

## NEW REMEDIES

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The following represents a collection of provings of new drugs, some published before, but now enlarged and illustrated with case histories, brought here together to make them readily accessible any time as an addition to our materia medica for the purpose of study, consultation and prescription in appropriate cases.

Only if the not inconsiderable effort and sacrifice made by all those who participated in these provings is matched by an effort to study and use the new remedies and to publish every treated case, as it has been always the custom in the past, will the work find itself rewarded.

Provings, followed by clinical confirmation, are the backbone of Homœopathy. We made the first attempt to promote international scientific cooperation in the field of Homœopathy by introducing an international proving scheme, proposing *Cadmium* and *Beryllium* to be proved first to finish the group of the metals. Further work was carried on by the very active London prover group under Dr. Templeton and it was not possible, after the initial provings, to establish further cooperation through a steady group of provers. It is hoped that the provings presented in this issue will be a stimulus to doctors and laymen to continue the work of proving. Each new drug represents a simile or simillimum to a given case which can not be replaced by another drug. There are enough cases and conditions waiting for such new simile. Provings are and will always be the basic research in Homœopathy, providing us with the most valuable and enduring results.

### CADMIUM METALLICUM

#### INTRODUCTORY REMARKS

In the following is presented the completed proving report on *Cadmium metallicum* thereby introducing a new remedy to

our materia medica. Following a suggestion made at the meeting of the International Homœopathic League in London, June, 1947, *Cadmium metallicum* was to be proved by several independently proving research groups. The advantage of such an international simultaneous proving of an identical substance is of twofold nature. It secures a greater number of provers necessary to establish a richer and, as far as possible, objective symptomatology. It provides a method of checking the results by comparing the proving reports of independently working prover groups. In the following proving a far reaching general conformity of proving symptoms can be found, thus allowing a verification of proving symptoms, otherwise only obtainable through time consuming reprovings.

#### SOURCE MATERIAL AND PROVING PROCEDURE

The refined and purified material used in the proving of *Cadmium metallicum* was spectrographically examined in the second centesimal potency and showed, besides the usual trace elements contained in milk sugar, as the only impurity zinc, which is the accompanying element of *Cadmium* and cannot be separated from *Cadmium* in its entirety. (Spectroscopic examination by Johnson Matthey & Co.) Potencies for the proving were prepared from this material according to Hahnemannian principles by the London Homœopathic Laboratories of Dr. Leaser, and by Boericke and Tafel in Philadelphia.

It is important, when administering the drug on the basis of the law of similars, to use the mentioned preparation for the following reason. *Cadmium met.* has been used in recent years without proving and without information about the source material employed. Our investigations regarding *Cadmium metallicum*, as sold by outstanding chemical houses which are the main suppliers of refined material, have furnished information according to which their *Cadmium* contains regularly traces of arsenic and lead which amount in the original, not triturated material to a 4th decimal attenuation. The effect claimed for *Cadmium* as a remedy for cancer has its source most probably in the above mentioned contamination with cancer drugs of old repute. If using *Cadmium* in the future on

the basis of the homœopathic law, it is essential to prescribe the preparation used in the proving. Although not entirely pure, it should be prescribed under the name *Cadmium met. purum* (obtainable from the above mentioned homœopathic pharmaceutical firms), in order to differentiate it from circulating *Cadmium* preparations of unknown origin which most likely represent a complex remedy.

Thirty-eight provers of both sexes participated in the proving, ranging in age from college to middle age (doctors, medical students, pharmacists, laymen). The potencies used were the 2nd and 3rd centesimal, the 6th and 12th decimal, each taken for a period in daily doses; no symptoms were elicited with the 30th centesimal in single and repeated doses. Placebos (Sac. lac.) were given to control cases, and intermittently to provers. The duration of the proving varied, but in most instances lasted several weeks.

