

THE NOSODE CARCINOSIN

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INTRODUCTION

To be a specialist in homoeopathic medicine requires a knowledge, an understanding and an ability to use the deep-acting remedies which only comes from study and practice. One of the most useful of the nosodes is Carcinosis of which I first heard when Dr. Foubister read his paper on it to the Faculty in 1954. I did not, however, use it to any extent until after I had learned a good deal more about it from Dr. Foubister, and it is only during the last 15 years that I have realized its usefulness in treating many patients with deep seated problems, dysfunctions and diseases.

ORIGIN AND HISTORY OF CARCINOSIN

Initially we must identify the substance under discussion. The preparation used by Dr. Foubister and Dr. Templeton in clinical practice and in trials, was the original preparation of Carcinosis, the source of which is unknown. It was brought over from the United States and was probably prepared from an epithelioma of breast. A number of different specimens obtained from the operating theatre of the Royal London Homoeopathic Hospital are now available in potency. These newer Carcinosis prepared by A. Nelson & Co. can be obtained in the following potencies:

Carcinosis ADENO STOM.	— from an epithelioma of the stomach.	6c—1M
Carcinosis ADENO VESICA	— from an epithelioma of the bladder.	6c—30c
Carcinosis INTEST. CO.	— from epitheliomata of the intestine and of the bladder.	6c—30c
Carcinosis SCIR. MAM.	— from a scirrhous of the breast.	6c—200c
Carcinosis SQUAM. PULM.	— from an epithelioma of the lung.	6c—30c

Carcinosinum (of earlier origin and usage) 30c to 1M; 10M; 50M; CM.

The more recently prepared Carcinosis appear to be more potent than the older preparations.

Although we know Carcinosis was used by Burnett, J. H. Clarke, Kent and others, it was not until the early 1950s that any real research was initiated, when the attention and interest of Dr. Donald Foubister, at that time Physician-in-Charge of the Children's Department of the Royal London

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Homoeopathic Hospital, was aroused by a chance incident. He saw two children born of mothers who were, during their pregnancy, suffering from cancer of the breast.¹ These children presented a remarkably similar appearance, having blue sclerotics, a *café-au-lait* complexion, and numerous moles, and both suffered from insomnia. Dr. Foubister had previously occasionally used Carcinodin with success as a cure for insomnia.

On thinking over these two similar cases he wondered whether he could regard these children, having been nourished by cancerous blood, as exhibiting these characteristics on account of the mothers' condition, in other words was this a sort of 'proving' of Carcinodin or was it coincidence?

It would have taken a considerable time to collect a significant number of such cases, and the immediate course open to him was to study the antecedents of children with that appearance, to find out whether it was associated with a strong family history of cancer or not. So in the outpatients department he began by checking the family history, and giving Carcinodin to such children. During the first few years detailed notes were taken by one of his clinical assistants of over 200 cases in which they tested the remedy with or without success.

It became clear during this time that there was need to modify the view that children of what had been called the 'Carcinodin appearance' necessarily had the expected family history of cancer. In many instances there was a strong family history of tuberculosis, of diabetes or pernicious anaemia, or a combination of all these, more strongly represented than in the average family; only occasionally was there no such history.

Gradually he gained the impression that in addition to

- the 'Carcinodin appearance', and a
- tendency to insomnia even in young children,
- there was the likelihood of having had an inflammatory illness, usually whooping cough or pneumonia, very early in life, and therefore almost always severely.

At this stage these three pointers became known as the 'triad of symptoms'.² Later other characteristics became apparent.

In 1954 Dr. Foubister read a paper to the Faculty entitled 'Clinical Impressions of Carcinodin', which was based on two years of collected data. Dr. W. Lees Templeton, who at that time was Dean of the Faculty of Homoeopathy and Director of Provings, had made a proving of this drug.³ His report and Dr. Foubister's above-mentioned paper were published in the *British Homoeopathic Journal* in April 1954. In July 1958 the *Journal* published 'The Carcinodin drug picture' which contained the substance of that paper, notes on the provings, and a number of case histories illustrating the therapeutic application of Carcinodin, which, as Dr. Foubister remarked, seemed appropriate, considering the unusual way in which the homoeopathic indications had been determined. The article was translated into French by Dr. Schepens of Brussels, and subsequently Dr. Hui Bon Hoa of Bordeaux.

wrote a most helpful review of the subject, including some of his own experiences. His paper is entitled 'Carcinosinum, Etude Pathogenesique et Clinique' and was published in the *British Homoeopathic Journal* in the early 1960s, translated into English by Dr. Marianne Harling.

