

## THE CARCINOSIN DRUG PICTURE

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According to homœopathic philosophy, organic disease is an ultimate, the result of preceding changes in the vitality of the patient which are manifested by functional changes and subjective symptoms. It is generally accepted that organic disease may be foreshadowed by functional changes (1). It is these symptoms of disordered vitality which have to be matched in selecting a constitutional remedy with the object of correcting the underlying disharmony.

There is perhaps a tendency to regard nosodes representing the ultimates in disease as being comparatively superficial in their action, yet the well-proved nosodes such as *Tuberculinum* and *Medorrhinum* are undoubtedly among the most deeply acting and valuable medicines in the materia medica. *It may be that nosodes carry in them in their potentized state something of the nature of the preceding deranged vitality.* After six years' study of *Carcinosin* that is my impression, and its profound action may possibly be explained in this way. Kent believed cancer to be the result of suppressed psora and it is of interest to note that in some cases responding to *Carcinosin*, indications for *Psorinum* and other antipsorics not previously evident came to light. In a few cases the symptom of *Psorinum* "feels specially well before an attack" was uncovered only after previous benefit from *Carcinosin*.

My interest in *Carcinosin* was aroused by a chance experience: that of having in the out-patient department simultaneously two children born of mothers who were, during the pregnancy, suffering from cancer of the breast (2). These children presented a remarkably similar appearance, having blue sclerotics, a cafe au lait complexion and numerous moles. Both children suffered from insomnia. I had previously been given a therapeutic hint that where there was a family history of cancer, *Carcinosin* sometimes cured insomnia, and had used it occasionally in insomnia with success.

I wondered if one could regard these children, having been

nourished by cancerous blood, as exhibiting these characteristics on account of the mother's condition, in other words was this a sort of proving of *Carcinosin*, or was it a coincidence.

It would take considerable time to collect a number of such cases, and the immediate course open was to study the antecedents of children with that appearance to find out whether this appearance was associated with a strong family history of cancer or not. In the out-patient department we began by checking the family history and giving *Carcinosin* to children with that appearance. During the first few years detailed notes were taken by one of my clinical assistance of 200 cases in which we had tested the remedy with or without success. Gradually the picture of *Carcinosin* emerged. It did receive a small proving (3), and I proved it myself in the 200th potency.

It is generally accepted that we can utilize the symptoms derived from clinical experience of the therapeutic effects of a remedy and that the drug picture which is the real basis of prescribing is built up from provings plus clinical experience.

It has been noted that only a small proportion of provers are sufficiently sensitive to any substance to bring out anything like its full effects, those presumably having an idiosyncrasy to the drug being tested (4). In studying the therapeutic effects of a homœopathic remedy one cannot escape the conclusion that anyone benefiting from a drug in high potency must also have been sensitive to it. A more careful study of therapeutic effects would in my view enrich the materia medica. Disease in fact tends to increase sensitivity to the appropriate remedy even in the physiological use of drugs (5).

It soon became apparent that children of what we came to regard as the "*Carcinosin appearance*" did not show the kind of family history we had almost expected to find. In many instances there was a strong family history of cancer, but in others there was a strong family history of tuberculosis, of diabetes and pernicious anæmia, or a combination of all these more strongly represented than in the average family; only occasionally there was no such history. It would, of course, require a great deal of research to prove this.

Gradually we gained the impression that in addition to the "*Carcinosin* appearance" and a tendency to insomnia even in young children there was a tendency to have an inflammatory illness, usually whooping cough or pneumonia, very early in life, and therefore almost always severely. For instance, whooping cough at five months fits into the *Carcinosin* picture. If, for the sake of argument, we accept McDonagh's concept that there are two basic diseases, inflammation and tumour formation, also the teaching of Rudolf Steiner, then it might not be too far fetched to regard this tendency to inflammation as a reaction against inherited tendencies. A child who had the longest list of severe inflammatory diseases I have ever seen had indications for *Carcinosin*, and its administration was followed by a remarkable improvement. We gained the impression that after administration of *Carcinosin* there was considerable likelihood of an inflammatory reaction very difficult to prove also without considerable research. In the children's ward Sister Sayer observed that children receiving *Carcinosin* often had a rise of temperature on the tenth day, and this has been often confirmed.