#### NATURAL HISTORY OF CADMIUM MET.

The name of the metal is derived from *Cadmia*, a term used by the old mineralogists for a group of ores usually found together, containing zinc, cobalt, arsenic. The name *Cadmium* was used by Dioscorides and Pliny for what was possibly furnace calamine; in a similar connection it was used by Agricola. In 1817 the metal was first isolated from zinc carbonate by Strohmeyer and identified in 1818 by Hermann as a new metal which he called *Cadmium*. In the periodical system of elements it is grouped with zinc with which it is related chemically, as well as regularly associated in its occurrence in nature. Here it is never found in its free state, but usually as carbonate and sulphide in zinc ores in the proportion of about one part *Cadmium* to 200 parts zinc. As a rare mineral it occurs as sulfite under the name greenokit, and as carbonate under the name otavit. As metal it is of tin white colour with metallic luster, soft, malleable, and gives on bending a crackling noise similar to the "cry of tin," due to its crystalline structure. In air it is combustible and burns with a red flame, forming cadmium oxide. It combines with chlorine, bromine, iodine, carbonic, sulfuric, salicylic and hydrocyanic acids to form the

corresponding salts. Malynga (*Compt. rend, acad. sci., U.R.S.S.* 1941) found it as an element very widespread in the lithosphere, though in very small amounts. He found it in the soil (in concentrations of  $1.7 \times 10^{-4}$ — $4.5 \times 10^{-3}$ ) in a number of plants, among them *Cannabis sativa*, in algae and in many sea organisms, e.g., in *Asterias rubens*. In the human organism it was found in kidneys, spleen, lungs. Nothing is known thus far about a possible physiological function of *Cadmium* as a trace element. There exists an extensive literature on the toxicology of *Cadmium*, used in industry as an alloy or coating against corrosion and as a pigment in paints; however, since we have to deal here mostly with the effects of some kind of crude *Cadmium*, containing also other elements, these toxic effects must be considered somewhat apart from the proving effects produced by the purified *Cadmium*.

#### CADMIUM PROVING SYMPTOMS

The following represents the combined symptomatology derived from the prover group of the Drug proving committee of the London Faculty of Homœopathy under the direction of Dr. L. Templeton, of the Swiss prover group under direction of Dr. Pahud, Lausanne, of some Argentine provers under the direction of Dr. J. Gringauz, Buenos Aires, and of the prover groups of the New York Medical College under direction of Dr. W. Gutman. In the report the national prover groups are signified as follows: A (American), B (British), S (Swiss), Ar (Argentine). The members behind the symptoms refer to the prover.

#### PROVING SYMPTOMS OF CADMIUM MET.

##### *Mind*

- A: Great irritability, dislikes everybody (1). Passive and quiet (2). Good mood (5). Irritable (5, 7). Short tempered (5).  
B: Irritability at home (2). Irritable as if someone was criticising him; suspicious of what people are thinking about him (7). Irritable if cannot get own way (5). Sharp tem-

per, cross (5). Oversensitive all day (1). Inability to concentrate (4, 7). Tired, weary (3, 5, 2, 8). Drags about (3). Tends to put everything off (5). Tired mentally and physically, worse evening (3). Tired cannot be bothered about anything; hardly enough energy to go to station, though kept to get home (7). Fed up, no interest in anything (7). Apathetic; prefers talking to action (5). Desire to do anything but study; to play piano (2). Cannot get down to study, does not want to see or meet anyone (7). Difficulty in getting things prepared for journey, wanted to go to bed, but kept putting off effort. Disinclined to write letters (5). Disinclined for conversation; poor concentration (5). Depression terrible (7). Depressed all day (3). Apprehensive, wishes the day were over (7). Cannot concentrate (8, 7, 9). Slow to absorb information; had to think to spell a word (3). Memory hopeless (7). Poor details of memory (5). Not able to recall events; but did recollect when another did (5). Series of mistakes not properly appreciated (5).

S: Irritability 9-12 a.m. (10). Irritability, no pleasure in work, desire to be alone (5). Irritable, indifferent, disinclined to work, depressed, sleepy all afternoon (16). Melancholic (10). Concentration difficult (6). General dullness (5). Everything covered by cloud (1).

Ar: Slightly depressed (1). Excitable, flares up easily, irritable, easily offended (2).

#### *General*

A: Extremely tired and sleepy (2). Fatigue (3). Very tired (5). Exhaustion (5). Complete exhaustion (7). Tired on rising (5). Sleepiness during day (7, 11). Dizziness (3).

B: Feels he needs building up (6). Woke feeling ill, all around weakness on waking (9). Awful on waking; all of the tremble on waking (7). Dull on waking (8).