At last the substance and its effects were sufficiently understood for a definite clinical picture to emerge.

THE CLINICAL PICTURE

I do not intend to deal with this in a conventional homoeopathic order, but in a way which helps us to analyse how understanding the remedy and patient indicates the cases in which Carcinosisin may be chosen. This does in fact tie up with the development of Dr. Foubister's early work which, to recapitulate, recorded particularly the significance of

a *past history* of whooping cough or other acute fevers, and/or pneumonia at an early age. Glandular fever is often noted here.⁴

a *family history* of cancer, diabetes, tuberculosis, pernicious anaemia, or a combination of these diseases more strongly represented than in an average family history, and L. H. Cooper refers to hereditary syphilis.

the *appearance of the patient*—as previously described there may be a brownish, *café-au-lait* complexion, blue sclerotics, blinking eyes, bizarre tics and numerous pigmented naevi (these are described not only by Foubister but by Templeton and Bon Hoa). See Appendix I.

When considering *the mind*, Dr. Templeton's provings show a sort of cerebral torpor, a mental inertia, together with a feeling of tightness or constriction. The patient may even be apathetic and not reply to questions. He is pre-occupied, but annoyed that he cannot concentrate and finds brain work a trial.

Dr. Foubister has drawn attention to the beneficial action of Carcinosisin, resembling that of Medorrhinum, in the treatment of mongols, and sometimes of other mentally defective children. Dr. J. H. Clarke found that Carcinosisin was useful in the treatment of *psychotic patients with an inclination to suicide, who had a 'cancerous tendency'*.

The following mental symptoms, drawn from numerous clinical observations, mainly from the work of Dr. Foubister, are very important.

Fundamental fear—Prolonged fear and prolonged unhappiness.

Anticipation. This takes the form of worry, sometimes amounting to anguish, as for example the late arrival of a child, husband or wife, or the fear of young people that they may fail examinations. (The list of remedies showing anxiety of anticipation thus becomes: Arg. nit., Ars. alb., Carbo veg., Carc., Gels., Lyc., Med., Plumb., Phos. ac., Sil., Thuja.)

Attention to detail, exaggerated precision, fastidiousness or meticulousness (like Ars., Nux vom., Anac., Graph.). Yet it can have the opposite, being related to Sulphur.

Obstinacy—like *Tuberculinum*.

Strong sense of rhythm, love of dancing; a useful confirmatory symptom of both *Sepia* and *Carcinosin*.

Sensitivity to music which sometimes makes him weep. (*Carc.*, *Digitalis*, *Graph.*, *Kreos.*, *Kali nit.*, *Nat. c.*, *Nat. sulph.*, *Nux vom.*, *Thuja*). Note that *Nux* and *Carcinosin* are the only two remedies of the *materia medica* which both have fastidiousness and sensitivity to music (Dr. Bon Hoa).

Like *Sepia*, *Carcinosin* likes watching a thunderstorm.

Like *Phosphorus*, it is very sympathetic to others.

Like *Medorrhinum*, it is very sensitive to reprimand.

Other observations are that *sleep* is disturbed. Difficulty in falling asleep, restless sleep, awakened by shudders; excited dreams; over-active ideas (*Coffea*): lies awake most of the night. Waking at 4 a.m. and not sleeping again. *Insomnia* in general (*Foubister*): The typical mental tiredness, so marked in students is better for sleep, even a short nap.

*Position during sleep*⁵. The child may sleep in the genu-pectoral position as with *Medorrhinum* (*Foubister's* list of remedies associated with this position is as follows: *Carc.*, *Calc. phos.*, *Lycopodium*, *Medorrhinum*, *Phos.*, *Sepia.*, *Tuberculinum*), or in the dorsal position with arms raised above the head (*Puls.*).

