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SPOTLIGHTS ON TUBERCULOSIS

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A MENACE

Tuberculosis like cancer is a scourge of society, exacting larger tolls than anything else taken singly. It is more honorable to discover a remedy for either of them, than digging a tunnel right through the earth linking the two hemispheres. Pathology and biochemistry with the help of antibiotic and other therapy are labouring through thick and thin amidst obstacles and hindrances. A mass of new drugs is daily pouring forth in to the market, a new name in therapy being announced nearly every day-break. But what is most unfortunate is that the results of such huge enterprises, intellectual, scientific and economic, as attested by experience, are to shatter all hopes. Tuberculosis has remained a menace as ever, as cancer is an enigma still today. What Homœopathy can furnish today is more than fifty years old. We have done nothing new from the attainments of the past century; we have traversed no new land beyond what was reached with a tiptoe of expectation by Swan or Burnett. We cure many cases of tuberculosis and cancer in the latent or primary stage. But are we sure of curing a case when the disease has broken forth and advanced far, showing a picture of devastation in the human constitution? I wish I could discover something for this stage, even at the cost of the whole of my homœopathic Materia Medica.

ON THE THRESHOLD OF A NEW LIGHT

Dr. R. R. Gregg, as manifested in his work, *Consumption: Its Cause and Nature*, seemed to be on the threshold of a new

light, a new truth, a revelation as it were; but on final analysis, he could not fulfil our cherished expectation. He takes a new step from the metaphysical concept of some of his predecessors and contemporaries, that the bacterium is not the cause but an effect, but basing his conclusions on a solid foundation of prevalent data from anatomy, physiology and pathology, he convincingly establishes his theory of consumption: "that a loss of albumen from the blood, and the consequent disproportion into which such loss must necessarily throw all the other constituents of blood was the cause of consumption,—the key to the production of tubercles and all their attending phenomena," the bacillus, on the other hand, being "nothing but a result of the softening or suppuration of the tubercles, a simple rod of fibrin" (chapt. 11, pp. 20 and 21, Ind. Edition). The notorious tubercle, according to Dr. Gregg, is nothing but "granules" or "capillaries filled with decolorized blood-corpuscles," which again resemble tuberculous corpuscles in the minutest detail, and as such are one and the same with them. "Both contain fatty matter, partly in very fine granules and partly in vesicles, and the same salts . . . chlorides, phosphates and the like; while the action of Acetic Acid upon the one is identical to what it is upon the other" (chapt. XIV, pp. 105 and 106, Ind. Edition). Here is established the oneness of the decolorized blood-corpuscles with the tuberculous corpuscles, anatomically, chemically and microscopically, as also that of the rod of fibrin with the bacillus tuberculosis, for the pure fibrin taken from a perfectly healthy animal's blood and decomposing in a solution of distilled water manifested "precisely the similar forms to what Professor Eberth of Germany obtained from the sputa of consumptives and labelled bacilli tuberculosis" (chapt. XVII, p. 130, Ind. Ed.). But what is yet to be done is either to prove the oneness of the simple rod of fibrin with the bacillus tuberculosis as conceived under the stain method of testing for A.F.B., or to disprove the said stain method itself scientifically in order to confirm the fibrin theory of tuberculosis thereby. And apart from the speculative ingenuity and confirmation of Hahnemann's Psora theory, Dr. Gregg's treatise, though outstanding in in

vestigation, information, planning and execution, and so distinctly admirable in the whole range of homœopathic literature, is of no practical value to us. It was Dr. H. C. Allen who came to the rescue in adding a more voluminous therapeutic and repertorial part to it.