S: General fatigue with yawning and vertigo (1). Fatigue with vertigo (4). Fatigue (3). Fatigue with weakness of limbs and sleepiness (11). Lassitude on waking (10). General soreness and aching like 'flu (1). Soreness all over, coughing sneezing like 'flu (4). 'Flu with light fever and sneez-

ing. Dullness as with 'flu (5). General lassitude and fatigue (15), like 'flu (6).

*Note:* A number of American provers experienced similar influenza-like symptoms, which were not recorded since they coincided with the time of a slight influenza epidemic; however, according to the very similar symptoms of the Swiss provers, they were most likely also proving symptoms.

Ar: Very drowsy after lunch 1-3 p.m. on two occasions, each time better cold shower (1).

#### *Head*

A: Dullness on rising (5). Severe dull headache parietal region 3 p.m., better pressure, cold, quiet, lying down (1). Some pain in parietal region (5). Pressure in temporal region "as if kneaded" (2). Pain "as if tight band" around forehead (2). Pain, tightness right temple, worse from shaking head (5). Pain, throbbing, in right temple (7). Sudden stabbing (7). Pain, pressing, frontal (7). Head-pain above the eyes (2). Throbbing pain in right temple (7). Intense headache in occiput with intense nausea, worse motion (9). Intense pain and nausea suddenly ceasing (11). Headache, pressing, over forehead, worse left side, better from cold, better eating (3). Tightness left supra-orbital region, extending to occiput, better from cold application (11). Pain above eyes with tingling sensation over the upper spine; tingling radiating over the occiput (11). Tingling over occiput spreading to sides of face about every other day, better rubbing (11).

B: Dull on waking (8). Dull headache, frontal, on waking (8). Terrific headache on waking (3). Aching back of the eyes on waking (3). Pain across eyes, worse reading (8). Dull ache on waking, worse jarring; sharp pain left temple, shifting, evening, comes and goes quickly (5). Frontal headache (5). Temporal headache, worse mental effort (7). Dull feeling as if head were not part of him (3). Takes time for things to register (3). Worse moving about, as if head

could not support itself in neck (7). Dullness as if pressure of [on?] head (2). Numbness top of head (1).

S: Aching (1) on waking (4). Headache with sneezing and cough like 'flu (3). Frontal 3-4 p.m. (5); 9 a.m. (5). Left temple 11 a.m. (9), frontal (11). Headache behind eyes with empty feeling, head (9); with vertigo, better walking quietly (9).

Ar: Slight headache with considerable weakness (1). Migraine, supra-orbital, left, worse afternoon and night, better with sleep (2).

#### *Eyes and Sight*

A: Sensitive to light (2). Dryness, itching, burning (5). Heaviness (7).

B: Tired (3, 8). Tired on waking (1). Sore a.m. (9). Burning, aching upperlids, worse reading, worse warm room (5).

S: Tired (16). Itching lids (5).

#### *Ears—Hearing*

A: Slight throbbing behind left ear (3).

S: Noises; slight ear ache (5).

#### *Nose*

A: Congested; sneezing (5). Sneezing (2).

S: Sneezing (4, 5).

Ar: Left nostril blocked; yellowish nasal secretion from left side (2).

#### *Mouth*

A: Salivation (5); extreme salivation (2); very moist 2 p.m. (2). Dryness (3, 4). Bad taste (2). Severe toothache, throbbing, better pressure, heat and cold (2).

B: Dryness, better drinking cold water (4); dry mouth, better warm drinks (8). Dry lips (1, 7), salty taste (2); bitter taste a.m. (6). Excess of saliva (2).

S: Dryness (16). Aphthae (2).

Ar: Dry mouth on waking with bitter, acid taste, aversion to food (1). Queer taste at dinner, very acid or bitter; food seems flavorless (2).

*Throat*

- A: Rawness, better eating (1); soreness (2, 6); dryness (3). Sore like strained muscle only on swallowing (1). Burning "as if inhaling hot air" (2, 3). Soreness like beginning cold (4, 10). Dryness, painful, on right side on rising (5).
- B: Dry, sore, worse coughing (2); worse speaking with thirst for cold water (2, 3); sore right tonsil in a.m. (3). Dryness, better cold water; wakened with desire to keep on swallowing (2). Great dryness, worse a.m.; open air feels cold to throat; worse waking, better eating (2, 3). Dry, inflamed feeling, better eating (9). Swollen and sore feeling on waking (8). Tight feeling, throat and esophagus (3). Feeling of foreign body, keeps on swallowing with no improvement (9).
- S: Inflamed, with general aching and soreness (1).