Sensations—beating, throbbing. *Templeton* describes the typical headache in *The British Homoeopathic Journal*, April 1954. See Appendix II.

Secretions if present reported to be acrid and thick.

Skins can have eczema; the area of skin involved is usually sternum or between the scapulae. Dr. Paschero of Argentina had the opportunity to administer *Carcinosin* pre-operatively to patients undergoing plastic surgery, and found that the incidence of keloid scars was greatly reduced.⁶ He also discovered that *Carcinosin* can be added to the list of remedies for the after-effects of vaccination, and this was independently found by Dr. Shapiro in South Africa.⁷ A history of severe reaction to vaccination is therefore another pointer to the use of *Carcinosin*.

Digestion. Dr. *Templeton* reported constipation with abdominal pain <4-6 p.m.: a feeling of tightness in the abdomen with pain.

>pressure >bending >hot drinks

Constipation without desire..c.f. *morphia*.

Carcinosin has either aggravation or amelioration from heat or cold; or else the patient is sensitive to both.

Very characteristic is the *influence of sea air*, whether aggravation or amelioration as in *Medorrhinum* and *Nat. mur.*, (*Medorrhinum* is characteristically better for sea air. Very occasionally it has seaside aggravation, whilst *Nat. mur.*, has roughly 50% amelioration and aggravation). There may be aggravations on the East coast and ameliorations on the West coast or vice versa.

The recent experience of a patient has made me wonder whether reaction

to change of attitude should also be included here.

Worse for undressing (cough, skin) (as in Rumex).

Worse talking or laughing (cough) (as in Phos.).

Better after a short sleep.

Periodicity. Afternoon from 1-6 p.m. (c.f. Lyc., and Ars. alb.).

When dealing with the periodicity of homoeopathic remedies one must remember to take into account that the books refer to Greenwich Mean Time and not Summer Time or Continental Double Summer Time!

Alternation of symptoms from one side of the body to the other (as in Lac caninum and Sepia).

Desires and Aversions salt, milk, eggs, meat-fat, fruit.

Sometimes there is a desire in a child for one of these foods at one time, followed by aversion for the same food at another.

A detailed record of the research and study leading to this picture can be found in the articles listed in the Bibliography, all of which repay careful examination.

The study of these records is the starting point from which we can go on to increase our knowledge and understanding through using the remedy, reflecting in our own practice an important feature of the early work, that use leads to a modified but more flexible and widely applicable picture.

INDICATIONS

I have mentioned that Burnett prescribed a number of the Carcinosins which according to Clarke "he choose intuitively". Clarke himself used Carcinosin "more than any other constitutional remedy". He did not however, give his usual clearcut indications in *The Dictionary of Materia Medica*, see Appendix III.

Boericke gives only ten lines; but Dr. Foubister's work presents a much fuller picture. Obviously all symptoms mentioned in the clinical picture already given are unlikely to be found in any one patient, but it is also clear that the earliest observations led on to its use where associated symptoms were seen, and it is thus that our own knowledge has developed.

In the first place Carcinosin was used chiefly as a constitutional remedy. In his article 'The Carcinomas with Special Reference to Paediatrics', Dr. Foubister gives a summary of indications for its prescription; and states that one or more of the six conditions mentioned must be present; but it seems that in adult life the more frequent indications for its use are personal history, family history, and associated remedies. He describes it as an important remedy for children with a history of excessive parental control or like pressure, "or indeed in any patient where there is a strong history of control... through fear or an excessive sense of duty"; experience showed that Folliculinum was also needed in these cases, but there is not scope in this paper to discuss that powerful combination of remedies.

One more important observation that my own experience has confirmed

is that an inflammatory reaction occurred in nearly half the cases for which Carcinosis was used; "a rise of temperature often occurs on the tenth day of treatment especially in children".

Alongside the constitutional indications naturally comes the consideration of its use in chronic medicine. In the same paper Dr. Foubister recommends the consideration of Carcinosis in chronic tonsillitis and sinusitis, "where indicated". Occasionally it may be indicated in patients suffering from cyclical vomiting who are not responding to constitutional treatment, and here he advises Carc. Adeno-stom. in 30th potency, but it is often difficult to differentiate between chronic and constitutional indications.