A STEP FURTHER

Drs. Fortier Bernoville and A. Nebel's works in this line lead us a step further and confirm the conclusions of many, derived from the testimony of the clinic. Despite some crooked conclusions about the psora theory of Hahnemann, and the introduction of a type of polypharmacy involving the application of the simile rather than the similimum, their works may be pronounced to have been considerably accomplished, when a distinct technique, a well-balanced planning and a comprehensive evaluation of the whole subject, coupled with a determination to find a way out, are to be carefully considered. But alas! as we finish the book, Bernoville and Nebel's *Tuberculosis* (consisting of their translated Essays, by Dr. Raj Kumar Mukherjee), and look back we find ourselves to have taken only a step further and no further, whence the much desired goal is a tremendously long way off.

A PLACE OF RESORT

Tuberculosis is universally acknowledged to be a bacterial disease. Isolation blocks for tubercular patients are being increasingly erected in every country, and sanatorium treatment has had the reputation of yielding beneficial results since the early decade of this century. Some followers of Dr. J. T. Kent may object to it and advise the patient to go to a place "where the affection would be worse, so that all its manifestations would be apparent." (Kent, *Materia Medica* p. 857). The total picture of a disease or a case, aptly termed as "totality of symptoms," must include all factors of modus operandi or modality of the case in hand, e.g., aggravation and amelioration, including climatic influences, if any, on his health in general, or on a particular symptom or a group of symptoms, which the patient usually

gives us to complete the anamnesis. But to send a patient to a place where his sufferings are worse is equal to lodge a tubercular subject in a cell situated in a most unhygienic slum, to remove a cholera or a dysentery case to an epidemic area provided with dirtiest water, and to drive a person suffering from malaria to a more malarious region, confounding all that Hahnemann preached and stood for. Conditions of heat and cold, types of climate and diet which are grateful to the patient and so are conducive to his mental and physical well-being, having nothing in them medicinal or antagonistic to the remedy applied, must be advised in all Hahnemannian sense of Homœopathy (vide *Organon*, 6th ed., Secs. 238, 262, 263, 291 and p. 85). To do the reverse is to reverse the tenets of Homœopathy and is a crime against mankind.

IN THE CONSTITUTIONAL SPHERE

From the pure homœopathic point of view, tuberculosis is a constitutional disease and should be met in the constitutional sphere. Why, all treatment in Homœopathy is constitutional. Homœopathy is not an antibiotic therapy and as such has no "phenile," Carbolic Acid, or "Dettol" in crude form to kill bacteria with. Homœopathy is concerned only with the defense mechanism of the human organism, and helps to rouse the vital principle to give an honest fight to the disease in question, to create antibodies, enhance the process of elimination of toxins and other morbid matter and drive out or annihilate, totally or considerably, the bacilli, bacteria or the viruses as the case may be, or at least to engage them in some infiltrated spots where they die a natural death, deprived of all that they can thrive on, whereupon the cherished recovery ensues and the patient is restored to health, gently, rapidly and permanently. A homœopathic prescription, therefore, in a case of tuberculosis can not differ in principle or pattern from a prescription in a given case of another disease. "Find the simillimum" is the principle that applies to all cases in Homœopathy and is irrevocable.

THE SIMILIMUM

But what is the simillimum? How to find it? Like every-

thing under the sun, it is a relative term and is never absolute. The similimum sometimes takes the shape of the past history: hereditary or acquired; sometimes it takes the form of a group of local symptoms, sometimes of the syndrome of constitutional general indications, and, occasionally, it comprises a single rare and peculiar symptom, belonging neither to the local nor to the so-called general sphere of the case in hand, but characterising the patient so strikingly as to partake of a general characteristic, revealing a new light to the careful observer. Sometimes, again, the similimum is to be drawn from a few broad general manifestations indicative of the genius or the inner nature of the case of the remedy. Further, rarely a complex of common physiological or pathological symptoms, or even a few faintly figured out aspects have to be put together as a last resort to form an image of the case, and the similimum then descends from its lofty pedestal to the mud and dust of the simile. So the similimum may probably take six distinct forms, of which we are to choose that which serves our purpose best. At any rate, our "sole mission is to restore the sick to health" and we are to follow the lead of the symptom-image that most prominently thrusts itself upon our mind, outshining all its competitors, be the image a presentation of the similimum (the likest) or of the simile (the like).