*Appetite—Thirst*

- A: Loss of appetite (2, 7). Increased thirst, not satisfied after drinking (7).
- B: Very hungry, not satisfied no matter how much he eats; enormous appetite not easily satisfied (5).
- S: Lacks appetite (10); increased appetite on waking (6).

*Stomach*

- A: Nausea (5, 9, 7, 10, 11). Nausea and emptiness (5). Ache in pit of stomach (7). Pressing in stomach; intense nausea, worse any motion, better bringing knees up (9).
- B: Nausea travelling (2); on awaking (6); before meals with sinking, better eating (4); on moving about (6); with good appetite (6). Afraid to travel lest he vomit (6). Vomiting of bile with nausea (3). Pain, epigastric, gnawing, better pressure, better eating (5). Pain with hunger, better eating, on waking; recurred 12 a.m. and 5 p.m.; wakened by it (5). Constant gripping pain liver region (6). Sharp cutting, both sides towards the pubis (3). Pain, navel region, worse lying down flatulence downwards (7). Pain groin; right iliac fossa (3). Pain radiating from right to left iliac fossa (7). Dull nagging in liver region; burning in stomach (3). Discomfort, hollowness 12 a.m.



and 11 p.m., better pressure, better bending forward, better eating; gnawing, better eating (5).

S: Nausea, worse 2 p.m., with eructations (4); ache from 8 a.m.-12 noon; from 2-6 p.m. (5). Nausea at night, heaviness, colic (16). Colic with fatigue (3). Flatulence (5); distension with eructations (9). Flatulence (8), heaviness, better eructations and warm applications (14). Heaviness, pain over splenic area (5).

Ar: Sensation of fullness in stomach 1-4 p.m. (1).

#### *Abdomen*

A: Much gas (1, 2). Stitching, cutting as from a knife around navel, better stretching (2). Drawing pain, gradually coming and going, worse motion (4).

B: Pain lower abdomen towards navel (3), pain radiating from right to left iliac fossa (7). Pain groin: right iliac fossa (3).

S: Pain in bowels with increased flatulence (10).

Ar: Constipated (1). Gas all the time, fetid (2).

#### *Rectum and Stool*

A: Ache in anal region with urge to stool, not better passing gas (1). Anus as if strained by large stool, worse bending forwards (1). Sudden urge to stool with very small result 7-9 p.m. (1). Loose stool; foul odor (5); diarrhoea (11). Constipation (7, 10); causing hemorrhoids for three days (2); stool dark and hard (7). Hemorrhoids burning, better moist heat (2).

B: Rectum raw sore; pains go to navel; stitching (3). Straining for [at?] stool (3). Red blood with and sore anus during stool (9). Quick loose stool a.m. (8). Choppy soft stool, quick evacuation (3). Soft unusually lumpy stool like sheep's (7). Diarrhoea offensive, very large, soft stool (9). Difficult expulsion, red blood after large stool (5).

S: Constipated for first time ever; black stools (16). Hemorrhoids (2).

Ar: Sensation of needing to move bowels every moment with small quantities at times; however, mostly considerable quantity, soft, slightly formed, brown, almost reddish ap-

pearance. Sensation of having something uncomfortable like a weight of [or?] a foreign body in the rectum ; after evacuation a hot sensation in rectum disappearing after one hour. Burning sensation in rectum after elimination for half an hour. 2-4 bowel movements daily. Sometimes ineffectual urge (2).

#### *Urinary Tract*

- A: Increased urination, increased desire to urinate (7). Frequent urination (8). Albumen slightly positive (3).  
B: Polyuria every hour (9) ; frequent copious urination without pain every two hours (3). Pain on urination, pale frequent copious every half hour (7).

#### *Genitals*

- Ar: Menstruation 3 days earlier, greater quantity of clots than usual (1).

#### *Cough*

- A: Cough, tickling, from point behind thyroid cartilage, gelatinous, tenacious clear mucus 7-30 p.m. (1).

#### *Voice*

- A: Sudden hoarseness (7).