Alimentary upsets of one kind or another, say a tendency to diarrhoea or constipation or acidosis in childhood, seemed to come into the picture, but this is not certain; it is so common in childhood. In the provings Dr. Templeton notes the constancy with which *Carcinosin* produced constipation (6).

In the children's ward we observe the position in which a child sleeps, and in the out-patient department I have for years asked all mothers about this symptom, as it is an unequivocal one. There is a tendency for many infants to sleep in the knee-elbow position up to the last quarter of the first year, then it often disappears. The knee-elbow position is noted in Kent's Repertory only under *Medorrhinum*, but our enquiry has revealed that a number of drugs have it. *Carcinosin* has this symptom (also a tendency to sleep on the back, hands above head). Other drugs having the knee-elbow position, which is obviously more valuable as a symptom in older children, are *Tuberculinum*, *Phosphorus*, *Sepia*, *Lycopodium* and *Calc. phos.*

More work is required to elucidate the full picture of

mentals and generals of *Carcinosin*, but clinical studies gradually revealed that *Carcinosin* is related to some of the most commonly indicated and deeply acting medicines in the materia medica, and the action of *Carcinosin* is deep and long lasting.

The majority of the children in out-patients had been receiving treatment, and it became apparent that many children who were candidates for *Carcinosin* in other respects had already been helped by one or more of a group of remedies, the most constant of which are *Tuberculinum*, *Medorrhinum*, *Nat. mur* and *Sepia*; others were *Alumina*, *Ars. alb.*, *Ars. iod.*, *Pulsatilla*, *Staphisagria*, *Phos.*, *Calc. phos.*, *Lueticum*, *Lycopodium*, *Sulphur*, *Psorinum*, *Dysentery co.* and *Opium*. Others may be added as experience grows.

In any patient not responding to one of these remedies, though accurately chosen, it is worth while to see whether *Carcinosin* may fit the case. Also, when two or more of the related remedies are partially indicated but no one adequately covers the case, *Carcinosin* should be considered. These indications for *Carcinosin* have been abundantly confirmed.

Say you have a child with the obstinacy and love of travel of *Tub. bov.* combined with amelioration by the sea and other symptoms of *Medorrhinum*, a fairly common combination in my experience, *Carcinosin* will often cover the case. I have not hesitated to prescribe *Carcinosin* at the beginning of treatment, if clearly indicated, with excellent results.

#### MENTALS

The provings elicited very little except dullness of mind, thinking difficult, disinterested, aversion to conversation and one can link up *Carcinosin* with *Medorrhinum* in the treatment of backward or mentally defective children. Clarke noted that *Carcinosin* was useful in mental cases with a tendency to suicide and a family history of cancer.

In my experience with *Carcinosin*, it is a useful remedy in mental cases with a background of fright, prolonged fear, or unhappiness. Fear can come into the picture a great deal, and anticipation. This is an important aspect of *Carcinosin*.

Among the specific mental symptoms it covers is FASTI-

DIOUSNESS. Think of its related remedy, *Arsenicum*. It can be added to the tidy remedies, *Ars.*, *Nux.*, *Anacardium*, *Graphites*. It can have the opposite being related to *Sulphur*.

It has the obstinacy of *Tub. bov.* and the enjoyment watching a thunderstorm of *Sepia*. It has the marked sense of rhythm, the love of dancing of *Sepia*. It has the sensitivity to music of *Sepia*, and the sympathy to others of *Phos.*, etc., also incidentally a feature of *Sepia*.

It has in children the sensitivity to reprimand of *Medorrhinum* and other, if not all, sycotics.

#### GENERALS

Among physical generals *Carcinosin* has either a craving or an aversion to one or more of the following:

Salt ; Milk ; Eggs ; Fat meat ; Fruit

and there may be a craving and an aversion at another time in the same patient—not an uncommon finding in childhood.

It can be added, therefore, to the small list of remedies having a desire for meat fat.

*Carcinosin* has alternation of symptoms like *Lac. caninum*, *Sepia*, etc.