It appears to have been at a later stage that the typical indications for the use of Carcinosis were applied in acute medicine. The 1974 paper speaks of its use in glandular fever "both in the acute stage and in those patients in whom the condition persists for months and sometimes years". Dr. Foubister says, "in the epidemics I have found Carcinosis 200—say thrice daily for 2 days—to be near specific".

He also refers to the use of Carc. Adeno-stom. where infective hepatitis is associated with, or follows, glandular fever.

Glandular fever demonstrates one of the acute infectious diseases which can lead to chronic conditions. There is not only no allopathic remedy, but not even a single conclusive serological diagnostic test.¹⁰

In 1973 the daughter of a colleague of mine developed what was clinically glandular fever. He mentioned this to me in conversation and I suggested he should use Carcinosis 30.

His report is as follows: "Case history of family of four treated with Carcinosis 30, for illness which was typical of glandular fever, i.e. enlarged tender lymph glands in cervical, axillary and inguinal regions with tenderness in the spleen area in the more severely ill case. Marked pyrexia and malaise were also present.

"Case 1. Girl of 16 years. Illness developed for 5 days, symptoms were severe and prostration marked, Carcinosis 30 every 4 hours was started, with rapid improvement and condition cleared within 8-9 days from start of treatment.

"Case 2. Boy of 21 years. Developed symptoms on fifth day after first case began, and commenced Carcinosis 30, every 4 hours from start of illness. He had a moderate pyrexia for 2-3 days and glands were much less swollen than his sister's. Illness cleared completely in one week.

"Case 3. Boy of 15 years. Took Carcinosis 30 prophylactically each night for 5 days before he began with very mild symptoms. Glands enlarged for 2 days, with no pyrexia. He was quite well in 4 days.

"Case 4. Girl of 6 years. Took Carcinosis prophylactically each night for 10 days and developed no symptoms at all."

We have no pathological evidence that this was true glandular fever, as treatment was commenced on a Friday and blood was not taken for Paul

Bunnell examination until the Monday when the patient had already responded to the Carcinosin; and the white cell count and differential were not done. But there was an epidemic of glandular fever at the time and all the children had been in contact with known cases, and all responded, as this doctor stated, "dramatically" to Carcinosin.

This record demonstrates the value of Carcinosin also as a prophylactic for glandular fever.

The use of the remedy along the lines suggested by the early work and recorded experience has extended my understanding of its action and therefore widened my own picture of the conditions in which it can be of value.

I have found that where patients have begun to respond to the indicated remedy in an acute respiratory infection, including pneumonia, and then cease to respond, a dose of Carcinosin in the acute or subacute phase will often stimulate reaction to the indicated remedy.

Where patients chronically ill have a past history of, for example, amoebic dysentery, or diphtheria which has not responded fully to *Diphtherinum*, a dose of Carcinosin is nearly always necessary to induce a response. In fact in these cases I now do not wait, but commence treatment with Carcinosin and continue with the indicated remedy if required. As I have mentioned earlier, frequently *Folliculinum* is needed in conjunction with Carcinosin to stimulate a response in adults, whose case histories are inevitably more complex, especially if they have been treated with a drug such as cortisone.

I note constipation is not mentioned after the early provings, but I have found that where it is present, and where Carcinosin is strongly indicated, it can have a direct effect on bowel action.

I have quoted earlier the use of Carcinosin where undue pressures have affected children. It is of considerable use in addition where adolescents and adults have been subjected to pressure, and are overworked and overtaxed and complaining of excessive tiredness and mental exhaustion. This ties up with Dr. Templeton's provings.

An 18-year-old girl was brought to me by both parents—indeed it was difficult to see her without her loving parents. She came because she could not face her A level examinations, and had been under psychiatric treatment for some two years.

In less than 6 weeks Carcinosin not only enabled her to sit some of her examinations, but gave her sufficient independence of mind to set about getting a temporary job, and find out the possibilities of future training without her parents' support, for the career she really wanted!

CASE HISTORIES

I should now like to present summaries of a few more case histories as examples of outstanding benefit received from Carcinosin.