HEREDITY

Heredity or acquisition consists of the miasmatic traits: psoric, sycotic, syphilitic or tubercular (which is another name for the scrofulous and is a combination of two or more miasms). From the pathologist's point of view tuberculosis is bacterial; from the homœopathic point of view it is double or triple miasmatic. The pathologist relies more upon the specific cause: the idem, the same, while the homœopathist values more the innate nature: the similimum or the most similar. This similimum of hereditary miasmatic nature plays a major role in the treatment and cure of consumption, as does the phase of acquired miasms. So the hereditary or acquired miasmatic traits have to be met, either at the commencement of treatment or at an intermediate

stage, by our well-trying friends, *Bacillinum Medorrhinum*, *Natrum sulph.*, *Psorinum*, *Syphilinum*, *Sulphur*, *Thuja* or *Tuberculinum*, in medium or high potencies. Of these, *Tuberculinum* or *Bacillinum* are more frequently called for and, if properly administered, they render such a magnificent service that one can not do without them. I distinctly remember to-day how wonderfully a case of mine in a thirty-year-old peasant whose parents, two brothers and a sister died of tuberculosis, even after considerable doses of Streptomycin, P.A.S., Vitamin, and Calcium combined with collapse-therapy, was cured by *Tuberculinum bovinum* alone administered in various potencies from 1 M to DM, in the course of two years' time. No clear picture of a remedy was presented by the case, and I applied the same remedy on grounds of heredity and past history alone. Incidentally, *Tuberculinum* may be established as a sycotic as well as a syphilitic remedy, if we remember: *Rhus tox.* or *Thuja* failing, *Tuberculinum* comes in (KENT, *Materia Medica*, pp. 962, 972), and "syphilitic cases refractory to reaction" (Heron), confirmed by Dr. H. C. Allen in his treatise on Nosodes (p. 529).

THE LOCAL VIEW

Despite the constitutional nature of tuberculosis, many cases present themselves which give no clue for a miasmatic or a constitutional remedy. They are mostly semi-chronic cases or are at the initial stage of the disease, frequently calling for either the moderately acting remedies like *Arsenic alb.*, *Ars. iod.*, *Bryonia*, *Hepar sulph.*, *Natrum mur.*, *Natrum sulph.*, *Pulsatilla*, *Senecio*, *Stannum*, and *Ustilago* in medium potencies, by virtue of their acute local symptoms, constant or in metastasis, or for the deep-acting remedies like *Calcarea*, *Lachesis*, *Lycopodium*, *Nitric acid*, *Phosphorus*, *Sulphur*, *Silicea*, etc., indicated there in the aforesaid potencies as acute local remedies for the local conditions of fever, cough, chest pain, expectoration and other discomforts, as revealed in their peculiar modus operandi, aptly called in Homœopathy "the modality of symptoms." The acute, short-acting remedies again have occasionally to be interpolated in very severe cases to meet an acute emergency, a new development

or a new twisting of an old existing symptom pointing to one of them. A few cases of mine of confirmed tuberculosis splendidly progressed under *Bryonia*, *Pulsatilla* and *Senecio*, applied intercurrently but bringing a great change for the better and helping a complete cure of the disease by other constitutional remedies.

