma; the least food aggravates.**

Shortness of breath, worse on going upstairs. Palpitation. Vertigo, worse when lying, sitting, standing up, or looking upward. Headache, with weary, empty or gone feeling in the stomach.

61. Kalmia Latifolia—Gouty and rheumatic metastasis to heart. Dyspnœa. Shooting through above heart into shoulder-blade. **Heart's action tumultuous, rapid and visible. Paroxysms of anguish around heart. Tachycardia, with pain. Palpitation, worse from leaning forward.** Fluttering of heart, with anxiety and mental depression. Bilious attacks, with nausea, vertigo and headache. Joints red, hot and swollen.

62. Lac Caninum—Headache ; pain first in one side, and then in the other. Blurred vision, nausea and vomiting, at the height of the attack of headache. **Dyspnœa and palpitation. Throat feels raw, or burnt. Sorethroat ; pain changing repeatedly from right to left, or vice versa.** Great hankering for pungent things. Great lassitude. Sinking spells every morning. Spine very sensitive to touch, or pressure.

63. Lachesis—Gums swollen, spongy, bleeding easily. Tongue trembles, on attempting to protrude it, or catches on the teeth. Trifacial neuralgia, worse on the left side. **Palpitation, with fainting spells, especially during climacteric. Constricted feeling in the chest. Irregular beating of the heart. Feels he must take a deep breath.** Cramp-like distress in the præcordial region. Breathing almost stops, on falling asleep. Hæmorrhage from the bowels, like charred straw. Cannot bear anything around waist. General burning.

64. Lithium Carbonicum—Turbid urine ; mucus

or red deposit in the urine. When urinating pressure in the heart. **Rheumatic soreness in the cardiac region. Sudden shock in heart. Trembling and fluttering in heart, extending to back.** Constriction in chest. Violent cough, when lying down. Inspired air feels cold. Nodular swellings in the joints. Headache ceases while eating.

65. Lycopodium—Deep furrows on forehead. Premature baldness and gray hair. Pressing headache on vertex, worse from 4 to 8 P. M. **Dyspnœa. Tensive, constrictive, burning pain in chest. Aortic aneurism. Palpitation, worse at night, or during the process of digestion. Cannot lie on the back, on account of suffocation.** Burning between the scapulæ. Pain in small of the back. Pain in the back, before urinating; ceases after flow. Heavy, red sediment in the urine. Sour eructations. Desire for sweet things. Eating so little causes undue fullness in the stomach.

66. Lycopus Virginicus—According to Dr. Hinsdale it lowers blood pressure, reduces the rate of the heart, and increases the length of systole to a great degree. **Indicated in diseases, with tumultuous action of the heart, and more or less pain. Hæmoptysis, due to valvular heart disease. Præcordial pain. Cyanosis.** Pulse weak, irregular or intermittent. Frontal headache. Supra-orbital pain, with aching in testicles. Nose-bleed.

67. Magnesia Carb—The whole body feels tired and painful, especially legs and feet. Tickling cough, with salty expectoration. **Constrictive pains in chest, with dyspnœa. Gastro-intestinal catarrh, with marked acidity. Sour eructations.** Craving for meat. Desire

for fruits, acids and vegetables. Sour taste in the mouth. Broken down women, with uterine and climacteric disorders.

68. Magnesia Mur—Bursting headache ; worse from motion, or open air ; and better from pressure, or wrapping up warmly. Much sweating of head. **Palpitation and cardiac pain, while sitting ; better by moving about** (Gelsemium). **Stools knotty, like sheep's dung, crumbling at verge of anus.** Painful, smarting hæmorrhoids. Liver enlarged. Bloating of the abdomen. Urine can only be passed by pressing abdominal muscles. Anxious dreams. Restless sleep.