#### *Chest*

- A: Momentary sharp pain in left chest (3). Muscular soreness in anterior axillary fold, general soreness neck and chest (3).  
B: Heart, sharp pain over heart suddenly on and off, afraid to move (5).

#### *Back*

- A: Shooting, stabbing right scapula, comes suddenly, disappears gradually (2). Severe backache (2). Tension of muscles (7).  
B: Sacroiliac pain, worse stooping (1). Heaviness lumbar region ; aching (3). Pain angle left shoulder-blade to base, later right shoulder-blade (3). Aching lumbar region round to groins and pubis, tingling over whole back and body (3).

- Pain right shoulder blade angle all day, lumbar pain worse moving (3). Pain right renal region, worse deep breath (9).
- S: Like cramp neck and dorsal region, worse bending forward (15) Worse rising, going downstairs, ying on back, can not stand, must constantly change position, walks bent forwards, better warmth (15).

#### *Extremities*

- A: Throbbing in both hands a few minutes, better motion (3); weakness of hands (3). Sensation of splinter in skin on right ring-finger on stroking for several hours (3). Tiredness of lower limbs (3). Cramp-like pain through right leg, worse moving foot (13).
- S: Trembling limbs, hands; restless upper limbs (9). Weakness, "giving out" feeling (15). Feet heavy, pain legs, better knees bent, fatigue (15). Heaviness lower limbs (16) Lassitude in limbs, worse 3 p.m. (6).

#### *Skin*

- A: Small spot on posterolateral side right leg "as if sunburnt", worse touch (1). Small localized area of heat "as if round warm object placed on skin", for several days, particularly on hand and feet, better rubbing (4). Patchy redness on back of left hand around knuckles (3). Dry itchy eruption behind right ear, itching on right eyelid and forehead, small papules right face particularly forehead (3). Diffuse erythematous eruption, itching, on trunk, neck (3). Itching on abdomen and back (3). Itching left side better scratching, worse heat (5). Much perspiration about 8 p.m. without body heat (11).
- B: Itching, face, different places, moves about (3). Irritation face, edges of palms (8). Skin inside thighs chapped and sore (3). Toes red, raw, itching (3). Burning like chilblains (3). Itching skin, worse evening, worse cool air (7). Itching soles, hot, burning but cool to touch (9).
- S: Vesicular eruption back of hands with swelling, later crusting (15). General fatigue and aching began to improve with the onset of the eruption (15).

*Sleep and Dreams*

- A: Dreams of running or [a?] race and arriving late (1). Dreams of chasing someone (7). Dreams of becoming frantic, looking for magazine story not able to find it (11). Restless sleep (7).
- B: Awakening early 7 a.m. (5).
- S: Restless (10).

## CHARACTERISTIC OF CADMIUM MET.

Mental symptoms: Irritability, great apathy, disinclination for work, inability to think and concentrate, poor memory, depression. Dreams of frustration, of running or chasing or looking for things without reaching one's aim.

General: Lassitude, great fatigue, exhaustion. Nausea with many complaints (head, stomach).

Pains and Sensations: General soreness and aching. Tightness, band-like feeling. Throbbing, stabbing, pressing. Abdominal griping, cutting. Rawness, dryness in throat, in rectum. Sensation of foreign body in throat, in rectum. Tingling, numbness. "As if burnt," "As if warm object placed on skin" over a small area of the body surface; sensation of splinter in skin on stroking.

Modalities: Better from cold applications (head). Better from eating (head, throat, stomach). Better from bending forward, pressure (abdomen). Worse from motion. Worse from mental exertion. Worse in the morning, on waking (general).

## CLINICAL SUGGESTIONS FOR THE USE OF CADMIUM MET.

Headaches, migraine; nervous exhaustion; colds, sore throats, influenza of respiratory and intestinal type; gastritis, gastro-enteritis, ulcer of stomach, duodenum; sea or car sickness; lumbago and low back pains; eczema.

The observation under "Skin" "General fatigue and aching began to improve with the onset of the eruption" would put *Cadmium met.* into the class of remedies which Hahnemann called anti-psoric.

