

had been the same adopted by the dominant school in America. Our brothers in America were beguiled ; they handed over their institutions, and integrated them with the Allopathic ones. Consequently, the Homœopathic atmosphere was gone, the Homœopathic teachers were gradually squeezed out, the curriculum altered, changed, and the treatment given only in Allopathy. Ours had been the greatest blunder in America, which had once practically been the Father of World Homœopathy, and we are in no mood to have the same story repeated in India.

REMARKS ON SOME INFECTIOUS DISEASES AND THEIR NOSODES

MORBILLINUM

DR. Q. MURIEL ADAMS

MR. CHAIRMAN, LADIES AND GENTLEMEN,

The subject this evening is the nosode *Morbillinum*. As there is only time for a short paper, I have confined my remarks to the problem of how the nosode should be used, the method employed in research and the preliminary findings.

Nosodes are disease products prepared after the homœopathic method, administered in potency and given in infrequent doses by mouth.

There are those that think the conception and use of nosodes only date back to the time of Dr. Margaret Tyler. It is true that both by her work in the outpatient department of this Hospital, and as editor of the monthly magazine *Homœopathy*, she gave great prominence to the use of these nosodes, but she herself was the first to acknowledge that they were Hahnemann's own contribution to the successful treatment of

chronic diseases, for he states "they should be used where the simple homœopathic symptoms are apt to fail after brilliant initial successes wherever there is a deep-lying cause at the root of the patient's condition of ill-health". Dr. Clarke, in *The Homœopathic World* of 1906, tells us that "Homœopaths have had nosodes at their service since the days of Hahnemann. Constantine Hering was the first to urge their adoption and Hahnemann was the first to prove one. *Psorinum* has been one of the classic remedies of Homœopathy ever since Hahnemann published his proving of it."

Our nosodes, it should be noticed, are not mere remedies for the diseases they are derived from—they have a much wider range. It has been found that *Tuberculinum* or *Bacillinum* will not do so much in the acute stage of phthisis as in chronic or latent stages, and they are subject to the law of similars like other homœopathic medicines. The provings of *Tuberculinum*, *Psorinum*, *Medorrhinum*, *Syphilinum*, are as well-known as remedies from the animal, vegetable and mineral kingdoms, but the lesser known remedies are *Influenzinum*, *Pertussinum*, *Pneumococcin*, *Streptococcin*, *Typhinum*, *Parotidinum*, *Morbilinum* and *Scarlatinum*.

I was first interested in the nosodes by at least two cases of Dr. Tyler's; (1) a patient in the wards with an anxiety neurosis so bad that Sister felt she would have to be taken to a mental hospital. The history was that a year previously she had had a bad attack of influenza and subsequently developed this condition. One dose of *Influenzinum* 200—and the next morning the patient was well enough to be discharged. Seen later in out-patients, she was still quite well, proving that this was a case of toxæmia. (2) The other case was one Dr. Tyler called a chronic diphtheria. A girl of 19 came to her with a tumour right side of brain, in appearance a monstrosity. The right eye was closed, displaced downwards, left eye sightless; bulgings both sides of the forehead; totally blind and deaf; throat and tongue semi-paralysed; only means of communication now is by her mother writing with a finger on the palm of her hand. She was treated at one of the well-known nerve hospitals for multiple neuro-fibromatosis and endothelioma of

the right frontal lobe. She had diphtheria very badly at seven years old and had never been right since that illness. She was having morphia for the pain. Dr. Tyler gave her *Diphtherinum* 200, three doses six hourly. A month later her mother said the pain was much better, she had never had such good nights with her and the girl could not understand it herself—no pain. The medicine seemed to buck her up. She had no need of the morphia. She was last heard of many months later, still no pain, and one of her eyes was opening. The parents were amazed and felt it was marvellous after twelve years of pain.

