

*Thuja occident.*: When walking limbs feel as if made of wood, brittle like glass, and would break easily. Muscular weakness, trembling and twitchings. Tips of fingers red, swollen, feel dead. Pains in tendo achillis and heels. Cracking in joints. Pain worse in bed and from cold, damp weather. A history of bad vaccination or gonorrhœal infection often present. The nails are brittle and the pains are worse from cold and damp. (N.B.: To those who understand Sycosis Hahnemannii, this medicine is a marvel of medical science and therapeutics.)

*Yatren*: Has been used more or less empirically in arthritic affections of the joints. May also be useful in tubercular affections of the same.

—*The Homœopathic Recorder, April, 1951.*

## NEW OR FORGOTTEN INDICATIONS OF TUBERCULIN

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S. B. age 3. Purulent bilateral otitis media. In spite of a continuous discharge from both ears, continuing pain and 101 to 103 fever. Better from hot applications; the discharge is yellow and sticky. The child is light complexioned, blond and chubby. Constitutionally, there is poor appetite, a tendency to constipation and considerable perspiration of the head. Tendency to repeated high fevers. For the last six months prior to the onset of the present illness this child had made general progress under Calc. carb 200 to 1 M; yet, the present condition has arisen in spite of a recent repetition of Calc. Rx Hepar sulf 200; no response. Sulfur, Silica and Pulsatilla (in disregard of

the local modality) also fail. An otological consultant urges penicillin in oil 300,000 units; this is given without any appreciable effect. Now Bacillinum 30 a single dose is given. There is a sharp rise of the temperature which subsides after a few hours. Within 24 hours the temperature drops to normal and the pain disappears. Two days later no more discharge from the ear and uneventful recovery.

Mr. E. S. age 41, a hairdresser by occupation. Chronic eczema of both hands, groins and feet. Patch tests have furnished conclusive evidence that the condition is due to an allergy to the hair dyes which he has to use in his work. Whenever he stops using the hair dyes his skin clears up. Upon resumption of the work the eczema returns. Since he owns his small business he must continue to work. He wishes to be freed of his oversensitivity. This, the skin specialists and allergists, he has consulted before, have assured him is impossible. Constitutionally, he is thin, narrow-chested, of a sallow complexion and a sanguine temperament, restless, jumpy, irritable and impatient. He perspires freely and is disturbed by his own body odor. Sensitive to drafts of air with a tendency to frequent colds and generally feeling worse in the winter; hot burning feet which he likes to uncover. Tendency to constipation, desire for meat and highly seasoned foods. Obviously, this is a clear case for Sulfur. Yet, alas, Sulfur makes no impression at all upon this patient.

When the apparently well indicated remedy fails we are taught to prescribe Sulfur. What, however, should be our prescription when as in this case, Sulfur itself is the apparently well selected remedy? On the basis of the therapeutic rule, outlined at the end of this paper, Tuberculin is given. The apparently impossible task is accomplished for this patient. Several doses of Tuberculin restore him to a fairly normal skin, in spite of his continued use of his hair dyes.

Mr. W. G. age 47. History of repeated severe gallbladder attacks. Being extremely weakened by the frequently occurring colics, cholecystectomy has been advised. The attacks show no characteristic or unusual symptoms. He is a labourer, short, stout, of stocky square build and somewhat slow in his response and reactions. Easily perspiring, fond of sweets, constipated but with too excellent an appetite, he often gets his attacks after over-eating. Rx Calcarea carb ranging from 200 to 10M over a year. During this period there is a considerable improvement, generally, as well as in the frequency and intensity of his attacks, which finally do not occur any more at all. However, a considerable amount of abdominal discomfort continues to annoy him. Also, some new symptoms, in the form of pains in the right elbow and the lower back, stubbornly persist. Again, Tuberculin is prescribed, with a resulting complete removal of the totality of the gallbladder as well as rheumatic symptoms.

We have discussed a case, of each acute otitis media, chronic eczema and cholecystopathy. Not in any of these clinical conditions would we, as a rule, think of Tuberculin, in spite of the fact that Allen's Nosodes list: "discharge of yellowish matter from ears, swelling of glands around ears, cramping pains in stomach and abdomen, colic with great thirst, pain aching sticking in region of the liver, bloated sensation in abdomen, eczema, itching burning oozing, forming scabs." Unfortunately, we are in the habit of thinking of Tuberculin as a remedy limited to the various ailments of the phthisical type of constitution and to chest conditions in particular. In the essayist's own experience Tuberculin has proven to be a polychrest of the first order which, on the average, is indicated as often as Sepia, Nux vom., Phos., Puls, etc. It may be considered second only to Sulfur in the frequency of requirement. Since, like Sulfur its pathogenetic sphere seems to cover almost any ailment to which man is heir, we cannot prescribe it primarily on clinical considerations any more than for instance Sulfur

or Sepia. Conditions as divergent, clinically, as arthritis, hay fever, cystitis, pyelitis, hemorrhoids, cholecystopathy, chronic dyspepsia, pneumonia, thyroid disorders, otitis media, sciatica, migraine eczema have been cured by its prescription. Quite obviously, a successful prescription has to be based upon the mentals and generals for this remedy not any less than for any of the other polychrests. The difficulty of applying this rule to Tuberculin lies in the fact best, only very scanty notice of it and, on the other hand no single, individual materia medica presents a fully exhaustive, comprehensive account of the totality of its symptoms. Though, Clarke's Dictionary might be considered to come the closest to a comprehensive picture of our remedy it still is highly advisable to study it from several different sources. If we were to give a general characterization in the form of a single therapeutic rule we might state that in addition to the symptoms already listed in the Materia Medica, it also partakes in the symptomatology not only of Phosphorus but almost even more so, of Sulfur and Calcarea carb. It should be axiomatic to consider Tuberculin the nearest complementary remedy to Sulfur, Calc. and Phosphor. As a safe therapeutic rule, not for automatic prescribing, of course, but rather for the priority of remedy study in a given case, we may establish that any case which presents the symptom picture of Sulfur, Calcarea or Phosphor, yet fails to respond to the apparently well chosen remedy is to be considered a case for Tuberculin, ahead of any other remedy.

—*Journal of the American Institute of Homœopathy, July, 1951.*