## CADMIUM CASES

Women, 52 years old, suffers since forty years from severe migraine attacks, occurring sometimes for two weeks every day, with intervals between attacks never longer than three weeks. The pulsating pain is either right or left sided, accompanied by scotoma and nausea, worse from stooping, worse in the morning, better from cold applications, pressure and eating. *Cadmium met.* 6th centes, 2 pills daily, later every second day for six weeks. From the beginning of the treatment no more attacks. Patient, without further treatment, has been free from any attack for five years.

A number of similar cases have been treated and cured with *Cadmium met.* 200. in single doses, among them cases of many years duration, where *Cadmium met.* was the required simillimum.

Another great field for *Cadmium met.* has been the state of physical and mental exhaustion following *Influenza* attacks in recent years and particularly after the Asian Flu. This indication I experienced for the first time in my own case. After an attack of the recent Flu (the acute symptoms conquered in two days with the indicated remedy), I continued working in a state of great exhaustion, mentally even more than physically, feeling "washed out"; a state where life seemed not worth living. Nothing seemed to help. One night I returned to the office, reached for my *Cadmium* paper and studied the symptoms. The same night I took a dose of *Cadmium met.* 30th waking the next morning in a state of complete well-being with a feeling of deliverance from a miserable state. Recovery was instant and lasted.

A number of other cases, which presented after the *Influenza* attack the symptoms characteristic of *Cadmium met.*, have been treated with equal results. A nurse, who had never recovered after an *Influenza* attack two years ago, presenting particularly the great apathy so characteristic of *Cadmium met.*, felt for the first time like a different person after *Cadmium met.* 200., "stimulated" and better in every way after the first dose.

Another case had, after *Cadmium met.* 200., a two day

aggravation, afterwards feeling wonderful. Similar experiences were met in two more cases.

If the exact symptoms are present *Cadmium* is an outstanding remedy for the neurotoxic effects which have followed Influenza epidemics so often in recent years. Still other indications can be deduced from the proving picture.

### BERYLLIUM

*The following is the symptomatology according to a proving conducted by Dr. W. Lees Templeton with seven provers using the 3x to the 30th centesimal potency (British Homœopathic Journal, April 1953), to which we have added the toxicology of Beryllium to complete the drug picture.—W.G.*

*Head:* frontal aching; throbbing; left to right mastoid; worse heat, cough, jar, motion, rising, light, excitement; better lying on painful side, better fresh air.

*General:* Lightheaded; weakness; worn out; easily fatigued. Shivering in bed, worse slightest motion, worse at night in bed, worse warmth.

*Nose:* acrid coryza, better open air, worse warm room.

*Mouth:* dry, cracked lips; ulcers on tip of tongue, lips.

*Throat:* sore, burning, must swallow; glazed red appearance.

*Stomach:* Loss of appetite, aversion against sweets. Soon satisfied but hungry; or aversion to food. Drowsy after meals. Tightness in epigastrium, worse inspiration. Nausea worse sight, smell of food, riding in bus; better eating, lying down.

*Respiratory Tract:* Cough from sternum, cannot get deep enough, unproductive, dry; pain behind sternum, like knives; cough worse cold air, smoke, bending backwards; better warm room. Sputum sweet. *Dyspnoea* on exertion. Constriction of chest on inspiration.

*Skin:* Itching, papules, worse scratching, worse warmth of bed.

*Toxicology (Hamilton, Industrial Toxicology):* Bronchitis, bronchiolitis. *Dyspnoea* from exertion; cough; moist rales; low-grade fever; cyanosis; substernal pains. Anorexia, fatigue, loss of weight. Similar picture as in virus pneumonia. Tubercle-

like granulomas in liver, spleen, hilus nodes, lungs; also similar to sarcoid of lungs. Burrowing subcutaneous lesions, skin ulcers, also granulomas.

X-ray shows picture similar to miliary tuberculosis ("snow-storm picture"), or general haziness, also similar pictures as in influenza, post-pertussis, post-measles pneumonias.

In animals, pneumonia in disseminated patches, hemorrhages. In animal experiments, increase in the amount of tubercular infection in inoculated guinea pigs, following subcutaneous injection of small doses of *Beryllium* salts. No TB found in post-mortems of *Beryllium* poisoning, nor in examinations of *Beryllium* workers which showed other pulmonary diseases.