THE OVERALL PICTURE

The constitutional remedies like *Calcarea carb.*, *Calcarea phos.*, *Calcarea sulph.*, *Guaiacum*, *Kali bichrom.*, *Kali carb.*, *Kali iod.*, *Kali phos.*, *Kali sulph.*, *Lachesis*, *Lycopodium*, *Medorrhinum*, *Nitric acid*, *Natrum sulph.*, *Phosphorus*, *Sepia*, *Silicea*, *Sulphur*, *Syphilinum*, *Thuja*, *Theridion* and *Tuberculinum* may be indicated at any stage of the disease, and they play their part worthily when their typical symptoms of the physical make-up and appearance, their conditions of reactions to time, environment, climate, temperature, applied heat and cold, and the valuable mental symptoms of likes and dislikes, desires and aversions, thoughts, wills, feelings, sensations, doings, habit and demeanour are expressly manifested, leave no chance of confusion in their group. The constitutional remedy is always the life-saver, and may be needed in the beginning, midway and in the end and, when indicated, nothing else can take its place. Here, as elsewhere, the higher the potency, the better the result, except of course in the far-advanced cases, where a high-power constitutional remedy may either give a rude thumping shock to the nervous system and through it to the vital principle, retarding or shattering the defence mechanism, which it primarily means to stimulate and strengthen, or it may suppurate and lay bare the pathological local condition, i.e. a tubercle, to the detriment of the patient's life. In the far-advanced cases, on the other hand, the medium potencies, e.g. the 30th, 200th and 500th have a soothing beneficial effect, while, strangely, the low potencies, e.g. the 1st, 2nd, 3rd or the 6th, cause an undue irritation and discomfort, invoking the vital principle only too faintly as it were, without the capability to rouse it up sufficiently to meet the situation. So the question of the gravity of the case or otherwise is

of prime importance, as it entails not only the selection of the potency, but also the prospect of life and death to the patient. Dr. Kent's warnings about the application of *Hepar sulph.*, *Phosphorus*, *Sulphur* and *Silicea* high, in such cases are worthy of consideration. I distinctly remember to have killed an abandoned case of tuberculosis by administering a dose of *Tuberculinum bov.* 10M, which seemed indicated by the complex of local and general symptoms and previous history, but instead of modifying the case beneficially, which it usually does, seriously aggravated the general state, whereon the patient died of coma following a high temperature and fearful haemoptysis. But fear in the physician's mind is more fearful than a fierce disease. We should shed it, and ascertain the actual state by the scientific methods of skiagram and laboratory tests. If the aforesaid danger level has not yet been reached, a constitutional remedy in a high power should and must be administered either to abort the case or secure the patient beforehand from the imminent fateful developments.

A SOLITARY GUIDE

Occasionally in practice a case comes to our hand which indicates no remedy in particular from the local or general symptoms or from the heredity or past history and so baffles our best efforts to find a way out, as various prescriptions fail to elicit any response; the patient gradually becomes impatient, demanding something special for him and exacting much of our valuable time. The physician himself gets more and more disappointed as he interrogates the patient, when unexpectedly, like a beam of light from the heaven as it were, a casual statement from the patient gives a clue to the right remedy, which either cures the case completely or paves the way for the subsequently indicated remedy to act and hasten the recovery. I remember three cases of this type: the first of a middle-aged gentleman, a tubercular subject of *Phosphorus* type, confessing accidentally a great fear of dogs, needing *Bacillinum* which in varied potencies from 200, to 10M completely cured him; the second in the person of a youth, a blonde, suffering for three

months from unilateral tuberculosis, much emaciated, prostrated and almost doomed, who rallied considerably under *Scilla maritima* 200, and 1M (*Tuberculinum bovinum*, however, was needed at a later stage), the leading indication being the gushing of tears with coughing; the third case was of a confirmed tubercular subject, who incidentally complained of a paroxysmal sneezing (about eighty to a hundred times in each paroxysm and definitely prostrating) and was given a few doses of *Petroleum* 200, and 1M, which effected three-fourths of a cure. Such cases are not frequently met with, but the peculiar indications being uncommon rare concomitants are like solitary guides in a vast desert and they never fail to show us the proper way, the right remedy.

