

CASE TREATED

[From one of B. H. A. Homœopathic Hospitals]

When reading these notes it must always be remembered that Homœopathy is essentially treatment by individualisation. It therefore never makes use of nor seeks specifics for disease. So it must not be thought that any remedy mentioned in these notes will necessarily be the remedy for other cases of the same illness.

THE REMEDY DEPENDS UPON THE INDIVIDUAL PATIENT'S REACTIONS AND NOT ON THE NAME OF THE DISEASE.

The Condition BASAL PNEUMONIA (POST OPERATIVE). The Drug SENEGA.

Mrs. J. aet 68. Admitted with acute intestinal obstruction. Pain and vomiting for days and now there is a large mass palpable in the left iliac fossa. An urgent operation was performed to relieve the obstruction but for two days the patient was very seedy indeed. On the third day she complained of acute pain left chest with marked dyspnoea. There was friction in the left axilla. Temp. 101, P. 110, R. 32. She looked anxious and restless and one thought of Arsenicum, but on examining the lungs, the striking feature was that, on percussing the left base she jumped with an 'Oh, that hurts.' The external wall was exquisitely tender. Now this is unusual. It is rarely that inflammation of the lungs and pleura gives *external* hyperaesthesia. X-rays showed that there was an area of consolidation at the left base. One remembered from Borland's Pneumonias that this peculiar symptom was present under SENEGA. 'They always, the Senega pneumonias, have very intense respiratory embarrassment, their main complaint intense oppression of the chest as if they had a ton weight sitting on the chest and they just cannot breathe. When you are percussing the chest you will get on to an area of hyperaesthesia and you will always find it over a consoli-

dated area. With this generalised aching in the chest wall which accompanies the violent coughing there is always a certain amount of restlessness. The patients say they are rather more comfortable and the aching pain is rather easier if they move about a bit.

Was this not just the picture of this patient? **SENEGA 10 M.** was given 3 hourly. Next morning:—much easier, pain less, breathing quiet and she went ahead marvellously. The final opinion is that the original condition may be a diverticulitis and it is possible that something may be done to close the colostomy ultimately.

Senega according to Borland is usually very tired, weary, phlegmatic, but, underneath, a definite anxiety about herself and her responsibilities should she not get well and yet, may seem to ignore some domestic crisis which already exists as, e.g., the illness of a child.

Senega has some other peculiar symptoms, e.g., cough often ends in sneeze, (Sanguinaria cough often ends in eructations of wind) and, in many of its general chest symptoms, resembles Antimonium Tart. "Difficult raising of mucus. Bronchitis around a patch of consolidation (as was probably the condition here). Thorax feels too narrow." Senega also has many eye symptoms often forgotten and resembles both Causticum and Gelsemium in its effects on the ocular muscles. Double vision due to paresis of the superior rectus muscle. "Dryness of the eyes, must wipe eyes constantly. Sensation as if eyes too large for the orbits."

It is an unusual drug which will well repay study but don't miss the hyperaesthesia of the chest wall.

—*Health through Homœopathy, September, 1950.*