Some seventy years ago, an American, Dr. Swan, was a pioneer in the use of disease products for the cure of disease, and he prepared, among many other substances, potentized measles, with which he did some astonishing work. Potentized measles, or *Morbillinum*, as we call it, is made from a blood specimen taken from a patient in the acute catarrhal stage.

In research work on nosodes, there are three separate methods of approach: (1) during an attack of measles, whooping cough, diphtheria etc., give the appropriate nosode and note results. (2) Observation of the nosodes' effects on healthy people who have not had the disease. And (3) to use a nosode for chronic cases—cases so aptly described in Scotland by a country mother who will say "She has never been well since she had the measles. It is the dregs of the measles, Doctor."

Number (1) is Hahnemann in principle, for he says in *Lesser Writings*, page 102, "We observe a few diseases that always arise from one and the same cause, which bear upon them the distinctive mark of always remaining diseases of a peculiar character, and because they arise from a contagious principle that always remains the same they also always retain the same character and pursue the same course. We may therefore term them specific for, if a remedy has been discovered for one of these, it will always be able to cure it, for such a disease always remains essentially identical both in its manifestations and in its cause." Dr. Swan states "These are fixed diseases, always diagnosed by their unvarying character, i.e. diphtheria, scarlet fever, typhus, erysipelas and tuberculosis, etc." He says "That the products of such diseases have proved that such poisons

potentized invariably cure the disease from which they were obtained, except when some other miasm is present and obstructs the curative action, notably psora."

But there are two difficulties in this method—one a practical one that in my practice I do not see enough cases in the early or acute stages, and two, does a virus year by year alter through mutation, for the specific diseases certainly do vary and therefore would a new nosode made yearly be more potent than a grafted one from earlier years?

Number (2)—observations of the nosodes' effects on healthy people who have not had the disease. This is the ideal way of proving homœopathic medicines, but here we are up against a difficulty—most people have had the specific disease or probably sub-clinical attacks which have given them a certain amount of immunity, as in the primary invasion in tuberculosis.

Number (3)—to use a nosode for chronic cases. This is the method I chose and these findings are a collection in my private practice supplemented with a few from the hospital. They include men, women and children, ages from two years old to seventy-two.

The research covered about 35 patients, and I divided it out in the following way:

Weather. Most were better in the warm weather, and although in some cases their symptoms were better in cold weather, such as asthma, they themselves preferred warm weather. Nine were better out of doors or in windy weather. One was worse at the seaside and five were better at the seaside.

Time. Nothing very startling emerged about time—eight were better in the mornings, eight in the evenings.

Position of sleep. Two were better lying on the abdomen, two lying on their side with knees drawn up, otherwise nothing striking.

Food. Seven were very keen on milk, three of them specified hot milk and one craved hot milk when she was not well. Six disliked milk, mostly cold milk.

Five craved salt, three were averse to salt.

Most disliked or were intolerant of fats and rich food.

Most liked savoury foods.

Two or three craved apples and one had headaches relieved by eating sour apples.

Mentals. Irritable, fears of falling over, afraid of driving in a car, nightmares, dreams of what he has been doing before bed-time (only in one case), thunderstorms upset and many could not bear dark and had a fear of imagined things.

Most of them were weepy, with a gentle disposition, very talkative, fond of sympathy but not always giving it in return.

The outstanding symptoms in my mind which came through, were the emotional irritability, talkativeness, fondness of hot milk and intolerance of fat.

In a number of cases I was surprised to find that the aggravation occurred from 2 to 3 weeks after taking the nosode. Six of the most recent cases had a temperature and for one day had to be in bed: one patient had her face so inflamed that she could hardly see out of her eyes. (This only lasted for a day); and three or four of them had itching eyes.

In the cases studied, I have found the best results from those with a history of one or two severe attacks of measles and who have come complaining of:

- (1) Chronic constipation.
- (2) Discharges from ears, catarrhal conditions and chronic coughs.
- (3) Skins—eczemas etc., also including styes.
- (4) Asthma—the largest group of all.
- (5) General retardation, such as mental defectives: in one case a woman of 29 with decaying milk teeth and no sign of a second set.

