

Bryonia C.M. one dose a month. Only one slight return of the headache.

February 1942. Mrs., slender; fair haired; mother of two boys, allergic to dust and house mould; has had hay fever for years; gets injections for it. Moved to Toronto from California where hay fever is much less, probably due to living in heated house; migraine headaches for years; they come on with a great deal of nausea but no vomiting. Ipecac 200 once a week completely cured her in three months.

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COMPARATIVE THERAPEUTICS

By WILLIAM GUTMAN, M.D.

TWELVE EAR CASES

P.St., eight years, girl. Otitis media purulenta. Since seven days profuse discharge from the right ear. One week sulfadiazine without improvement. Ten days following the sulfa treatment dry wipes; no improvement.

Pulsatilla 200, one single dose. One week afterward considerably improved. After two weeks *Silica* 200, one single dose. Improvement continues, dry after one week. Three weeks afterward still dry.

M.B., 14-months-old girl. Otitis media purulenta. Right ear began to discharge one day prior to admission. Sulfathiazole and dry wipes for one

week. Discharge changing between profuse and moderate. Two weeks following sulfa drug no change.

Pulsatilla 200, one dose. One week later discharge very scanty; two weeks later dry.

Left ear began to discharge. *Pulsatilla* 200, one dose. Next day discharge from the left ear scanty, left ear dry within a week. After three weeks' observation discharged, ears dry.

C.M. 14-months-old girl. Otitis media purulenta.

Discharge started one week prior to admission, from the left ear. Sulfathiazole for five days. No improvement. Twenty-four days dry wipes, no change.

Kali bichromicum 200, one single dose. Within a week discharge becomes scanty. Within the next two weeks, in spite of a profuse nasal discharge, dry. Discharged three weeks later, ear dry.

V.D., three years, boy. Otitis media purulenta chronica.

First admission November 11th, 1942, with profuse discharge from the right ear for past two months. Sulfathiazole treatment, dry wipes. Ear still running when discharged.

Second admission February 18th, 1943; has been treated by the doctor of the City Mission with sulfathiazole without success. X-ray shows mastoid involvement. Again sulfathiazole treatment. On discharge both ears still running.

Third admission November 5th, 1943. Two months previously mastoid operation performed on

the right ear; purulent discharge still continuing. Also removal of tonsils and adenoids had no influence on the discharge.

• *Psorinum* 200, *Tellurium* 30, did not influence the discharge.

• January 5th, 1944, *Hepar* 200. Five days later discharge almost completely gone.

January 14th, 1944, *Silica* 200, one dose.

January 19th, 1944, both ears dry. Five weeks later discharged, both ears dry.

P.L., 10-months-old girl. Otitis media purulenta.

• Began five days prior to admission, in the left ear. Dry wipes, nose drops for two weeks; discharge still profuse.

• *Kali bichromicum* 200, one single dose. After ten days only slight discharge. *Psorinum* 200, one single dose. After two weeks, when leaving the hospital, still moderate discharge.

G.M., 8½ years, girl. Otitis media chronica.

• Running ears on and off for three years. Two days prior to admission pain in right mastoid and discharge. Diagnosis: chronic mastoiditis.

• November 10th, 1943. *Psorinum* 200.

• November 26th, 1943. *Tellurium* 30, one dose. Discharge decreasing up to November 28th, when dry. Three weeks later discharged, ears dry.

• A.M., eight years, girl. Otitis media purulenta chronica.

• X-ray shows clouding of the cells of the left mastoid.

• Admitted April 3rd, 1944. Three weeks later

still profuse discharge from the right ear, in spite of local treatment.

Pulsatilla 200, one single dose. One week later no discharge.

E.R., four years, girl. Otitis media purulenta chronica.

Child has had a mastoid operation and sulfa drug treatment before. Discharge started again three days prior to admission, from the right ear. After giving one dose of *Pulsatilla* 200, ear became dry the next day.

J.T. two years, boy. Otitis media purulenta chronica.

Right ear began to discharge two weeks prior to admission. *Pulsatilla* 200 given four days after admission. Ear dry within a week.

J.M., three years, girl. Otitis media purulenta chronica bilateralis.

Has had a mastoid operation performed on the right ear. Discharge continued nevertheless and did not stop until *Psorinum* 200, one single dose, had been given.

Returned after having had chicken-pox with a discharge from the left ear. *Kali bichromicum*, *Pulsatilla*, *Silica*, given in single doses of the 200th potency, failed. Having observed the child going into a tantrum, one dose of *Hepar* 200 was given. Within a week discharge became very scanty. Shortly afterwards ear dry.

P.H., seven years, boy. Otitis media purulenta.

Left ear began to discharge three weeks prior

to admission. Two and a half months of conservative treatment (dry wipes, etc.) without considerable change.

February 2nd, 1944. *Kali bichromicum* 200 one single dose. Three days afterwards ear dry.

Six weeks later acute cold with profuse nasal discharge, right ear began to discharge. *Kali bichromicum* 200, one single dose. One week later no discharge. One month later the child left the hospital, both ears dry.

J.L., seven years, boy. Otitis media purulenta.

Left ear had been discharging for several weeks. Extremely profuse discharge pouring out of the left ear and hanging down in yellow strings. Discharge so strong that the nurse cannot keep the ear clean. *Kali bichromicum* 200, one single dose. The next day ear nearly dry. After three days no discharge whatsoever. After observation of two weeks child discharged, ear dry.

A CASE OF PAN-SINUSITIS

E.D., five years, boy.

Admitted to the hospital with intermittent high temperature, going up for several weeks to 102° and higher. X-ray shows clouding of all sinus cavities. The child received three full courses of sulfa drug treatment and in addition three full courses of penicillin injections. During each course the temperature went down only to return immediately afterwards. No change; moreover, a pneumonic infiltration developed in addition.

Now one dose of *Pulsatilla* 200 was given according to the symptom picture. No more temperature thereafter, the pneumonic infiltration dissolved, and the child was discharged as cured after two weeks' observation.

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CLINICAL CASE

Mrs. J., aged 36 complained of dysmenorrhœa. She had had dilatation in 1943 and a myomectomy in 1944, but the condition had become worse since the second operation.

She was the eighth child of ten children. There was no family history of dysmenorrhœa. The menses began at 15 when she was working in a factory. She used to faint, and had to stay away from work because of the pain.

She has been married four years and wants to have a child, but so far has not become pregnant. Her husband has a chronic bronchiectasis, and this may account for her frequent colds.

She was upset by one air raid, and cried for days after it.

Periods are regular, last five to six days. She has a creamy leucorrhœa. The pain is like something pulling down; is relieved by heat and by the passage of clot. She vomits bile with the pain. During the periods she is inclined to weep when spoken to.