

DEFECTIVE ILLNESSES*

PIERRE SCHMIDT, M.D.

This is how I translate the expression 'Einseitige Krankheiten,' which we find interpreted in the other translations of the *Organon* into French, as "partial illnesses," which, of course, is a mistake. This is what Hahnemann says:

Paragraph 172: "A similar *difficulty* in the way of the cure occurs *from the symptoms of the disease being too few*—a circumstance that deserves our careful attention—; for, by its removal, almost all the difficulties that can lie in the way of this most perfect of all possible modes of treatment (except that its apparatus of known homoeopathic medicines is still incomplete) are removed."

In Paragraph 162 Hahnemann had spoken of *fragmentary remedies* that have not been sufficiently tried which he calls: "Unvollkommene Arzneikrankheits-potenz."

In the next edition of the *Organon* it will be a good idea to complete the expression 'defective illnesses' and say, rather, 'natural defective illnesses,' *in contrast to these pathogeneses which have not been sufficiently developed.*

Illnesses which show only one side, or one aspect, of their reality are called 'Einseitige Krankheiten.' We are not talking here about partial or fragmentary illnesses, because they are illnesses which involve and represent all of the individual; but we mean that they *do not show themselves completely.* That is why I have called them *defective illnesses.* On the other hand, "Unvollkommene Arzneikrankheits-potenz" means 'incomplete pathogenetic dynamization,' which is a fragmentary drug that has not completely developed its action for want of sufficient proving, or for want of provers sensitive enough to react in all their faculties and organs: It isn't the fault of the drug, but of circumstances which have not allowed it to develop all its potential richness.

Paragraph 173: "The only diseases that seem to have but few symptoms, and on that account to be less amenable to cure, are those which may be termed *one-sided,* because they display only one or two principal symptoms, which obscure almost all the others. They belong chiefly to the class of chronic diseases.

Paragraph 174: "Their principal symptom may be either an internal complaint (e.g. a headache of many years' duration, a diarrhea of long standing, an ancient cardialgia, etc.), or it may be an affection more of an *external* kind. Diseases of the latter character are generally distinguished by the name of *local maladies.*"

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The local illnesses, or local maladies, which Hahnemann speaks about here, are in fact *localized illnesses*: The only local illnesses that we recognize in Homoeopathy are the result of traumatism. An eruption, a keratitis, an appendicitis, etc. are localized affections and not local. Among these localized maladies there are, for instance, warts, discolorations, intertrigo, strabismus, or squinting, aphthae, hemorrhoids, alopecia, etc.

We have therefore to consider three kinds of 'defective illnesses':

(1) *Illnesses defective because of the patient*: Because there is a lack of real symptoms expressed by the patient. The patient tells you what is wrong with him: I can't sleep, I have no appetite, I feel tired. What can you do with symptoms like those? Nothing at all, because they are far too vague.

(2) *Illnesses defective because of the doctor*: They are defective because of the lack of symptoms discovered and collected by the practising homoeopath. In this case we must consider different insufficiencies:

(a) *Insufficient questioning*: The doctor doesn't know the modalities and concomitants that he has to look for while questioning the patient.

(b) *Ignorance of the four principles of questioning the patient*:

(i) The doctor keeps interrupting his patient.

(ii) The doctor asks direct questions to the patient, which can only be answered by 'yes' or 'no.'

(iii) The doctor asks questions grouped under two alternatives, obliging the patient to choose one of them.

(iv) The doctor doesn't know really how to 'direct' the questioning!

(c) Finally, there is the doctor who is too hurried. The patient has no time to answer because the doctor keeps asking questions too quickly; or else, if the patient is rather talkative, the doctor stops listening to him; or else he can't get an answer from a timid or an intimidated patient who does not dare to answer, or is too shy to answer. One must know how to encourage the patient to say everything that he wants to say. This is when we should repeat many times: Isn't there anything else? And what else? Haven't you forgotten anything? One must push the patient into a corner until he has nothing left to say at all. Only then can you start questioning him. Or, if it is taking too long, you can say to him: "That is very important. We will come back to that at a later date." After five or six consultations like that your patient will have exhausted everything he has to say.