I have one or two cases here that are of outstanding interest, that I would just like to quote.

To sum up—the nosode of *Morbillinum* is most useful with a history of measles in the past; when the clinical symptoms make one uncertain whether to give *Phosphorus*, *Medorrhinum* or *Pulsatilla*. One should be very careful not to repeat too soon as the reaction may not take place for between two or three weeks, and some of my earlier cases I spoiled by not waiting

long enough for the reaction. *Carcinosin* you will recall also has this lag before the reaction occurs.

It is only when one starts a piece of research work like this that one realizes how inadequate it is and how much more one needs to know and do; for example I am hoping to test out *Morbillinum* on more cases of skin diseases, coughs which resemble the cough of measles, and otitis media.

Morbillinum Cases

S.C. K.2732

Came two years old, with a tendency to constipation. Stools hard and she had a lot of straining—stools very long like a dog.

Affectionate—likes sympathy. Indifference to father—dances to the wireless—very obstinate. Sleeps on abdomen. Does not like onions.

Given *Lycopodium* in 1949. For 2-3 days very much better and had wonderful appetite.

In 1950 she had *Lycopodium* again and then the constipation was very much better.

Chilly—anxious. Likes fish and eggs very much.

In 1951 she had bad measles—given sulphonamides by local doctor. She had very difficult constipation. Then given *Morbillinum*. A fortnight later she was very much better—some constipation but it was less difficult. Had *Morbillinum* again and has been very well since.

S.B. L.3190

Mongol child—would not chew his food, must have it all minced up. Dislikes eggs. Fond of music. Given *Medorrhinum*—talking more. *Morbillinum* given in November and no other remedy needed until July, when he was very much better still, but would not feed himself so Dr. Foubister gave him some *Arnica*.

B.D. J.2035

Girl who had asthma. She has never had a bad turn at the sea. Not keen on salt—very weepy.

She was given *Medorrhinum* but she had an asthma attack, the worst for years. She likes cold water and hot drinks. Better out of doors. Weepy. Spots since operation for T. & A.

She is much better out in wind. Sneezes when peeling potatoes. Loves milk, especially hot milk.

Periods commenced when she was $9\frac{3}{4}$ —she lost 6-7 days in the 28. She had a period twice a month. Now losing two days after being clear one week. Given *Pulsatilla* and she was very good until beginning of November. Right on in February she had the worst turn she had ever had but her periods were very much better. 4.4.51, period twice, 14 days between—she was given *Pulsatilla* again. (She was seen by Miss Hall—who said it was probably ovulation bleeding.) In May she had an ordinary period. July she was not so good—she had a cold all the time. She was given *Morbillinum* and she was quite well until February, when she had a bad turn of bronchitis—her periods seemed to clear up completely after that. No asthma after the *Morbillinum*.

In 1954, not so many colds. Very well now and discharged. Measles twice, at $2\frac{1}{2}$ and $4\frac{1}{2}$ years old.

K. 3442. *Asthma*.

Child with asthma, started when he was 4 years old—attacks after micturition. He had measles after whooping cough. Better at the seaside. Sleeps on side with knees drawn up. Afraid of noise. Feels the cold. Used to be very fond of milk. Likes travel and windy weather. Weepy.

First attack followed diphtheria—got very much better, then went on with some attacks of asthma off and on. Queer for 2 or three days, better last visit. Had German measles which brought on bad attack. Car sickness. Is worse now for wind. Does not like ice cream.

I gave him *Morbillinum* in July and he was quite well. Lost his asthma. Just had some *Lueticum* for a cold in October. No more asthma since the dose of *Morbillinum*.

M.B. L.2276

Partially deaf after measles at 18 months. $4\frac{1}{2}$ when she first came. Deafness was discovered when she was two years old. Other child was stone deaf after measles but is now better.

Dislikes tomatoes, lettuce, milk. Likes pickles and loves bacon fat. Not thirsty. Better out of doors. Very sensitive.