INTO THE INNER CHAMBER

The more complete the picture of a drug, the more favourable the prognosis. But the complete picture of a drug delineated on one canvas of a single case with the really complete prominent lines of heredity, acquisition, particulars, generals and the rare uncommon factors, is rarely met with in practice. A physician is fortunate enough to find such a case or two in his whole life-time. Many times, therefore, neither the particulars, nor the past history, nor even the generals or the peculiars, as found separately or together in their incomplete and most insignificant state, after a careful search, yield any fruit, leaving us at our wits' end as to the selection of the remedy. Then it is a true conception of the inner nature or the genius of the remedy as revealed by a thorough grasp of it from its broad outlines, from its nature and sequence of action upon organ and organ, that comes to our rescue, ushering in a remedy either for the radical cure or for a change for the better. A thirty-year-old, fair, good-natured, emotional lady, suffering from various troubles for a long time (congestion of the right ovary, hepatitis, jaundice, right-sided pneumonia, etc.), was down with bilateral tuberculosis (from right to left). There was nothing except for a psoric taint in the family-cum-past-history and no tangible picture of a drug was left, as one hundred grammes of Strep-

tomycin, twenty million units of Penicillin, more than two hundred tablets of P.A.S. and considerable doses of Vitamin and Colloid Calcium in combination with collapse-theory had preceded our treatment. But relying simply on the rightsidedness, tenderness of chest internally and externally, desire for external and internal warmth and emotional disposition, a few doses of *Lycopodium* 200., 500. and 1M were administered, which brought about a radical change in the overall picture with steady progress to perfect health. The cure holds good for five years until now. Another case, a thirty-five-year-old, tall, stooped, anaemic gentleman suffering from various troubles (dyspepsia, abdominal colic, pyaemic abscesses, bronchitis, fleeting neuritis, melancholia, etc.), for a long time, suddenly developed high temperature (104°—105°F.) with acute pains in chest, coupled with convulsions due to excessive pain. He was vigorously treated, first for malaria, then for pleurisy, next for B.coli with quinine, Vitamins, Penicillin, Terramycin and mixed B.coli vaccines, which all failed to produce any appreciable result in four weeks' time. But the continued suffering from one thing or another, the frequent change of site and nature of the disease, and its final disposition to localise in the chest, gave me the clue to the tuberculous allergic condition, which was on the threshold of breaking forth upon the lung tissue. The remedy administered was *Tuberculinum bovinum* 1M, in two doses, morning and evening, which controlled the case in three days, cured the patient in eight days and the cure holds good for three years till now.

THE SIMILE

A physician in his lifetime may have to face a few cases which cannot be measured and resolved by the above five standards and instruments of the similimum. In such cases, either from too great a natural vital depression to produce a clear-cut picture or from an artificial suppression of symptoms by a most vigorous antipathic, antibiotic treatment which destroys or paralyses the symptom-producing capability of the nervous system and keeps the defense mechanism in abeyance, the life principle remains

stagnant. Here, because of extreme paucity of symptoms, even our reactive remedies like *Causticum*, *Carbo vegetabilis*, *Sulphur*, *Psorinum* and *Tuberculinum* fail or are short-acting, and our last but not honourable recourse is to select a remedy from among the *Ferrums*, *Calciums*, *Iodine*, *Kalis* or from the combinations in their group, the pathogeneses of which resemble to a considerable extent the tubercular process (marked by a deficiency of any or all of the said inorganic principles) in the most common symptoms of loss of appetite, emaciation, gradual anaemia, evening temperature, cough, chest pain, haemoptysis and night sweat. Those remedies may somehow be called the basic drugs, as they rectify a molecular imbalance causing a deficiency of one or more of those principles in the human constitution, and so revitalise the system. These revitalising basic drugs are therefore sometimes called for intercurrently, whereupon either the symptom picture changes or the patient is rapidly carried over to the outskirts of convalescence. A thirty-six-year-old, tall, slender, fair youth of a tubercular family, and himself having had acquired syphilis and gonorrhoea (treated with Penicillin in twenty million units), developed tuberculosis, confirmed with X-ray, and A.F.B. test of the sputum. Two patients of the same family, treated with Calcium. Vitamin and Streptomycin, died previously and Homœopathy was to be tried in this last case. The young man under *Thuja* 1M, *Syphilinum* 1M, 10M and *Tuberculinum* 1M, 10M, applied in the said order, progressed to some extent but there was a halt and in spite of my best efforts no further result could be achieved. *Calc. phos.* was then applied in the 1M potency, though its peculiar characteristic symptoms were not present. The result in the first month was encouraging and, continuing with it in the gradually ascending potencies at long intervals, the patient came round completely. There has been no recurrence of any of the symptoms in the last two years. Further, under this group for a dearth of remedies in our Materia Medica and a prevalence of many peculiar inexplicable symptoms in disease, we often have to resort to the undependable method of analogy, as we have to figure out a similarity to match it with a notable drug picture.