But I insist that you take the trouble, before starting to question the patient, to ask him whether he is sure he has told you everything. If not, at the end of your consultation, you may see him pull a little paper out of his pocket and start reading it. Then the whole thing has to start again. If not, he may say to you (with what cheek): "Doctor, you have no time to listen to me, and I couldn't tell you everything!"

(d) Then there is the doctor who interprets symptoms in his own way to simplify, or to save time, because he is in a hurry, leaving aside sub-

jective symptoms and paying attention only to objective or immediately verifiable symptoms.

(3) Finally we have *Illnesses which are defective by their symptoms*. These are the illnesses which do not show themselves.

Hahnemann adds:

Paragraph 175: "In one-sided diseases of the first kind it is often to be attributed to the medical observer's want of discernment that he does not fully discover the symptoms actually present which would enable him to complete the sketch of the portrait of the disease."

Paragraph 176: "There are, however, still a few diseases, which, after the most careful initial examination (paragraphs 84-98), present but one or two severe, violent symptoms, while all the others are but indistinctly perceptible."

In this connection we must here remember the famous sixth paragraph of the *Organon* about the six categories you have to think about. Every homoeopath must know these six categories, which the doctor must constantly have in his mind.

Paragraph 6: "The unprejudiced observer—well aware of the futility of transcendental speculations which can receive no confirmation from experience—be his powers of penetration ever so great, takes note of nothing in every individual disease, except the changes in the health of the body and of the mind (*morbid phenomena, accidents, symptoms*) which can be perceived externally by means of the senses; that is to say, he notices only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him, and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease."

And then Hahnemann expounds these six categories:

(1) First of all, there are those which come up during the questioning and are told by the patient himself. One must therefore listen to what he says (or read what he writes) about his personal feelings and let him take as long as he likes. I insist on this. One must corner him completely until he has said everything he has to say.

(2) Symptoms obtained and listed by questioning people around the patient. There are things that the patient doesn't say and which the doctor quite often doesn't see but that the people around the patient know; for instance, night convulsions or other manifestations that take place during sleep, little faults of character, signs in the walk, certain attitudes, etc.

(3) Symptoms observed and noted by the doctor, with all the possible means at his disposal including x-rays, laboratory tests, physical examinations, and so on.

After his first symptom triad, Hahnemann gives us a second. Here again the first translation we have is wrong. The first translation of the *Organon*,

in fact, tells us something which we have never understood, that is, that one recognizes illnesses in three manifestations: signs, accidents, and symptoms. I racked my brains for a long time trying to find out just what these three things meant. This, in fact, is what they mean.

(4) Subjective symptoms felt by the patient himself, symptoms often not objectively verifiable and very often minimized or neglected by the treating doctor. Homoeopathy is always interested in subjective symptoms because it is interested in the patient, in his personal reactions, in everything concerning him; while ordinary medicine is interested in the illness, to make a diagnosis, for which a treatment will subsequently be prescribed.

(5) The signs are objective symptoms that can be measured, auscultated, felt, verified, identified, seen, and perceived by all the means at our disposal either by our senses, or by the microscope, or all the apparatus used to detect symptoms, or all the means known to the laboratory.

That is why, for us the homoeopaths, there are no illnesses without symptoms, because any illness which doesn't reveal itself to us through manifest symptoms can be discovered by laboratory techniques.

And the same thing applies, for accidents: The more blood there is, the more horrible it is, and most of the time the less serious it is! But when we see just a small drop of blood coming from the ear or the nose, we know that it is much worse than something else which horrifies everybody around us. The small symptoms are always more important than the big ones. And in fact, it is the same in ophthalmology-diagnosis. It isn't the big spots on the eye which are important, but the very small details, sometimes hardly perceptible.

(6) Accidents, unexpected symptoms, casual or accidental symptoms, all of them are symptoms occurring from accidents: burns, insect bites, wounds, etc.

We see, in addition, that 'defective illnesses' can present us with different possibilities:

(1) There aren't enough symptoms, or not enough that can be considered usable.

(2) There are too many symptoms. When you have a big muddle of symptoms, what can you do? I remember having questioned a patient when I was studying with Dr. Gladwin of Philadelphia. After questioning the patient for half an hour, which I thought was very thorough of me, and for which I even expected some congratulations, I had 40 symptoms, for which I had sweated... in English! She rejected them, one after the other, not one of them being of any use... I was really mortified. "You cannot," she said (for this was a lady doctor, if you don't mind), "prescribe in any rational way on these symptoms because they are all common, too frequent, too vague, or too general: tiredness, depression, insomnia, headaches, constipation, diarrhea, without any modalities at all."