(1) Janet E. aged 4½ years came to me in September 1979, with a

history of whooping cough in January of that year for which her mother had treated her with Drosera, yet she was still coughing, vomiting and whooping with each cold and she had scarcely been free from an upper respiratory infection since January.

She was a restless child, not sleeping well at night.

She craved butter, cheese and added salt + + +, would eat salt.

Her catarrh and cough are < seaside.

On examination she was a well-developed healthy-looking child, with sallow skin and blue sclerotics; a few moles were noted on the trunk.

In view of the history of whooping cough and her appearance I gave her Carcinosisin 30.

Her mother reported that she began to improve with the first dose. Within one month the cough had gone and the catarrh was decreasing; she was sleeping quietly and without movement. I repeated the Carcinosisin 30 one month later.

I did not see her again until February 1980, when she still complained of some nasal catarrh and an occasional cough; but she was sleeping quietly. Again I repeated Carcinosisin 30. Since then she has had chicken pox and scarlatina and has responded well to indicated remedies.

(2) What became a fascinating varied case is that of Karen S. aged 10 years, who was referred to me on 2 October 1979, complaining of 'a lot of sinus trouble' with headache, at times in the left temple, at times in the right, but quite severe.

She had the usual aggravations in stuffy room, in smoke, from cats.

She likes chips (i.e. fats), milk.

Past history. Glandular fever at 3 years. This she had 'very badly'; she was ill in bed 4-5 weeks and off play school 3-4 months.

On examination she was a lively Eurasian with sallow skin (but no moles or blue sclerotics). Both nares were blocked.

Family history. Paternal grandfather was dying of cancer.

In view of the history of glandular fever and her general appearance, I gave her Carcinosisin 30.

Three weeks later she told me that each morning she woke with her nose more comfortable and she had had only one nasty headache. By the end of November, 9 weeks after her first dose, she had had only one further slight headache and her nose was clear.

Towards the end of December 1979 she was taking part in a theatre production and sitting in an awkward position for 4-5 hours each evening. By the end of one month she had developed attacks of quite severe upper abdominal pain with nausea, and a feeling of a lump in her throat, she could not swallow. Her mother had been told the child had the hereditary hiatus hernia.

On examination I could find no abnormal physical signs, so asked for an x-ray examination. Barium meal was absolutely normal. I therefore

repeated the Carcinosis 30. She made a complete recovery, but when she came to see me in March 1980 she complained she was not sleeping. Her mother said she often lay awake until 11.00-12.00 at night and had done so at intervals since infancy.

I then ordered her Carcinosis 200, one solitary dose, and when I saw her 4 weeks later she had just one word: "fantastic". She is still sleeping and eating and really well, and all signs of her original so-called sinus trouble have disappeared.

(3) Simon B., aged 12 years, was referred to me on 11 May 1976, by the osteopathic physician to whom he had been taken because of a history of severe migraine-type headaches since five years of age. These headaches had become worse and more frequent and had lasted two to three weeks for the previous two years, during which time he had been growing rapidly. They always occurred following physical exertion (swimming, badminton) and were preceded by one to one-and-a-half hours of extreme tiredness. There was no visual disturbance.

He had been fully investigated by a paediatric physician.

The headaches were < for thunder, < heavy weather

He likes sweet things; adds salt ++.

On examination he was a tall, well-built lad with a sallow skin and blue sclerotics; he appeared heavy and slow.

Carcinosis 30, followed three weeks later by Sepia 1M, gave considerable relief and by the end of the summer term, he had had only two slight headaches, was no longer depressed, beginning to enjoy work and play, and did well in his school exams.

At the end of July, he had a further dose of Carcinosis 30 and, in September, Sepia 1M. During the autumn term, 1977, he had only two half days away from school. Carcinosis and Sepia were repeated in the Christmas holiday.

Since this time this lad has continued to show good progress, passing 8/9 O-Level examinations at 15 years. During the past 3 years he has been virtually free from headache and is doing well in all sport and academic activities.

(4) Peter L., aged 14 years 10 months, came to me in February 1979, complaining of nasal catarrh present all the year round.

—< cold weather (must be wrapped up), > fresh air > Summer:

His mother offered the fact that as a small child he was at times constipated.