Regarding environmental influences, *Carcinosin* is better or worse from sea air. This is a very definite symptom linking it up with *Medorrhinum*, *Nat. mur.* and *Sepia*, also *Tuberculinum* which sometimes is worse at the seaside.

Discounting the benefit of a rest for the tired housewife, the exhilaration of the child going to the coast for its annual holiday, and the influence of fresh air on the town dweller, sea air does greatly ameliorate some patients and their asthma or peptic ulcer pain disappears regularly by the seaside, or it may have the opposite effect.

We should, however, be careful not to accept as absolutely definite the symptoms recorded in Kent's Repertory under "Air, sea". *Medorrhinum* almost invariably is ameliorated by the sea but rarely it is worse by the sea. *Nat. mur.* is about 50-50. It is benefited by sea air just as often as it is aggravated.

*Carcinosin* has worse or better at the seaside and quite

often is worse at the East Coast and better on the South Coast, or vice versa.

A word about the various preparations of *Carcinosin*. The original *Carcinosin* obtainable at Nelson, and Keene & Ashwell, is the one which was proved and the one which we have used mainly. Its source is unknown, but it is believed to be from carcinoma of breast. Recently two new series of preparations have been made by Nelson & Co. to whom we have supplied specimens from the homœopathic hospital, and Gould & Son who have potentized a number of specimens of cancer obtained from another source.

In general, it may be said that the recently introduced preparations are much more active, but there is a very definite place for the newer ones. Of these, I have had most experience with Nelson's *Carcinosin adenostom*, and it is a very powerful nosode. Gould's preparations are also extremely active and valuable.

Another point in the prescription of *Carcinosin* as a constitutional remedy is that it is probably unsafe to give it to patients suspected of cancer. It has been frequently used in the treatment of cancer. In one article in an old *Homœopathic Recorder* it is claimed to ease the pain of cancer of the breast. It is not easy to find a single case of cancer treated by *Carcinosin* alone, and it seems to be of very doubtful value in the treatment of the disease. In fact, *it almost seems that the further away you get from actual cancer, as in childhood, the more useful CARCINOSIN is as a constitutional remedy.*

#### SUMMARY

##### HEREDITARY BACKGROUND

Various preparations of *Carcinosin* have long been used in homœopathic practice, mainly on the indication of a strong family history of cancer. Recent clinical experience suggests that they may be useful as constitutional remedies for patients having a strong family history of cancer, diabetes, tuberculosis, or a mixture of these diseases, more strongly represented than in an "average" family.

## RELATED REMEDIES

The Tuberculins, *Medorrhinum*, *Syphilinum*, *Sepia*, *Natrum muriaticum*, *Calcarea phosphorica*, *Dys. co.*, *Lycopodium*, *Phosphorus*, *Psorinum*, *Arsenicum album*, *Arsenicum iodatum*, *Pulsatilla*, *Sulphur*, *Opium*, *Alumina* and *Staphisagria*.

(a) There may be partial indications for two or more of these remedies without complete coverage by any single one, such as the desire for travel of *Tuberculinum* or *Calcarea phosphorica*; the fastidiousness of *Arsenicum album*; and the dislike of consolation of *Natrum muriaticum* or *Sepia*. Many combinations may be found.

(b) One of these remedies may apparently be clearly indicated, e.g. *Sepia*, and little effect produced, or the effect may be short-lived. Sometimes a series of those remedies may have been given without really satisfactory results.

*Appetite.* There may be a craving for, or aversion to, salt, milk, eggs, fat, fruit. (N.B.—It can be added to the list of remedies having a craving for fat.)

*Environment.* A definite symptom which has emerged is "influenced by sea air". The patient may be better or worse at the seaside, or may be better at the East Coast and worse at the South Coast or vice versa, as a *carcinosis* indication.

*Position in Sleep in Children.* The knee-elbow position is covered by *Medorrhinum*, *Carcinosinum*, *Calcarea phosphorica*, *Phosphorus*, *Sepia*, *Lycopodium* and probably others. Normally this position is adopted in the first nine or twelve months of life, then it is less often found and is therefore of more value when found in older children.