69. Magnesia Phos—Cramps in calves. General muscular weakness. Bloated or full sensation in abdomen. Must loosen clothing, walk about, and constantly pass flatus. **Asthmatic oppression of chest. Spamodic cough. Nervous palpitation. Angina pectoris. Constricting pains around heart.** Flatulent colic, forcing the patient to bend double. Hiccough, with retching day and night Supraorbital pains ; worse, right side.

70. Magnolia Grandiflora—Rheumatism and cardiac lesions are prominent features in the symptomatology of this drug. Alternating pains, between spleen and heart. **Suffocated feeling, when walking fast, or lying on left side. Dyspnœa. Crampy pain in heart. Angina pectoris. Tendency to faint away. Sensation as if the heart had stopped beating. Pain around heart** Numbness in left arm. Erratic shifting of pains. Itching of the feet.

71. Medorrhinum—Much oppression of breathing. Incessant, dry, night cough. **Asthma. Can inhale, but**

cannot exhale (Sambucus). Cough, better from lying on stomach. Burning of hands and feet. Heels and balls of feet tender. Soreness of soles. Headache, from jarring of cars, exhaustion, or hard work. Gleety discharge ; the whole urethra feels sore. Sleeps in knee-chest position.

72. Mellilotus—Violent, congestive headache, with intense redness and flushing of the face. Throbbing of the carotids. **Profuse epistaxis. Feels as if smothering, especially from rapid walking. Hæmoptysis.** Sensation of a heavy weight upon the chest. No desire for stool, until there is a large accumulation (**Bryonia, Alumina**).

73. Moschus—Fainting fits, convulsions, catalepsy, etc., with great flatulence. **Anxiety, with palpitation. Pressure on the top of the head. Vertigo, worse from least motion.** Sensation as if falling from a great height. Premature senility. Impotence, associated with diabetes. Violent sexual desire.

74. Muriatic Acid—Hæmorrhoids, with great sensitiveness to touch ; even sheet of toilet paper is painful. Cannot bear the sight or thought of meat. Fetid breath. Deep ulcers on tongue. **Heart intermits every third beat. Pulse rapid, feeble and small.** Cannot urinate, without having bowels move at the same time. Tottering gaits. Excessive prostration.

75. Naja Tripudians—Its action settles around heart ; hence, it is almost a specific for a variety of cardiac complaints, arising from hypertrophy and valvular lesions. With heart symptoms there is apt to be pain in the forehead and temples. **Suicidal mania. Severe mental depression. Aversion to talking. Palpitation.**

Stitching pain, in the region of the heart. Angina pectoris. Pulse slow, weak and irregular. Sleeps, with stertorous breathing. Grasping at throat, with sense of choking. Irritating, dry cough, dependent on cardiac lesions. Asthmatic constriction, worse in the evening.

76. Natrum Mur—Irritable. Gets into a passion about trifles. **Consolation aggravates. Headache, as if a thousand little hammers were knocking on the brain. Chronic headache, from sunrise to sunset. Fluttering or palpitation of the heart. Heart's pulsations shake the body. Heart intermits on lying down.** Cough, with bursting pain in head. Shortness of breath, especially on going upstairs. Has to wait a long time, before the urine is passed. Unquenchable thirst.

77. Natrum Sulph—Œdema of feet. Pain in the limbs, compelling him frequently to change his position. Thick, greenish discharge from the urethra. **Dyspnœa, worse during damp weather. Cough, with thick, ropy, greenish expectoration. Constant desire to take deep, long breath. Palpitation. Pain through lower left chest.** Loose morning stools. Liver sore to touch. Cannot bear tight clothing around waist. Flatulency ; wind colic. Rumbling in the abdomen.

78. Nux Vomica—Is the greatest of all polychrests, because bulk of its symptoms correspond with those of the commonest diseases. Frontal headache. Congestion in the brain. Head feels distended. Photophobia ; much worse in the morning. **Oppressed breathing, especially after eating. Shallow respiration. Cough brings on bursting headache, and bruised pain**

in the epigastrium. Nervous palpitation. Bad effects of sexual excesses. Spermatorrhœa, with weakness, backache and irritability. Liver engorged, with stitches and soreness. Difficult belching. Wants to vomit, but often fails. Frequent, ineffectual urging for stool. Incomplete and unsatisfactory stools.