Given *Morbillinum*. Came back in July, hearing a little better—doing well at school. From then she had different remedies, *Puls.*, *Tub. bov.*, etc. for colds and so on.

September, 1953, she came back and said the last two days she had had bad head noises and mouth ulcers—usually wanting cold drinks. Flushed—cervical glands flushed—mouth and throat redness. No ulcers seen. She was given *Belladonna 6c*, b.d. 7 days. Then October, very queer with ulcers in mouth but head noises better.

October 1st, *Morbillinum 1m* and *Ham.* mouth wash. Back on October 28th,—had been very up and down. She developed a cough one week after starting the medicine. Hands and feet were swollen and bright patches on the eyes which cleared after two hours. Woke up frightened with fears that she could not bend. The cough has now cleared up and she is very much better. Has grown a lot during the last few weeks. She had *Sac. lac.* and then she had some *Lachesis* because she was jealous of her sister—and she has not been back since.

R.D. J.19.

C/o crying all day for about a month. Plays quite happily when other children are about. Better out of doors. Not thirsty. Sensitive child. If he has fats or oils, motions are white and he has wind. Well covered, not fat child. He had *Puls.* 200 and different remedies. Went well with different remedies, but then he had measles and he still had a slight cough, January, 1951. In February he still had pains in the knees—not eating properly. Nightmares and dreams of what he has done before going to bed. Intolerant to fats. He had *Morbillinum* in February and was not seen after that until the end of December, when he came complaining of chaps of dry eczema. Not well until he had the *Morbillinum*.

DISCUSSION

Dr. D. M. FOUBISTER said that he had enjoyed the paper very much. Dr. Tyler had used nosodes a great deal towards the latter part of her life and she felt that psora could be divided up, that it was not a single disease. Her conception

of psora was that any acute illness could alter in some way tissue reaction and be the basis of chronic ill health.

When one considered the symptoms of cured patients, such as those Dr. Adams had been relating to them, there was perhaps a tendency to think "This is not as scientific as a proving". That would be the case if all provers were exactly similar constitutionally and in perfect health because then the reaction of a drug on homogeneous material could be tested; but that was not the case and therefore they should not under-estimate findings from the clinical experience of cured cases.

Dr. PRIESTMAN thanked Dr. Adams for her paper and suggested there was a connection between giving the drug and its reaction and the incubation period of measles.

Dr. ADAMS said that she was in fact hoping to go into that in further research and was a point of some significance.

The CHAIRMAN said that he had seen the phenomenon not only with nosodes but with other remedies. He considered that a delayed reaction related to a remedy which was near to an accurate remedy. It meant that one was dealing with the correct group but not the accurate remedy. Nosodes in the majority of cases were near remedies and with wider knowledge and experience they would arrive at something more accurate. It was unfortunate that in the early days of the production of nosodes the potentization was carried out under a method exposed to gross error from contamination and he had not been able to group most of the early nosodes because of their contamination. There were numbers of modern ones which were adding very greatly to their interest and they would be discussed later on.

As a result of delayed reactions patients were apt to be led from one confusing symptom to another and in the end nothing could be done for them at all. He believed that when they secured a reaction by the use of nosodes they should refrain from any other potency, and if it was felt that treatment should be given they should use something crude.

Dr. LAURENCE said that he had treated a patient who had been vomiting for years and who had had whooping cough many years before. The patient was completely sceptical about

such a cause being possible but the treatment by *Pertussin* nosode made a rapid cure.

Dr. BENJAMIN said that it was difficult to come to a conclusion when there was a reaction three weeks after a nosode was given. How could one be sure it was reaction of the nosode ?

The CHAIRMAN said that when an accurate remedy was given there was a neutralization of all the abnormal and disease energies in the patient's secretion. Symptoms produced were sometimes symptoms of cure and not of disease and so one should wait until the patient had got over them before giving another potency.

A MEMBER observed that if after 20 to 22 days the aggravation was a typical type of aggravation, surely one was bound to consider the nosode.