THE PECULIAR TECHNIQUE

From the aforesaid observations upon the varied aspects of the similimum based upon experience gained in the management of a large number of cases of various types, a technique peculiar to the treatment of Tuberculosis seems to evolve, as indicated below:

1. For the tubercular diathesis and the pretubercular state where the disease has not yet broken forth, the remedy par excellence is *Tuberculinum bovinum* or *Bacillinum*. Other tuberculins may play their part, but the present author has no experience with them.

2. The treatment does not vary with the varied site of the disease. Pulmonary tuberculosis, tuberculosis cutis, tuberculosis abdominalis, tuberculosis of glands and bones equally tolerate the same treatment.

3. When the best-selected remedy fails to produce any effect, *Causticum*, *Carbo veg.*, *Sulphur* and *Tuberculinum* in medium potencies (preferably *Tuberculinum bovinum* or *Bacillinum*), bring about a favourable reaction.

4. The most prominent symptoms guide us to the indicated remedy. The mild semi-chronic cases require the moderately acting remedies, while the serious ones need the deep-acting constitutional drugs, including the Nosodes. The moderate or short-acting remedies may be required in some cases intercurrently to meet an emergency, a new development, or a new twisting of an old symptom. Besides, the deep-acting remedies may be indicated by their local symptoms for some local conditions, and here in medium potencies. Further, even a single peculiar characteristic symptom may be of immense value. The discovery of the genius of a drug, as distinct from memorising the long array of its symptoms, is a definite step towards mastering the *Materia Medica*, in the intensive sense of the term, and ought to render a service that can not be expected otherwise. Even some pathological and physiological symptoms and a few faintly figured out aspects by means of an analogy with a notable drug picture may serve as the last resort to work out a similimum.

5. Heredity and acquisition, as envisaged in the diathesis, are strong factors to be met on the constitutional level, by the Nosodes and other constitutional remedies.

6. Deep-acting constitutional or suppurating remedies like *Hepar sulph.*, *Sulphur*, *Phosphorus* and *Silicea*, in high potencies, should be administered with proper caution.

7. To begin with a medium potency, say the 200th, and gradually to ascend to higher ones is the safest course in tuberculosis. But a repetition of the same potency, before ascending to the higher, so as to give a second stroke to the reactive field to gauge its depth of susceptibility is a well-advised practice. An acute phase in the midst of treatment may require a medium potency even of the same remedy which in high power is still acting in the patient in the higher field of susceptibility.

8. Nervousness and over-haste on the part of the physician, as exhibited in too frequent change or repetition of remedies, complicate the case beyond all chance of resolution, as they either dull or over-excite the sensitivity of the system to drugs and thus induce fatal issues. A well-selected remedy must be given sufficient time to work, should not be repeated too often, and so long as the first dose is acting favourably. Many a favourable case has been marred by too indiscriminate repetitions. Notwithstanding, constitutions still robust and vigorous tolerate more frequent but judicious repetitions than the devitalised and the prostrated.

9. A basic drug from among the inorganic principles, like the *Ferrums*, *Calciums*, *Iodines* and *Kalis*, apart from its local and constitutional suitability (in which case it must, of course, be administered at the first instance), is frequently called for intercurrently to correct a molecular imbalance that stands in the way of an indicated remedy to act, and it then revitalises the system even after the failure of the Nosodes and other reactive drugs, which, again, find a suitable field for action after it.

10. Diet, climate and environment—social, economic and psychological—are strong factors in modifying a case. Utmost care should be taken with regard to them. That which suits the patient and improves his condition most is best advised.