His main complaint was that he was not working well, unable to concentrate, his work was 'slipping' and he was worried. He spent his free time cycling and at A.T.C. where he was doing well. He wanted to enter the R.A.F. and therefore must obtain 3 academic O-Level passes and was afraid he could not.

On examination he was an attractive yet different lad, there was little

colour in his skin. He had blue eyes and blue sclerotics. In view of his mental inability and anxiety, and appearance, I gave him Carcinosin 30.

A month later he told me he was getting on better in school and was more able to work and not worrying so much. He became steadily more confident, doing well in school and A.T.C. exams; and his catarrh improved.

I repeated the Carcinosin in April 1979 and again in January 1980, shortly after which his mother told me: "he is fine, he is getting on well in school and is working hard and enjoying it" and added, quite casually, a confirmatory Carcinosin characteristic: "he is tidy and accurate!"

(5) Mrs. M., a former income tax clerk, first came to me in February 1968, aged 46 years. She was suffering from debility following influenza and felt unable to cope. She had married late and her first child was a major problem. She hated wash days, was 'awful' in the morning and worried over her child and husband. Her house was untidy and she was managing badly, but could not force herself to do anything about it.

She was a typical Sepia patient, but her response to that remedy did not hold, and when I questioned her more closely about her past history she remembered she had had diphtheria very badly as a small child, also whooping cough. I therefore gave her Carcinosin and later Folliculinum followed by Carcinosin, both of which courses of treatment led to immediate and maintained improvement. She has needed 14 doses of Carcinosin in nearly 14 years and now responds well to Sepia and other homoeopathic remedies, in addition to being a much more capable and fitter woman.

(6) Mrs. M. T., aged 68 years, came to me in May 1980, complaining of a hard, dry, irritating cough, which had developed two years previously after moving to Weymouth.

< talking, < singing, < warm room, < change of temperature, < at night, waking her at 4.00 a.m.

She had a history of whooping cough badly at 3 years. Otherwise she had been exceptionally healthy, except that as a student she had suffered from a similar dry cough following a change of place of residence from sea to city. Her father had suffered from pernicious anaemia and a number of cousins had suffered from leukaemia and pernicious anaemia.

She had a *café-au-lait* appearance and many pigmented moles. There were no abnormal physical signs in throat or chest. X-ray chest, A.P. and lateral, had proved negative.

There was no one remedy clearly indicated. With that past history and a family history of pernicious anaemia and leukaemia, together with a sensitivity to the sea side, as well as the appearance, I gave her Carcinosin 30, with immediate benefit. She needed two further doses for a slight recurrence of symptoms in the succeeding five months, but in spite of a bad cold in November she has needed no further Carcinosin and now responds normally to other remedies when required.

CONCLUSION

In this paper I have sought to introduce the study of a remedy which is indicated in a wide variety of circumstances, not to present a specific drug picture.

I have tried to demonstrate how knowledge leads to practice which itself increases knowledge, and experience leads to wider usage.

It is not possible to produce 200 cases of any one identical group of symptoms in which Carcinodin has been of the same benefit. One does in practice use it, as Burnett did, intuitively, but as with all other homoeopathic prescribing, the intuition is now based on scientific study, knowledge, and experience in medicine generally, and in the use of the given remedy in particular, which brings me back to my first point—that a homoeopathic physician must aim to be first and foremost a good physician.

REFERENCES

1. Foubister, D. M.: 'Clinical Impression of Carcinodin', *Br. Hom. J.* 44: 202.
2. *Ibid.*: 114.
3. *Ibid.*: 108 *et seq.*, *Br. Hom. J.* 63: 165. Templeton, W. L.: 'Report on a proving of Carcinodin', *Br. Hom. J.* 44: 108 *et seq.*
4. Foubister, D. M.: 'Carcinodin Drug Picture', *Br. Hom. J.* 47: Postscript 1967.
5. *Ibid.*: 203.
6. *Ibid.* Postscript 1967: and *Br. Hom. J.* 63: 167.
7. *Ibid.*: 167.
8. *Ibid.*: 167.
9. *Ibid.*: 165.
10. *B.M.J.* 10 May 1980: 1153-4.