79. Opium—Fæces protrude and recede (**Silicea, Thuja**). Obstinate constipation. Severe colic, with passage of round, hard, black balls. Breathing stops, on going to sleep. **Deep snoring, or rattling breathing. Complete loss of consciousness. Apoplexy. Thinks he is not at home. Bursting feeling in the head.** Face looks red and swollen, or dark red. Lower jaw hanging down. Pupils insensible to light. Urine retained, or passed involuntarily. Full and slow pulse.

80. Oxalic Acid—Complaints are made worse when thinking of them. Palpitation with dyspnœa. **Angina pectoris. Sharp, lancinating pain in the left lung, coming on suddenly, depriving of breath. Præcordial pains dart to the left shoulder.** Aortic insufficiency. Hoarseness or aphonia. Testicles feel contused and heavy. Easy sweating. Muscular prostration. Backache.

81. Paris Quadrifolia—Soreness on the top of the head ; hence, he cannot brush hair. Occipital headache. **Head feels large and expanded. Constant hawking, on account of viscid, green mucus in larynx and trachea.** Sense of weight and weariness in nape of neck, and across shoulders. Sensation of a string through eyeballs.

82. Petroleum—Must rise at night and eat ;

diabetes. Epistaxis. Nostrils ulcerated. Eczema, intertrigo, etc., in and behind ears, with intense itching. Herpetic eruptions on the perineum. **Cough produces headache. Oppression of the chest, worse at night. Sensation of coldness in the region of the heart. Palpitation. Fainting, with ebullitions, heat, etc.** Fetid sweat in axillæ. Knees stiff. Cracking in joints. Rhagades, worse in winter. Low spirited, with dimness of sight. Loses his way in streets.

83. Phosphoric Acid—Heavy and confused feeling in the head. Crushing headache. Cannot collect his thoughts, or find the right word. Memory impaired. **Frequent flow of urine. Polyuria, worse at night. Sexual power deficient. Scrotal eczema. Difficult respiration. Weak feeling in chest, worse from talking. Pressure behind the sternum, rendering obstruction in breathing. Palpitation.** Pulse irregular or intermittent. Craves juicy or pungent things. Shows dislike for sour or acid substances. Distension and fermentation in the bowels.

84. Phosphorus—Vertigo, worse after rising. Heat comes from the spine. Is restless and fidgety. Loss of memory. Oversensitive to external impressions. Vexed easily. Cough from tickling in the throat. **Feels tightness across chest, or great weight on chest. Repeated hæmoptysis. Violent palpitation, worse lying on left side. Heart dilated, especially the right chambers. Feeling of warmth in the heart.** Lack of sexual power, although there is irresistible desire. Involuntary emissions, with lascivious dreams. Constipation. Stools narrow and long, like a dog's ; difficult to expel. Burning sensation in the palms and soles.

85. **Physostigma**—Constant pain on the top of the head. Pain over orbits ; cannot bear to raise eyelids. Feeling as if a ball came up to the throat. **Palpitation. Spasmodic action of the heart, with feeling of pulsation through the whole body. Beats of heart distinctly perceptible in the head and chest. Fluttering of the heart felt in the throat.** Numbness of the hands and feet. Sudden jerking of limbs, on going to sleep. Chronic constipation.

86. **Phytolacca**—Ulcerated sorethroat. Tonsils and fauces swollen, with burning pain ; cannot swallow even water. **Feeling as if heart leaped into throat. Shock of pain in the cardiac region, alternating with pain in the right arm.** Syphilitic bone pains. Chronic rheumatism. Aching, soreness and restlessness. Constipation of the aged. Painful induration of testicles. Shooting along perineum to penis.