11. For haemoptysis our haemorrhagic remedies: *Ferrum phos.*, *Hammamelis*, *Lachesis*, *Nitric acid*, *Millefolium* and *Phosphorus* are gems. All failing, *Tuberculinum bovinum* 200., next 1M.

12. For a general antidote to allopathic drugging *Sulphur* 200., or *Thuja* 200., 1M, suffice.

13. Collapso-therapy in giving rest to the affected lung sounds rational and is said to have rendered considerable service in the past. But we are to pause a little and consider it a bit deeply. The lungs as well as the heart are non-stop organs, and as such are meant for acting all through life. The only occasion they are called on to cease functioning is at the cessation of life. By blocking a lung for a considerable length of time, we only embarrass the other, which at the strain and stress of double duty that it can hardly perform satisfactorily seems to catch tuberculosis earlier than it would otherwise. Collapso-therapy, consequently, is doing more harm than good, as it rapidly converts a unilateral case into a bilateral one, when the much admired collapso-therapy collapses completely.

14. Most cases require a series of remedies as indicated by their symptoms. The following scheme of remedies usually in their given order is frequently observed to operate:

SULPHUR—CALCAREA CARB.—LYCOPodium.
SULPHUR—CALCAREA SULPH.—TUBERCULINUM.
NATRUM MUR.—SEPIA—SULPHUR.
SULPHUR—THUJA—TUBERCULINUM.
THUJA—MEDORRHINUM—SULPHUR.
PULSATILLA—KALI SULPH.—SILICEA—TUBERCULINUM.
NITRIC ACID—SULPHUR—TUBERCULINUM.
NITRIC ACID—SYPHILINUM—TUBERCULINUM—SULPHUR.
TUBERCULINUM—CALC. PHOS.—TUBERCULINUM.
BRYONIA—SULPHUR—CALCAREA CARB.—TUBERCULINUM.
MYRTUS COM.—SULPHUR—TUBERCULINUM.
PIX LIQUIDA—SULPHUR—PSORINUM.
THERIDION—SULPHUR—TUBERCULINUM.
IODINE—LACHES—LYCOPodium—SULPHUR—TUBERCULI-
NUM.
KALI CARB.—SULPHUR—KALI PHOS.—TUBERCULINUM.
KALI BICHROM.—SULPHUR—TUBERCULINUM.

KALI IOD.—LYCOPODIUM—SULPHUR—TUBERCULINUM.
FERRUM PHOS.—SULPHUR—TUBERCULINUM.
LACHESIS—LYCOPODIUM—SULPHUR—TUBERCULINUM.
GUAIACUM—PSORINUM—TUBERCULINUM.
SENECIO—SEPIA—SULPHUR—TUBERCULINUM.

The above scheme shows the predominance of the constitutinals and the nosodes, especially of *Tuberculinum* which is often the first or the last remedy to be administered.

But, alas! there is an insidious prick of conscience that we often feel, since we kill as many cases as we cure. Remedies are still wanting, and I wish I could discover many more that would as accurately conform to the pathological and biochemic processes of tuberculosis, with their train of local symptoms, as to the background, which is the same as the general and the constitutional state of the patient, considered to be of prime importance in Homœopathy.

THE VALUE OF THE "INDIVIDUAL APPROACH" IN MEDICINE

*Emphasized and Exemplified by Experiences in Homœopathic
Prescribing*

DR. D. M. GIBSON

(Continued from page No. 320)

E.D., male, age 41. Asthma

Had suffered from asthma for the last ten years and also as a child. Attacks very frequent and very severe—crawling around on the floor on all fours gasping for breath.

August 8th, 1947. Wakes in attack at 1 to 2 a.m. Extremely tidy. Very restless; over-anxious re trifles. Attacks aggravated by emotional stress. Craves air; *Ans. alb.* 30 (ii).

September 1st, 1947. Feels much better; repeat *Ans.* s.o.s.