*Personal History.* There is often tendency to insomnia even in childhood. Whooping cough or pneumonia frequently occur early in life and therefore tend to be severe.

## APPEARANCE OF THE PATIENT

Interest was aroused by the similarity between two children born of mothers who, while pregnant, were suffering from cancer of the breast and subsequently died from it. These children had a brownish, *café au lait* complexion, numerous moles and

blue sclerotics. Both suffered from insomnia (the carcinosins are useful remedies for insomnia, when indicated).

SUGGESTIVE OF THE CARCINOSINS AS CONSTITUTIONAL  
REMEDIES

One or more of the following:

- (a) The family history (and possibly the personal history).
- (b) Reaction to sea air.
- (c) Appetite.
- (d) Knee-elbow position in children.
- (e) Related remedies. Earlier two or more strong partial indications, or, one or more remedies have not achieved what would be expected.
- (f) The patient's appearance.

All the carcinosins have a general common action, as outlined above; but it is likely that further experience will demonstrate of differentiation.

CASE HISTORIES

CASE 1

A girl of 10 years was first seen in 1952 with a history of asthma dating from a fright caused by a flying-bomb when she was 18 months old. After orthodox treatment the parents took her to an osteopath and after he, too, failed, she arrived at Shepherd's Bush Clinic.

*Previous Illness.*—Pneumonia at 1 year. Whooping cough badly at 9 years, followed by an aggravation of the asthma for 6 months.

*Family History.*—Diabetes on both sides of the mother's family.

No history of cancer.

*Mentals, Generals.*—Weeps if reprimanded.

Aversion to fat meat and eggs.

Also allergic to eggs and intolerant to smell of eggs.

Asthma better at seaside.

Appearance: Cafe au lait complexion. Numerous moles.

Blue sclerotics.

*Carcinosin* was followed by an aggravation and then a sus-



tained improvement in health. During the past five years she has had altogether four doses of *Carcinosin* 200 and one of *lm*. The only other medicine on the card is *Phos.* 6 for some acute condition. She is now discharged, having had eight minor attacks since the beginning of treatment and none for the past year.

#### CASE 2

Another child who had the typical appearance and in this case no family history of any of the related diseases.

She was seen first at the age of 11 about two years ago, having been discharged from a teaching hospital with second stage nephritis following a severe acute attack. The urine had 6 parts albumen per 1,000, a few granular casts, many leucocytes and lower urinary tract epithelial cells. Blood urea 22mgms./per cent. This had persisted for some time and a very gloomy prognosis had been given.

*Previous Illness*—Whooping cough. Measles. Tonsillitis. Enuresis—slow in getting dry.

*Family History*.—Nil.

*Mentals, Generals*.—Typical appearance, cafe au lait complexion, numerous moles, very blue sclerotics.

Desires salt, eggs, (vinegar, coffee).

Aversion to milk.

Sleeps well.

*Carcinosin* 30, 200, *lm* was given, and a month later seen by someone else at hospital who gave *Sepia* 12.

There was a great improvement in general health and the albumen went down fairly rapidly to 1 part per 1,000 and the urine was otherwise normal. Eventually there was just a persistent trace of albumen. Ten months later with the trace of albumen, *B. coli mutabile* 200 was given, and the next specimen a month later was clear.

That is over a year ago, and there has been no recurrence of albumen.

#### CASE 3

This illustrates the use of *Carcinosin* in a case where an apparently well-selected related remedy, *Nat. mur.*, failed to

produce a lasting effect. This man of 50 came to see me about two years ago with the complaint of asthma for eight years.

*Previous Illness.*—Migraine, which ceased before the asthma developed. Concussion at the age of 21. Tonsils and adenoids removed as a child.

*Family History*—Mother, cancer of bowel. Father, peptic ulcer.

*Mentals and Generals.*—Sympathetic to others.

Sensitive to music.

Tired in the sun (sensitive to drugs, especially acids).

Aversion to salt.

Better in himself in the evening.

Asthma worse in wet weather; worse at 10 a.m.; better cool dry days.

