

RESULTS TO DATE IN USING DR. TYLER'S METHOD WITH NOSODES

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As I announced at the end of my paper last year, I have begun thus late in my practice to pay attention to the dictum of Dr. Margaret Tyler of London concerning the usefulness of the nosodes of the exanthemata in solving the problem of the obscure chronic case with symptoms dating from a very severe attack of one or more of these troublesome childhood disorders.

The procedure belongs to the mixed, disorderly case, a great deal of suffering, especially of deep nervous origin, the kind of thing that makes the physician go into past history seeking some starting point in inheritance, disease or environment. It probably was a severe attack of the exanthem with sequelae following, which were recognized at the time, or veiled sequelae unrecognized but starting a lack of vitality and leading to a set of symptoms difficult to coordinate and probably complicated by much drugging, surgery, etc. It generally takes a long time to bring such a case to the attention of a homœopathic prescriber and longer still to wake up the doctor to the necessity for one of these nosodes as a resolving agent, many times a curative one.

Of course these patients needed the nosode treatment soon after the attack and did not get it. This is not to say that every sufferer from a severe case of an exanthem needs its nosode following the attack. It is to say that the experienced prescriber might be able to recognize the need as he watched the sequela develop. If they do not develop, all right, nothing more needed.

I suppose delving into the need for these nosodes is quite on a par with investigating nosodes for the chronic miasms. Of course the chronic miasmatic remedy is bound

to come up for consideration in all the puzzling exanthem cases, but the exanthem nosode itself may bring startling results in clearing a mixed-up case and then, perhaps, going on to cure it.

Dr. Tyler did brilliant work in this field not long before she died. I am glad to follow along, though I feel at least partially blind in the attempt.

A few cases for thought on this subject follow, so far more for thought than for positive or dictatorial pronouncement.

CASE I—A married man, seventy years of age, came to my office April 22, 1949. He was tall, chilly, thin (weight 137), looked anæmic. Forty odd years before he had had attacks of what was then called "acute indigestion." Otherwise health was good until thirty-eight years ago when he had typhoid fever. This attack was severe and he was long recovering; a sister died with it at that time.

Since then he has presented the following indefinite but deep seated symptoms:

After walking a short distance he must suddenly sit down wherever he is, cannot wait. There is no faintness or pain, just weakness, no staggering.

Times of almost blindness walking on the street, once so bad could hardly walk at all, no headache.

Spells of abnormal hunger, would eat heartily and in less than half an hour rush to the refrigerator and grab whatever he could reach.

Tendency to constipation; stomach attacks when constipated.

Desire for sweets, cheese. Aversion to meat.

Times when tongue coated and breath foul.

Typhlinum 1 M given on that April 22nd.

May 3rd—Reported feeling all right, symptoms gone, stools regular.

June 3rd—Wouldn't be without those powders; stool every day, wonderful.

June 27th and July 19th—Same report.

Aug. 9th—Not so well, constipation returning making him weak. *Typhlinum* 1 M.

No more direct reports but his daughter says he continues to feel fine, thinks homœopathy is marvellous.

CASE II—A fine-looking, tall, rather stout, medium-blond lady, aged 59, with so many troublesome chronic symptoms that she has been a semi-invalid for many years, in bed for weeks, sometimes months at a time. This lady looks well but is far from it. She is not a hysterical patient but a woman of great ambition and good judgment.

Inheritance poor: cancer, nervous ailments including convulsions and mental deterioration.

Second summer severe diarrhœa, doctor said could not live.

At five years: chicken-pox severe necessitating shaving the hair.

At 7 years: jaundice; many attacks since of liver symptoms.

At 10 years: scarlet fever severe, long lasting; throat symptoms bothersome at times ever since.

Married at 19, first child at 20, easy births. Nausea of pregnancy very severe, for three months.

Year after last childbirth pains fingers, then arms, legs, all over; in bed for weeks and months with this; severe suffering; never quite free of pain. Soreness all over so cannot bear least touch, even of bedclothes. Chilliness with such attacks, < least draft. Numbness all over or in parts, once lay for three weeks numb all over: Swelling of parts affected. No fever.

Tired all the time, wants to lie down, endurance low. Drowsy; rarely refreshed in A.M.