87. **Plumbum Metallicum**—Hyper-tension and arterio-sclerosis. Excessive and rapid emaciation. Loss of memory. Slow perception. Amnesic aphasia. Paretic dementia. Face looks pale and cachectic ; and cheeks sunken. **Cardiac weakness. Palpitation. Wiry pulse, or soft and small pulse. Paralysis of the lower extremities, as a result of apoplexy.** Albuminous urine. Chronic interstitial nephritis, with scanty urine. Excessive colic, radiating to all parts of the body. Obstructed evacuation, from impaction of fæces.

88. **Pulsatilla**—Averse to fat, and warm food and drink. Heart-burn. Thirstlessness. Vomiting of food substances, eaten long before. Pressure as from a stone in the abdomen ; must loosen clothing. **Cough with**

thick, bland and easy expectoration. Short breath; anxiety and palpitation, when lying on the left side. Smothering sensation on lying down. Wakes languid and unrefreshed. Intolerable burning heat at night, with distended veins. Heat in parts of body, with coldness in other. One-sided sweat. Longing for open air.

89. Pyrogenium—Bursting headache, with restlessness. Horribly offensive breath. Constipation, with complete inertia of the rectum. Large, black and carrion-like stools. **Cardiac asthenia, from septic conditions. Distinct consciousness of a heart. The heart feels tired, or it feels as if enlarged. Constant purring, throbbing or pulsating in the ears, preventing sleep.** Pulse abnormally rapid—out of all proportion to temperature. Great restlessness; must move constantly, to relieve the soreness of the parts affected. It is to be given, when the best selected remedy fails to relieve, or permanently improve.

90. Rhus Tox—Pain between shoulders, on swallowing. Hot, painful swelling of joints. Dark, turbid and high coloured urine. Lumbago. **Triangular redness at the tip of the tongue. Fever-blisters around mouth. Want of appetite. Desire for milk. Bronchial cough, worse on awaking; with expectoration of small plugs of mucus. Cardiac hypertrophy, from over-exertion.** Quick, weak, irregular, or intermittent pulse, with numbness of left arm. Trembling and palpitation, when sitting still. Nose-bleed on stooping.

91. Sanguinaria—Face looks flushed. Periodical sick headache. Pain begins in occiput, spreads upwards, and settles over eyes—especially right. Chronic rhinitis.

Craving for piquant things. Unquenchable thirst. **Cough of gastric origin ; relieved by eructation. Offensive breath and expectoration. Asthma, with stomach disorders. Palpitation, worse from exertion.** Climacteric ailments, with excessive burning, especially in the palms and soles. Rheumatism of right shoulder.

92. Secale Cornutum—Icy coldness of the extremities. Fingers and feet bluish, shrivelled and bent backwards. Putrid discharges. **Dyspnœa and cardiac oppression, with cramp in the diaphragm. Præcordial tenderness. Palpitation, with contracted and intermittent pulse. Unquenchable thirst.** Burning in the stomach or abdomen. The skin feels cold to the touch, yet the patient cannot tolerate covering. Burning in all parts of the body, as if sparks of fire were falling on the patient (**Arsenic**).

93. Sepia—Yellowish saddle across the nose. Headache in terrible shocks at menstrual nisus, with scanty flow. **Prodromal symptoms of apoplexy. Fullness in the rectum. Disposition to vomit after eating. Constipation. Bleeding at stool. Dark-brown, round balls are passed with great difficulty. Violent palpitation. Beating in all arteries. Tremulous feeling, with flushes of heat.** Oppression of chest, especially in the evening. Dyspnœa, better from rapid motion. Cough with profuse, salty expectoration in the morning. Burning on the vertex, in the eyes, palms and soles.

94. Silicea—Great sensitiveness to taking cold. Prostration of mind and body. Brain-fag. Nervous and excitable. Headache. **Pains begin at occiput, and spreads over head and settles over eyes. Profuse sweat-**

ing, especially on the head. Cough, with muco-purulent expectoration. Rectum feels paralysed. Stools come down with difficulty. When partly expelled, they recede again. Want of appetite. Excessive thirst. Disgust for meat and warm food. Sour eructations, after eating. Offensive sweat on hands, feet and axillæ.