*Nat. mur.*: 200, 1m, 10m was tried with some improvement and another quick relapse. Then *Nat. sulph.* 200 was tried but without any real benefit.

Thinking over the case it seemed to me that *Nat. mur.* would ordinarily have had a much better effect in this case. It did have an excellent effect which vanished after two weeks, and apart from *Nat. sulph.* which also failed, there did not appear to be any other obvious remedy. Taking into consideration the relationship of *Nat. mur.* to *Carcinosin* and the history of his mother having died of cancer, *probably a stronger heredity indication than any other, Carcinosin* 30 was followed by several months freedom from asthma and another dose by a further period of several months freedom up to the present, and great benefit to general health.

#### CASE 4

Another case already reported in the paper of 1954 further illustrates the use of *Carcinosin* when an apparently well-indicated remedy failed in this case *Sepia*.

A woman of 30 suffered from boils in the ears, alternating from one ear to the other. Chemotherapy helped to clear up the boils but did not stop recurrence. She had no freedom from boils for more than a week or two at a time. The following symptoms were present: Dislikes consolation, could not

weep even when she lost her mother who died from cancer of the uterus. Nausea and vomiting at the beginning of her periods. Dragging down at M.P. Headache before a thunderstorm. Tired in the morning, better in the evening. Profuse offensive axillary perspiration. *Nat. mur.* and *Gelsemium* have sadness but cannot weep. *Sepia*, however, which contains *Nat. mur.*, seemed to be much more indicated. The patient was given *Sepia* 30, 200, 1m on three consecutive days. She had a week's aggravation, then six weeks freedom and her menstrual symptoms were relieved. She was then given *Sepia* 200, 1m, 10m. which was followed by three weeks freedom, after which another relapse. *Carcinosin* 30, 200, 1m was given. It was followed by a severe aggravation lasting about a week and then has been followed by complete freedom for three years.

## CASE 5

The next case is that of a girl of 15 years of age who had had practically all her life a chronic yellow nasal catarrh and frequent colds. Her condition had been worse since whooping cough at the age of 11 years.

*Previous Illness.*—Tonsils and adenoids removed.

Measles badly.

Whooping cough very badly.

All childish illnesses more severe than her five sibs.

*Family History.*—Mother subsequently died of cancer of œsophagus.

*Mentals, Generals.*—Timid, loves affection, chews nails.

Very fond of dancing.

Terrific reader.

Feels a fright in her stomach.

Starts at noise.

Anticipation or chlorine in a swimming bath starts up eczema.

Anticipation may cause vomiting.

*Carcinosin* appearance.

*Pulsatilla* and *Sepia* were considered, but in view of her appearance and the severe whooping cough and the fact that both *Pulsatilla* and *Sepia* are related to *Carcinosin*, she was

given *Carcinosin adenostum* 30, 200 1m, the *C. adenostum* being selected because of fright in the stomach and vomiting on anticipation.

There was a violent aggravation after which catarrh and colds vanished for a year.

#### CASE 6

A child of 9 suffered from the age of 5 months from recurrent attacks of fever going up to 104-105, not influenced by any orthodox drugs. Investigation in two hospitals had proved negative. The picture was that of atypical attacks of acidosis—the periodic syndrome—including the fact that they never lasted for more than five days, and attacks could come on from excitement. The attacks were followed by a loss of weight, and the parents had no real confidence in Homœopathy but had come out of a sense of duty to clutch at the very last straw. There was nothing outstanding in the personal or family history except that the attacks came on a month after vaccination at 4 months and the father had suffered from similar attacks in childhood which cleared up before puberty.

In this case the best course seemed to be to try to stop the attacks first to gain the parents' confidence and then treat constitutionally!

*Belladonna* 30 was administered on the symptomatology 3-hourly for the first 24 hours, then 6-hourly for two days.

There were an enormous mass of prescribing symptoms, far too many, and the parents did not seem to understand what was wanted. To cut a long story short, *Belladonna* helped enormously to cut down the severity and length of the attacks and then *Calc. phos.* 30, 200, 1m was given with partial success in reducing the number of attacks. Later *Carcinosin adenostum* 200 was given about a year ago and there has only been one slight attack in the past six months. The main indications here were a combination of related remedies including *Calc. phos.* Among her symptoms were: Loves a thunderstorm. Likes fruit and fat meat as well as bacon fat. Loves affection. Suffers from anticipation. Dreams of snakes. Sensitive to reprimand. Mentally tense (*Dys. co.*).