APPENDIX I

ESSENTIAL FEATURES FOR THE PRESCRIPTION OF CARCINODIN

Dr. Foubister gives the following indications for the prescription of Carcinodin:

(1) A family history of a tendency to cancer, diabetes, tuberculosis, pernicious anaemia, or a combination of these, a personal history of whooping cough or other severe acute infection at an early age.

(2) Marked aggravation or improvement at the seaside.

(3) Appetite: desire or aversion for salt, milk, eggs, fat, fruit.

(4) Genupectoral position during sleep.

(5) Associated remedies; the patient is partially covered by two or more of these remedies; or else apparently clearly indicated related remedies do not work, or have a very short action.

(6) The appearance of the patient: moles, blue sclerotics or pale *café-au-lait* complexion.

One or more of the above conditions must be present.

from 'Carcinodin—a Clinical and Pathogenetic study',

by J Hui Bon Hoa, *Br. Hom. J.* 52: 189-199.

APPENDIX II

PROVINGS OF CARCINOSIN BY DR W. LEES TEMPLETON

Head Symptoms: There was a sensation of thumping, mostly on the right side. The brain felt tight, again leading to a condition of aversion to conversation. This tight feeling seems to be rather general. There was tightness and constriction. It is interesting that, as a director of provings, one thinks there is nothing in this and, yet, when you read through the descriptions, one began to see a little thread of similarity running through a number of provers. It is not all wishful thinking because it seems to come as a surprise. This feeling of constriction shows itself running through various regions of the body. Other symptoms are throbbing pain deep inside the head, the depth was very marked. There was twitching of the eyelids and a twitching of various muscle groups seems to be a marked feature and can be taken as a general.

Heart: There were very few symptoms. Throbbing again was general; 'can feel the heart and hear it lying down'; again as if the heart were constricted. A tightness as if one wants to sigh, like *Ignatia*.

from report on a Proving of Carcinosis.

Br. Hom. J. 44: 108 et seq.

APPENDIX III

J. H. C. Clarke in his *Dictionary of Practical Materia Medica* published 1900 does not mention Carcinosis. In the 1925 edition it is mentioned in the New Appendix, along with thirteen other remedies, six of which are nosodes, including *Influenzinum*, *Morbillinum*, *Parotidinum* and *Scarlatinum*. In the same Appendix, *Radium bromatum* is given 8½ pages, while Carcinosis is allotted 12 lines, much of which is devoted to the mention of other remedies.

In the ninth edition of Boericke's *Materia Medica with Repertory*, dated 1927, Carcinosis has 10 lines, but is difficult to find as it is out of alphabetical order.

APPENDIX IV

RELATED AND COMPLEMENTARY REMEDIES

Tuberculin, *Medorrhinum*, *Sepia*, *Syphilinum*, *Nat. mur.*, *Calc. phos.*, *Dys. co.*, *Lycopodium*, *Phosphorus*, *Psorinum*, *Ars. alb.*, *Ars. iod.*, *Pulsatilla*, *Sulphur*, *Nat. sulph.*, *Opium*, *Alumina*, *Staphysagria*, *Nux vomica*, *Dioscorea* (*Foubister*).

Associated bowel nosodes: *No growth*, *Cocci*, *Yeasts*. (W. Lees Templeton and J. Paterson).

"In any patient not responding to one of these remedies, though accurately chosen, it is worth while to see whether Carcinosis may fit the case. Also, when two or more of the related remedies are partially indicated but

no one adequately covers the case, Carcinodin should be considered." (*Br. Hom. J.* 47: 203).

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IS HAHNEMANNIAN HOMOEOPATHY STILL RELEVANT IN THE 1980s?

(Continued from page 382)

fication. Clinical medicine is so complex that it is not surprising that these discrepancies arise. Indeed, it is surprising that so few have been unearthed by Dr Paterson's work.

By harnessing the toxic effects of drugs to induce reactive recuperative stimulus, Hahnemann has demonstrated a revolutionary approach to the treatment of the illness which is in accord with the modern theories and pharmacology. His three classical stereotypes of response to chronic disease are confirmed by recent histological and auto-immune advances. As both concepts remain so far in advance of present-day thought, they are not fully accepted. After 190 years it must surely be the aim of homoeopathic physicians to achieve this.

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