95. Spartium Scoparium—It increases the strength of the heart, slows it, and reduces the blood pressure. It continues the good effects of **Veratrum** and **Digitalis**, without any of the undesirable effects of either (Hinsdale). From its action the total amount of urine is also increased. The drug has, therefore, diuretic properties, and is useful in dropsy, albuminuria, with arterial hypertension or arterio-sclerosis.

96. Spigelia—Semi-lateral headache, involving the left eye. Violent, throbbing headache, worse from making a false step. **Violent palpitation. Frequent attacks of palpitation, which is quite audible and visible from a distance. Rheumatic carditis. Pulse weak and irregular. Dyspnœa ; must lie on the right side, with head high.** Frequent, ineffectual urging to stool. Severe pain in and around eyes, extending deep into socket. Ciliary neuralgia, or prosopalgia. Sun-headache.

97. Spongia Tosta—Barking cough, worse before midnight. Short panting breathing. Cough abates after eating or drinking, especially warm drinks. It also relieves the dry, sympathetic, chronic cough of organic heart disease (**Naja**). Chest weak ; can scarcely talk **Rapid and violent palpitation, with dyspnœa ; cannot lie down. Awakens suddenly after midnight, with pain and suffocation ; is flushed, hot, and frightened to death (Aconite).**

Valvular insufficiency. Angina pectoris, with faintness and anxious sweat. Ebullitions of blood—veins distended. Cardiac hypertrophy, especially the right, with asthmatic symptoms. Swelling of the spermatic cord and testicles.

98. Sticta—Dull headache, with heavy pressure in the forehead and root of the nose. Rheumatic stiffness of the neck. **Dryness of the nasal mucous membrane. Constant need to blow the nose, but no discharge. Dry scabs, especially in the evening and night. Incessant sneezing. Dropping of mucus posteriorly. Dry, hacking cough during night ; worse from inspiration.** Pulsation from right side of sternum down to abdomen. Swelling, heat and redness of joints.

99. Stramonium—The entire force of this drug seems to be expended on the brain. Loquacity or garrulousness. Violent and lewd. Cannot bear solitude or darkness. **Rush of blood to the head. Staggers, with tendency to fall forward and to the left. Eyes seem prominent. Pupils dilated. Loss of vision, or double vision. Hot circumscribed redness of cheeks. Blood rushes to face.** Violent thirst. Vomiting of mucus and green bile. Urine almost suppressed. Sexual erethism, with indecent speech and action. Sleepy, but cannot sleep. Awakens terrified. Profuse sweat, which does not relieve.

100. Strophanthus Hispidus—It acts on the heart, increasing the systole and diminishes the rapidity. May be used with advantage to tone the heart, and run off dropsical accumulations. **Anæmia, with palpitation and breathlessness. Arterio-sclerosis ; rigid arteries of the aged. Irritable heart of tobacco-smokers. Scanty**

and albuminous urine. Temporal headache, with double vision. Extremities swollen, dropsical. Œdema of lungs. "**Strophanthus** occasions no gastric distress, has no cumulative effects, is a greater diuretic, and is safer for the aged."

101. Strychninum—Bursting headache. Vertigo, with roaring in the ears. Sparks before eyes. Deglutition impossible. Joints stiffened. **Constant retching. Violent vomiting. Griping pain in the bowels. Very obstinate constipation. Fluttering sensation in the cardiac region. Cardiac asthma.** Perspiration, in a stream down head and chest. Lower extremities turn cold. Cramp-like pains. Spasms, provoked by the slightest touch and attempt to move. Tetanic convulsions.