Appetite large; wants fresh fruits, salads.

Nausea severe on trains or in automobiles, spoils any trip she takes.

Sensitive to any dust: nostrils burn, ache.

Glasses at an early age; never comfortably fitted.
Granulated eyelids in childhood.

Headache frequent from childhood, longlasting, <
fat food.

Eruptions face, chest, back. Skin dry. Nails brittle.

All teeth extracted at thirty-five years.

Varicosis since birth first child.

1938 menopause started, lasted nine years, much flood-
ing; then hysterectomy; fibroid discovered.

This patient came to me March 11, 1949 and I watched
the complex picture for more than a month before giving
her a dose of *Scarletinum*, Apr. 22. Before this it was a
disordered grouping of symptoms coming and going. All
through May reports came of increasing sense of well-
being and absence of any of the most troublesome symp-
toms, especially pains.

July 12th—The dose was repeated because of return of
pains and deep soreness, also the old weariness.

Sept. 2nd—Went by auto to Atlantic City and actually
had no pain and no nausea; could enjoy every minute of
the trip. Before, she would be nauseated all the way, go
to bed on arrival and again no getting home.

Sept. 27th—Freedom from pain for several weeks.

Nov. 15th—Soreness returned, in bed again. Another
dose.

Feb. 15, 1950—Soreness all over returned again.
Another dose.

May 22nd—Last report: well until four weeks ago,
more soreness and stiffness, with old exhaustion. Another
dose.

I suspect the value of the remedy is running out and
another study is due. However, no complaints have been
reported for a month.

CASE III—This is a small, slight, sallow, hollow-eyed woman
of fifty-three years, married but never pregnant, who came
to me first in 1944 for help for continuing backache for a

few months. She has been a school teacher for a great many years, therefore much on her feet. Uterus was retroflexed, aggravating the sacral pain. She was reported anaemic and looked it. Her symptoms made a *Sepia* case and this remedy helped her much, but as she improved, the back pain grew worse and other pains in all joints increased until the backache took its place in a general arthritis, first in wrists, then fingers, knees, shoulders, ankles. Slight deformity increased to make it difficult to stand straight or walk without limping. To complicate matters two falls produced fractures. Remedies given (and they were several, including *Medorrhinum*) were palliative only.

Finally, in July, 1947, I learned that about eight years before she had had measles, not so bad an attack, but a leucorrhoea began soon after which she never had had before and which preceded the uterine symptoms. Also the arthritis (which is in her family) started then, too. A dose of *Morbillin 1M* on July 8, 1947 began to improve the arthritis within a month and she began using her cane only out-of-doors and doing all her housework. This improvement was irregular but the average was good. She had three more doses in all but I see her now only once in five to seven months.

CASE IV—This is a small, slight, single woman of fifty-five years whom I first saw in 1939. It has been a history of colds returning at intervals in all the years since. Always starting with a raw throat and with the throat taking part in the whole attack, she has been more nearly prostrated with the attacks than she should have been and longer recovering as time went on. She would have a low fever, creeping chills, ears feeling full with some deafness, extension of congestion into the sinuses and with all of it a real prostration. Remedies were palliative each time but not satisfactory. She began to have dyspnoea climbing stairs.

In March, 1949, she reported that when twenty years old she had had very severe diphtheria and was long recovering; no antitoxin given.

I looked back over the many years of throat symptoms and general health depression and drew a long breath of relief.

Diphtherinum 1M, given twice, four months apart, produced improvement which did not last; but given in the CM this remedy has begun good work. It is not time yet for final judgment as her last dose was last February but I have hopes now.

There are other cases receiving exanthem remedies that I am watching but these open up the possibilities.

DISCUSSION

DR. W. J. GIER [La Jolla, California]: I had a case not long ago that gave me considerable worry. A boy of ten complained of pain in the Achilles tendon. I prescribed for him and was not satisfied.

I heard that his father was an alcoholic. The boy was a very nice lad. Knowing of the father's moral misbehavior, I decided to give the boy some *Syphilinum* just on general principles. A dose of 10M did wonders. He was on that for two or three months, and I repeated it in the 1M, and he has been symptom-free for several months.

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