## CASE 7

A boy of 13 years had suffered from asthma from the age of 2, both spasmodic and bronchial attacks.

*Previous Illness.*—Three attacks of pneumonia, at 3 months, 12 months and 18 months of age. Asthma started after the second pneumonia.

*Family History.*—Nil, except tendency to asthma on father's side. Disimilar twin brother also had asthma for which he was given *Medorrhinum*, which cured him.

*Mentals, Generals.*—*Carcinosin* appearance. Moles + + +  
Sensitive to reprimand.

Loves fat meat.

Asthma always better at the seaside.

In this case *Medorrhinum* seemed indicated except for the love of fat meat—an example of two or more partial indications for related remedies.

*Carcinosin* 200 was given and during the following year he had only two minor attacks.

## CASE 8

A girl of 9 was brought with the complaint of night terrors for five years. She had a severe fright at 2, when her tonsils and adenoids had been removed.

The mother described the terrors as follows: She screams while still asleep, when wakened she answers correctly and forgets about the episode in the morning. On one occasion she talked of being afraid of someone behind a screen.

*Previous Illness.*—Nil.

*Family History.*—Nil.

The child was of the *Phosphorus* type, responsive, affectionate, wanting to please, and the kind of night terrors might well have been covered by *Phos.*, but she had other symptoms not covered by *Phos.* which were quite definite.

Loves dancing.

Very tidy.

(Sympathetic to animals only).

*Phosphorus* was given with some definite benefit, later *Opium* to antidote the fright, and eventually *Carcinosin* and

the night terrors disappeared for two years altogether. Then the adenoids grew in again and another operation was done, and back came the terrors which again were abolished by *Carcinosin* 30, 200, 1m.

## CASE 9

Another case I will just briefly mention. A boy of 14, much under weight, had been severely frightened ever since going to a boarding school at 9. Among his symptoms was fear of people, fear of mirrors, and he "bottled things up" *Staphisagria*, *Stramonium* and later *Medorrhinum* helped. Eventually *Carcinosin* was given at long intervals and he is now doing his military training and has recently passed the stiff physical tests for a commission.

## CASE 10

Mrs. R., 45, Married. Generalized early osteo-arthritis, hands, feet, spine.

*Previous Illness*.—Recurrent pseudocystitis with enlarged abdomen and milk in breasts.

Tubes ligated on advice of psychiatrist.

Prolonged fear in childhood caused by a sadistic father.

Used to stammer.

Still cannot say certain words including number 8 or letters.

*Family History*.—Nil.

*Mentals and Generals*.—Sympathetic to others and loves affection.

Sentimental.

Headache in thunderstorm.

Loves dancing.

Sensitive to certain people.

Weak ankles.

(Still afraid in dark.).

Never weeps.

8.6.57. *Carcinosin* 30, 200, 1m given with remarkable benefit and patient can say "8" now.

28.9.57. *Sepia* 12. Also *Ruta*.

Iron in low potency.

## CASE 11

Egyptian boy of 5 years. Recurrent colds, debility.

Tonsils removed at 2 years.

*Previous Illness*—No childish illnesses.

*Family History*—Father; both parents cancer.

*Generals and Mentals*.—*Carcinosin* appearance (many moles).

Obstinate.

Sensitive to music.

Loves travel.

Aversion fat meat.

Ice cream+.

Aversion salt.

Sensitive to reprimand.

Perspires profusely even in winter.

*Carcinosin* 30, 200 1m given 4.5.54.

Letter, December 6th, 1954, from his father:

"The temperature foreseen by you appeared on the 15th day and lasted 24 hours. He has developed physical endurance and there has been no more snoring or coughing. As a matter of fact John has not had a single cold until lately and this is most exceptional, particularly in view of the debilitating climate we have to endure here (East Africa)."