102. Sulfonal—Constant desire to urinate. Scanty, brownish-red urine. Albuminuria, with tube casts. Pulmonary congestion. **Stertorous breathing. Sighing dyspnœa. Vertigo. Double vision. Profound weakness. Mental confusion. Incoherency. Extreme irritability.** Legs seem too heavy. Staggering gait. Muscular twitchings. Sleeplessness or drowsiness. Extreme restlessness.

103. Sulphur—Constant heat on the top of the head. Beating headache, with vertigo; worse from stooping. Heat and burning in the eyes. Bitter taste, especially in the morning. White coated tongue, with red tip and borders. **Great acidity—sour eructation. Drinks much, eats little. Difficult respiration. Wants windows open. Heat throughout chest. Flushes of heat in chest, rising to head. Palpitation.** Frequent micturition, especially at night. Must hurry—sudden call to urinate. Hard, knotty, insufficient stools. Cat-naps,

slightest noise awakens. Unhealthy skin; every little injury suppurates. Itching of the genitals, when going to bed.

104. Sumbul—Choking constriction; constant swallowing. Belching of gas from stomach. Tenacious mucus in the throat. **Abdomen full, distended and painful. Climacteric flushes. Nervous palpitation. Loses breath on any exertion. Irregular pulse.** Insomnia. Feels dull in the morning. Mistakes in writing and adding. Oily pellicle on the surface of the urine.

105. Tabacum—Violent constriction of the chest. Præcordial oppression, with palpitation and pain between shoulders. **Dyspnœa. Nausea and vomiting. Terrible, faint, sinking feeling at the pit of the stomach. Wants abdomen uncovered. It lessens nausea and vomiting. Hiccough. Tachycardia or bradycardia.** Hands and legs icy cold. Shuffling or unsteady gait. Paralysis following apoplexy. Copious, drenching sweat, with giddiness. Intermittent pulse.

106. Tarantula Hispania—Extreme restlessness; must keep in constant motion. Destructive impulses; moral relaxation. Vertigo. Intense pain in the head. Sensation as if thousands of needles were pricking into brain. **Palpitation. Præcordial anguish. Sensation as if heart twisted and turned around.** Twitching and jerking of the extremities. Numbness of the legs. Spinal irritation. Chronic movements. Profuse menstruation, with frequent erotic spasms.

107. Terebinthina—Vertigo, with vanishing of vision. Feeling like a band around the head. Dry, red, sore or shining tongue. **Choking sensation in the**

throat. Stomatitis. Nausea and vomiting. Abdominal or renal dropsy. Strangury, with bloody urine. Constant tenesmus. Intense burning in the hypogastric region. Scanty or suppressed urine. Watery, greenish or bloody stools. Difficult breathing. Rapid, small, thready or intermittent pulse.

108. Thea—Sinking sensation at epigastrium, or faint, gone feeling in the stomach. Craving for acids. Dyspepsia. **Sudden production of gas in considerable quantities. Borborygmus. Anxious oppression. Præcordial anguish. Palpitation. Unable to lie on the left side. Rapid, irregular or intermittent pulse.** Sleepless at night, with vascular excitement and restlessness. Horrible dreams. Hallucination of hearing. Ill-humour. Congestive headache. Sick headache, radiating from one point.

109. Theridion—Restlessness. Finds pleasure in nothing. Time passes too quickly. Headache, worse when any one walking over the floor. **Is sensitive to noise; it penetrates the body, especially teeth. Pressure behind eyeballs. Throbbing over left eye. Nausea and vomiting; worse when closing the eyes, and on motion. Luminous vibrations before eyes. Pinching in the left pectoral muscles. Cardiac anxiety and pain.** Stinging pain in the left hypochondrium. Burning in the liver region. Sensitiveness between vertebræ. Avoids pressure on spine.

110. Thyroidinum—Irritable; goes into a rage over a trifle. Frontal headache, with a flushed face. Tongue thickly coated. Polyuria. Presence of sugar or albumen in the urine. Dry, painful cough, with scanty and difficult expectoration. **Anxiety about chest, as if constricted.**

Palpitation from least exertion. Severe heart pain. Ready excitability of heart. Tachycardia (Naja). Cardiac oppression, with inability to lie down. Weak, frequent pulse. Sensation of faintness and nausea. Œdema of legs. Jaundice, with pruritus. Amblyopia. Goitre.