Dr. BENJAMIN said he gathered it was not a question so much of an aggravation of the original symptoms but of some new symptoms.

The CHAIRMAN said he did not think it made any difference. There would be an aggravation of symptoms relating to the patient, not the disease, and each individual patient would present a group of symptoms which was different. The outstanding thing was that these aggravations were of sharp duration and left the patient with a sense of well-being which developed very quickly after. It was the sense of well-being which was the true homœopathic response to which attention should be paid. He thought that when they started dealing with organic things or synthetic things they were outside the realm of nature so much that they were not able to arrive at a clear, good remedy. The true remedy in Homœopathy was derived from something natural, a plant or element or metal, something which existed in the realm of nature.

Dr. BENJAMIN said that illness was surely something natural.

The CHAIRMAN said it was a disease.

Dr. BENJAMIN maintained that that did not stop it from being natural.

Mr. SEYMOUR asked whether Dr. Adams thought that the autogenous nosode might possibly be more effective.

DR. ADAMS said that in the work she had done she had found a better reaction on a patient other than the patient from whom the blood specimen was taken. That was rather interesting.

The CHAIRMAN said that for a patient who had had no previous homœopathic treatment an autogenous vaccine was often very effective, but for a patient who had recently had potentized medicine it was quite a mistake to prepare an autogenous vaccine potency from that patient. If a patient was treated with an autogenous nosode it should be the first prescription.

DR. SANKARAN said that the subject of nosodes was a very interesting one and the author had taken great pains to study the reactions to *Morbillinum*. He had known a child in India who had been ill with variola major and who thereafter went downhill. The allopathic physicians were puzzled because their investigations revealed no clue. Finally a homœopathic physician stepped in and gave a dose of *Variolinum* because the whole trouble had originated from the attack of small pox, to which prescription there was a wonderful response. That was Dr. Sankaran's first taste of Homœopathy and it made him decide it was worth learning. When a patient with a chronic disorder dated his troubles to some particular acute infection, it was so easy to prescribe the appropriate nosode and good results often followed. Measles was not as common in India as in Great Britain but many other infectious diseases were very common there. The incidence of tuberculosis was particularly very high. Most children had been infected and had developed the primary complex. So it was his experience, that very often in chronic illnesses when the appropriate remedy did not help or hold the case, an intercurrent dose of *Tuberculinum* did a great deal of good.

Sir JOHN WEIR said that when aggravation occurred late he thought the best course was to leave it alone and not interfere unless it was causing serious upset; it usually subsided and the patient felt the benefit. He said that the late Dr. Tyler was very keen on the use of nosodes.

Dr. BENJAMIN said that one of the most striking results of

nosodes that he knew of concerned the use of *Syphilinum*. A young girl with a tumour in one of her breasts was advised to have an operation, but her mother refused to consent to it. When she went to him he tried many remedies which seemed indicated and they did no good. The father was dead but the mother passing some remarks about the father and his death rather suggested that he had had syphilis. The girl was given a dose of *Syphilinum* and after that the remedies worked. It was not suggested that the *Syphilinum* got rid of the tumour but until it was given there was no reaction. Eventually the tumour disappeared completely.

The CHAIRMAN thanked Dr. Adams for her paper and said he was sure the meeting was very ready to accord her a vote of thanks. (Applause.)

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A VERY SHORT STUDY IN SUPPRESSION

DR. DAYTON T. PULFORD, M.D.

As it is well known that the writer has a penchant for short papers and as our chairman has given his consent to the same, here is one that is unusually short.

There is an old adage that one should let sleeping dogs lie. In not complying with this, I dug up an old condition which did not help me financially nor gain me much respect. Here is how I did it.

The latter part of November 1955, a lady was referred to me by a patient. The lady had had a bad back pain for five years and of late had been going to a physiotherapist without much result. In taking her case, *Silica* came up as the remedy. Four days after receiving a dose of the 1M and placebo, she