Hardy, *Beryllium* (*Oxford Medicine*, Vol. 4): Dyspnoea more marked than to be expected from physical. Pulmonary capacity immediately markedly reduced in poisoning, very rapid shallow breathing. Basis for it is insufficient oxygen saturation because of obstruction to the passage across the alveolar membrane. (Wright, 6th Saranac Symposium): Characteristic delay in onset of symptoms from time of leaving exposure to beginning of symptoms (from six to nine years). Chronic course, one to six years, with remissions and exacerbations. Notably low incidence of positive tuberculin tests.

A *Beryllium* Case (Dr. William B. Griggs, *Hahnemanian*, Vol. 90, No. 4): Six year old girl, with a laryngeal tracheitis and bronchitis. One of the worst cases I have even seen." Suffocative, high-pitched type of cough which produced more dyspnoea than the physical sign would warrant. After the most violent coughing, there would come some very thick, gluey, tenacious mucus. *Kali bi.* produced no effect. The cough sounded very croupy. *Hepar* with no effect. *Beryllium* 6th centesimal every hour for 6 to 8 doses. Expectoration somewhat easier, but dyspnoea seemed out of proportion to the physical signs. *Beryllium* 30th every half hour. After the sixth dose expectoration markedly attenuated and dyspnoea greatly relieved. Cured within three days. "I have never in my 60 years of practice seen such dyspnoea and tough mucus in a young patient, but the recovery was complete and the patient is in good health today."

From the above it appears that dyspnoea out of proportion of the physical signs is a marked characteristic in respiratory conditions where *Beryllium* seems to be particularly indicated.

The characteristic delay in the onset of symptoms, the very slow development and chronic course, the typical X-ray findings, the increase of TB infections in animal experiments, and the observation of a low-incidence of TB in post-mortem findings, as well as of positive tuberculin tests in workers with *Beryllium*—all this suggests *Beryllium* as a remedy in tuberculosis of the lungs, in case the leading symptoms are present. The toxic symptoms are also suggestive of a typical and viral pneumonias, besides non-specific respiratory conditions.

Provings, toxicology, and the above described case point to *Beryllium* as an important new remedy.

#### NATRUM FLUORICUM

In view of the much disputed problem of water fluoridation and the possible effects of this procedure on human health, we undertook a proving with twenty-one healthy provers, all medical students, hoping to create at the same time a new remedy, if symptoms should be sufficiently characteristic. Since sodium fluoride is used in water in the proportion of 1 to 1 million, we used the 6x potency in tablet form throughout the whole proving period of 50 days. Preceding the proving was one week of plain observation without taking anything. This was followed by one week of *Placebo*, after which the *Natrum fluoride* was given: at first three, later in most instances six tablets daily. Although the uninterrupted taking of the substance is not entirely in accord with the classic method of homœopathic proving, it was adopted in order to have a comparative standard with the also uninterrupted intake in the case of fluoridated water. In between the actual proving, placebos were given from time to time in some instances. In the beginning, a few students served as additional controls, making observations without taking anything for a longer period. Neither this group, nor the whole group during the placebo

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diet wasn't sufficient. I don't remember offhand what I gave her that first day. I told her to come back next week and sent the specimen to Dr. Grimmer, and he found *Ferrum iodatum* her remedy. So I gave it to her, and told her to stop the insulin and stop all the other medications and come back in a week. She came back in a week, and she said she almost died the first two days, but after that she was fine. She was really feeling recovered, and her blood pressure had dropped down about 20 points. She still was having sugar in the urine, but she was eating. She was sleeping and she was feeling very comfortable.

Since then she has continued to improve so it is evidently a valuable remedy for a wide variety of things. [Applause]

Dr. F. K. Bellokossy [Denver, Colorado]: I would add to this beautiful paper that *Ferrum iodatum* is a great remedy to finish the acute diseases of colds, of virus infection colds. It is resorbant as other iodide salts are resorbants.

—*The Homœopathic Recorder*, Jan.-Mar., '58.

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#### NEW REMEDIES

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period, developed symptoms. While taking the substance, 16 provers developed definite symptoms, nearly all of a sort none of the provers could remember ever having had before; 5 stayed symptom free throughout the whole period. Symptoms appeared after varying lengths of time, from one day to three weeks; came and went again in some provers; stayed continually only in one prover who developed a whole symptom picture.

(To be continued)

—*Jourl. of the Am. Inst. of Homœopathy*, Mar.-Apl., '58.

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