111. Uranium Nitricum—Burning pain in the stomach. Abdomen bloated. Excessive thirst, nausea and vomiting. **Ravenous appetite. Copious urination. Incontinence of urine. Diabetes. Burning in the urethra, with very acid urine.** Rapid emaciation, and debility. Tendency to ascites and general dropsy. Degeneration of the liver, with high blood pressure, and œdema.

112. Valeriana—Changeable disposition. Over-sensitiveness. Feeling of intoxication. Sensation as of a thread hanging down throat. Foul eructations. **Heart-burn, with gulping of rancid fluid. Nausea, with faintness. Choking on falling asleep. Spasmodic asthma.** Rheumatic pains in limbs. Pain in the heels, when sitting. Sciatica ; pain worse on standing and resting on floor.

113. Veratrum Album—Sits in a stupid manner ; notices nothing. Sullen indifference. Frenzy of excitement ; shrieks and curses. Aimless wandering from home. Headache, with nausea and vomiting. **Face very pale, blue, collapsed or cold. Cold sweat on forehead, with difficulty of breathing and rattling in the chest. Palpitation, with anxiety and rapid, audible respiration. Irregular, feeble or intermittent pulse. Heart-disease, arising from excessive use of tobacco.** Giddiness, with sunken features and icy coldness. Craves fruits, ice, juicy fruits and cold things. Great weakness, after purging and vomiting. Thirst for cold water. Averse to warm food.

114. Veratrum Viridi—Especially adapted to full-blooded and plethoric persons. **Intense congestion in the head, with blood-shot eyes. Sunstroke. Flushed face.** Convulsive twitching of facial muscles. Headache starts from the nape of the neck; cannot hold up the head. Nausea, retching and vomiting. Smallest quantity of food or drink is immediately rejected. Hiccough. Scanty flow of urine, with cloudy sediment. **Constant, dull, burning pain in the region of the heart. Valvular diseases of the heart. Pulse may be slow, soft, weak, irregular or intermittent.** Congestion, especially to lungs, or base of the brain. Rheumatism of heart. Quarrel-some and delirious.

115. Viscum Album—Buzzing and stopped up feeling in the ear. Double vision. Feeling, as if the whole vault of the skull were lifted up. Dyspnœa. **Feeling of suffocation, when lying on the left side. Stertorous breathing. Spasmodic cough. Arterial hypertension. Hypertensive albuminuria. Cardiac hypertrophy, with valvular insufficiency. Unable to rest in a reclining position.** Œdematous swelling of the extremities. A glow seems to rise from the feet to the head—seems to be on fire. General tremor. Climacteric complaints.

116. Xanthoxylum—Hemiplegia, or anterior crural neuralgia. Neuralgic shooting pain, as from electricity, all over limbs. **Occipital headache. Weight and pain on vertex. Constant desire to take a long breath. Oppression of chest. Dry cough, day and night.** Dysentery, with tympanites and tenesmus. Sleeplessness. Mental depression. Nervousness. Easily frightened. Painful hæmorrhages.

117. Zincum Metallicum—Soles of feet sensitive. Steps with entire sole of foot on floor. Varicose veins on legs, etc. Feet in continued motion ; cannot keep them still. Vertigo ; feels as if he would fall to the left side. **Headache, worse from the smallest quantity of wine. Rolls the head from side to side, or bores the head into the pillow. Occipital pain, with weight on vertex. Bronchitis, with constriction of the chest. Dyspnœa ; better as soon as expectoration appears. Palpitation.** Retention of urine ; can only void urine when sitting bent backwards. Flatulent colic. Liver enlarged and indurated. Hard and small stool ; passed with great difficulty. Pain in small of the back.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