## CASE 12

Finally, a tragic case of cancer in childhood. It is of interest from the viewpoint of the *Carcinosin* drug picture.

A child of 11 years of age was looking after a baby in a garden, the gate of which opened into a cul de sac. The baby managed to slip out through the gate while the girl looking after her was preoccupied, and was killed by a motor car. The girl was so shocked she stopped growing, and eventually developed cancer of the liver from which she died.

*The Family History* was as follows: Father's mother died of pernicious anæmia. Father's brother died of cancer. Mother's mother died of diabetes.

*Present Illness*.—Measles only.

*Mentals and Generals*.—Loves affection.

Sympathetic to others.

Very tidy.  
Blue sclerotics.  
Numerous moles.  
Cafe au lait complexion.

In conclusion, I wish to thank those who have contributed to this clinical study, especially Dr. James Hamilton, Dr. Andrew Strigner and Dr. L. R. Twentyman.

#### REFERENCES

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#### DISCUSSION

The PRESIDENT, Dr. A. D. MacNeill, expressed the thanks of the meeting to Dr. Foubister for his most interesting paper and said he was interested in the relationship between *Carcinosin* and other remedies which had been mentioned. He then opened the meeting to discussion.

DR. T. D. ROSS said that this paper had given us a great deal of material. The interesting thing was that Dr. Foubister was using *Carcinosin* as a remedy for constitutions to make healthier people, in particular starting in childhood. This, of course, was the best time to treat patients in order to prevent serious disease in the future. The use of *Carcinosin* in actual cancer had not produced such brilliant results. This is as we would expect, because in these cases we are dealing with ultimates of disease processes. Or are we? In fact some of those developing cancer have quite a good heredity and past history. Many, however, have bad health and may be nervous or asthmatic or have a bad heredity. In these *Carcinosin* is very valuable and one links it with *Medorrhinum*. He thought the stress on family history was important and should be more



universally adopted in history taking. He also thought we ought to try using the newer more potent preparations of *Carcinosin*. Nelson's original *Carcinosin* had come from America and Dr. Compton Burnett got his from Epps, Thatcher. All these comments linked up with the virus theory of cancer. Are we perhaps using a virus or infecting agent along with antibodies? In our *Carcinosin* may be pure virus would be better and the method of preparation may be important. Several serums have been prepared for cancer in the past, other than homœopathic ones.

DR. FOUBISTER said that he wished to warn us about the new preparations as these were very potent and could cause violent reaction, but in suitable cases worked very well indeed.

DR. AHMAD asked why we used the 30, 200 and 1m potencies in series.

DR. FOUBISTER replied that he thought this probably caused less aggravation than the single dose.

DR. CAMPBELL described a case of pernicious anæmia she had had in 1945 and had treated with *Carcinosin* 200, 3 doses weekly, together with *Ars. alb.* and *Ferr. phos.* 6x repeated. This patient had been unable to go out or do any work. She was now well and able to undertake quite a lot. She had had no vitamin B12.

DR. RUNCIE said he was interested in the relationship of cancer to an inflammatory state. Is it not helpful to induce an inflammatory condition in order to get a result, as there is a lack of inflammation in cancer? He quoted a case of a lady with ganglia on her wrist, one of which had been cut, but it recurred. She was treated with *Benz. acid* for a long time and the other ganglia disappeared. The one which had been cut remained. He discovered, however, a history of miscarriage and prescribed *Pyrogen*. The ganglion eventually cleared up.

DR. FOUBISTER stated that an inflammatory state also occurs after using *Iscador* in cancer. He had used *Carcinosin* in cases of ganglion.

DR. COOPER said he thought of *Carcinosin* if there was a history of syphilitic heredity and stated that he knew of a certain island which had had an epidemic of syphilis in 1870 and there

was now much cancer, hypertension and mental illness of a depressive type. He wondered if *Carcinosin* and *Lueticum* might be closely related.

To which DR. FOUBISTER replied that he thought this was most likely, and these remedies were probably complementary.

