## A CLINICAL SYMPTOM OF BACILLINUM

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Bacillinum of Burnett has a host of symptoms. They are given in most of our materia medicas, e.g. Boericke, Blackwood, Lippe, Julian, etc. One symptom which is described below is nowhere to be found. But the symptom disappeared under the action of Bacillinum in more than fifteen elinical eases, of which the important ones are given below. Only in three cases the patients eame for the treatment of this symptom alone. In the rest of the cases the patients came for the treatment of other troubles and during ease-taking this symptom was discovered.

The symptom is a small swelling varying in size from that of a small pea to a big plum mostly on the dorsal aspect of the wrist, usually hard and slightly mobile, diagnosed by the physicians of old-school as ganglion. It is usually painless or may have slight pain on flexion of the joint or hard pressure. Sometimes the swelling is so located that it cannot be detected in normal position of the wrist, except on flexion. The concomitant symptoms may agree with Bacillinum, e.g. the susceptibility to cold, history of tuberculosis in the family, ringworm or pityriasis, etc. Sometimes these accessory symptoms leading to the selection of Bacillinum may be insufficient as in Case No. 1 and 2 below. Still the selection of Bacillinum proved true.

Case 1: Miss S. C., aged 20, Midnaporc, came for chapped, blackened and bleeding skin of limbs < winter. She was not susceptible to cold but enjoyed cold bath and air very much, had a history of crusta lactea in childhood. Her father had asthmatic troubles < rainy and winter season. She had a small ganglion on the dorsal aspect of her right wrist. Had taken Petroleum from low potency to CM before she eame to me. She was kept on Baeillinum from 2C to CM during the period from September 1982 to July 1983. The ganglion disappeared. She continued further for her skin.

Case II: Miss S. A., aged 23, Midnaporc, an employee of Digri T.B. Hospital, came for a ganglion of pea-nut size on the dorsal aspect of her right wrist. She was stout and tall, easily provoked to rage, not cold-catching and fond of meat. She had a history of recurrent tonsillitis and typhoid. Her father had diabetes and mother had rheumatism.

I started with Bacillinum 2C on 24.11.84, rose step by step to Bacillinum CM, but with no result. She was then kept on Bacillinum 0/10 (Hapeo), 8-10 granules daily in the morning until change. Report reached on 29.1.85 that her ganglion had vanished.

Case III: Miss A. M., Bhogpur, a student of Class XI, came on 6.2.84 for a ganglion of quite big size on the dorsal aspect of her right wrist. She suffers often from sinusitis and headache which usually yields to Belladonna. She had patches of lentigo on her shoulders. Her menstruation is profuse

and painful, protracted and too frequent. Her father died of cancer of tongue and uncle is suffering from asthma. She was kept on Bacillinum 2C to CM for almost one year with no result. On 8.3.85 I started fifty millesimal potency of Bacillinum 0/10 (Hapco), 8-10 granules daily in the morning until relief. She reported on 7.6.85 that her ganglion had vanished. She is still continuing for her menorrhagia.

Case IV: Sri D. M., a teacher, aged about 46, Midnapore, came for a ganglion on the back of his left wrist, of the size of a plum. He was tall, thin built, cold-catching, suffering often from high fever, once a chain-smoker and very much irritable. He was an old friend of mine and so I knew well of his tubercular family background. I prescribed Bacillinum 0/10 (Hapeo) around May 1983, 8-10 granules daily in the morning until change. No report reached for almost a year since. In February 1984 a man was sent by him for the treatment of his ganglion. From him I came to know that my friend had long been cured.

It seems that the ganglion is a symptom of the tubercular diathesis developed from the blending of two miasms, psora and sycosis. Of all the medicines listed under the rubric 'ganglion' in Bocricke<sup>1</sup> and Kent,<sup>5</sup> Silicea has given me good service, but the best I have obtained from Bacillinum undouhtedly.

In conclusion, I request my fellow brethren to verify this valuable symptom of Bacillinum and to communicate.

## REFERENCES

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- 4. Julian, O. A.: Dynamised Micro-immunotherapy.
- 5. Kent, J. T.: Repertory of the Homocopathic Materia Medica-