DR. DUTHIE said we were most fortunate in having heard Dr. Foubister, as he had given us something that we could not get elsewhere. Burnett had originally introduced eleven *Carcinosins*. He had also found that *Nat. mur.* was a complement to *Carcinosin*. He thought that *Thuja* "woke up" his patients. He had found Dr. Foubister's remarks on modalities most interesting. He also stated that Clarke mentioned that milk should not be given and salt should be eliminated from the diet of patients with cancer, as this seemed to stimulate tissue activity.

DR. STEWART remarked that he thought *Carcinosin* should not be used in actual cases of cancer. This was in keeping with other nosodes. Burnett had found that *Bacillinum* was not much help in established cases of tuberculosis.

He then went on to the enjoyment of all reciting:

*Carcinosin*. The Ballad of Cars and Sins

Begins with car which makes you think of going away,  
So travelling appeals to some of these poor souls.  
The car begins with "C" which stands for cafe au lait  
Complexion as well as cutaneous moles.

He craves or canny take at all  
Egg, fruit, fat, milk, and also sal.  
"C" stands for consolation causing distress  
And consummate correctness and fastidiousness.

*Carcinosin's* last syllable starts with "S"  
And sin makes you think of sleeplessness.  
"S" stands for the spots on which they rest.  
Elbows and knees which you've probably guessed.  
"S" stands for sea and sclerotics that are blue  
And

DR. GORDON ROSS said that he had now a much clearer idea of the *Carcinosin* type. He often used it in a new case in a child in order to prepare the ground for other remedies. He had recently had three cases of bad hearts in children in which he had used this remedy whose mothers were *Nat. mur.* cases.

DR. FOUBISTER said that he had found it valuable in rheumatic fever, as many of these children have a *cafe au lait* appearance. He also thought it was necessary to repeat the remedy weekly in these cases. One might often start with *Carcinosin* and then obtain a clear indication for other remedies. He thought that more than one remedy was usually required in treatment.

DR. T. D. ROSS asked if he had any experience of its use in cases of worms, and DR. FOUBISTER replied that he had used it sometimes but was not sure how it compared with Burnett's *Scirrhinum*.

DR. E. PATERSON said she thought *Carcinosin* was the end result of all miasms and this was why often *Tub.*, *Medorrhinum* and *Lueticum* were all needed. Regarding Dr. Foubister's remarks that nosodes might be deep or superficial, she thought they were always deep. She also wondered how soon one should repeat the *Carcinosin*. She remembered a case of a baby with a skin which had been greatly irritated by a nosode and she felt this could not be left without some kind of treatment while the aggravation was wearing off.

To this DR. FOUBISTER replied that when he mentioned superficial he meant e.g. using *B. coli mutabile* for clearing up the remains of urinary infection. He thought that *Carcinosin* could be repeated in the same way as other remedies. Sometimes the mental symptoms of *Puls.*, or *Staph.*, may come out in children after *Carcinosin* and he wondered whether he should prescribe the remedy or wait.

Regarding the skin irritation, he sometimes used hydrocortisone ointment, etc., in these cases, because he felt that the emotional upset of itch might well affect the action of the remedy.

DR. GUNN said she was rather afraid of *Carcinosin* but had

used it very successfully in repeated dosage of 3x for cases of chronic mastitis.

DR. BOYD remarked that much stress had been placed on the appearance of these children, and he for one had not come across very many with the typical cafe au lait colour, moles and blue sclerotics, and he wondered whether perhaps these were not as clear as one gathered from Dr. Foubister's paper. He also queried Dr. Stewart's statement regarding the use of nosodes in acute disease, as he had successfully helped a child with primary tuberculosis with three doses of *Tub. bov.* 12c which had brought down the fever and cleared up the chest.

DR. STEWART replied that he had been quoting Burnett on the use of *Bacillinum* in late cases.

DR. FOUBISTER said that the appearance might be fully or only partially in evidence. If it were present, at least in this country, it was a very suggestive pointer, but its partial or even complete absence, as in the case of other characteristic symptoms, should not deter one from prescribing *Carcinosin* providing it was indicated on other grounds such as family history, failure of related remedies though apparently well indicated, or indications for two or more of the related remedies without complete coverage by one.

The meeting finished with a vote of thanks to Dr. Foubister for his most interesting paper.

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