The patient may also make things up that happens, and he gives you

symptoms that you cannot make head or tail of, things that change each time. Still, we see very few patients who tell fibs or totally invent what they tell us!

(3) There is also the question of symptoms that the patient won't tell you willingly because they are embarrassing, humiliating, shameful symptoms. You will find a remarkable description of these in the *Organon*, paragraph 93. It is up to the doctor to discover them with tact and psychology. I must tell you that ophthalmic-diagnosis often helps us a great deal in this matter. I have often spoken about the flattening of the pupil at 12 o'clock: In the left eye it means sthenic manifestation, and in the right, asthenic, depressive. In the left eye it would indicate rage or repressed anger, for instance; in the right, depression and sorrow.

I have already told you the story of the young woman who had one of the highest positions on the O.M.S. She was divorced because she had married a fellow quite beneath her, a sort of moron. After that she met a diplomat from Paris who courted her and promised to marry her. They were to marry at Christmas. She was very happy to have found, at last, someone worthy of her. And a few days before Christmas the suitor called her on the telephone and said that he unfortunately couldn't come, he had to leave, and wouldn't be there for the wedding! She never heard from him again. She came to see me, saying, "Doctor, I am heartbroken!" I looked in her eyes. At the top, at 12 o'clock, in the right eye there was absolutely no flattening. In the left there was an enormous flattening. So I said to her: "You are not heartbroken at all. You feel enraged about your self-esteem, with repressed anger." Then she looked at me with tearful eyes, smiled, and said: "Yes, Doctor, I rather think you may be right!" And, of course, this was a case of *Staphisagria*, not at all *Pulsatilla* or *Ignatia*.

So the examination of the eyes will allow you to discover mental symptoms that you cannot find in any other way.

We can also find very useful symptoms which the patients do not tell us without asking a single question, by observing the handwriting, the lines of the hand, the nails, the wrinkles of the face, the ears.

THERAPEUTICS OF DEFECTIVE ILLNESS

Hahnemann has the following to say about this:

Paragraph 177: "In order to meet most successfully such a case as *this*, which is of *very rare* occurrence, we are in the first place to select, guided by these few symptoms, the medicine which in our judgment is the most homoeopathically indicated."

A little before that he says in paragraph 166: "Such a case is, however, *very rare*, owing to the increased number of medicines whose pure effects are now known, and the bad effects resulting from it, when they do occur, are diminished whenever a subsequent medicine, of more accurate resemblance, can be selected."

This shows that most often it isn't only the patient's fault, but above all the doctor's fault. It is up to us to know our materia medica sufficiently well to know what we have to ask.

I must say that the disciples of Kent have a great advantage. First, simply by opening Kent's *Repertory* they have a whole list of questions they can ask, which is to their advantage. Secondly, they know that all these questions have corresponding answers in the materia medica, which is another advantage. When we know our way around our repertory, we have there a considerable spectrum which allows us to ask questions that a doctor without a repertory cannot know, and therefore cannot ask, simply by relying on his memory. This is an enormous advantage over all other practitioners.

Paragraph 178: "It will, no doubt, sometimes happen that this medicine, selected in strict observance of the homoeopathic law, furnishes the similar artificial disease suited for the annihilation of the malady present. This is much more likely to happen when these few morbid symptoms are very striking, decided, uncommon, and peculiarly distinctive (characteristic)."

Paragraph 179: "More frequently, however, the medicine first chosen in such a case will be only partially, that is to say, not exactly suitable, as there was a small number of symptoms to guide to an accurate selection."

Now we come to the question of the so-called accessory symptoms, about which Hahnemann writes, as follows:

Paragraph 180: "In this case the medicine, which has been chosen as well as was possible, but which, for the reason above stated, is only imperfectly homoeopathic, will, in its action upon the disease that is only partially analogous to it—just as in the case mentioned above (paragraph 162, *et seq.*), where the limited number of homoeopathic remedies renders the selection imperfect—produce accessory symptoms, and several phenomena from its own array of symptoms are mixed up with the patient's state of health, which are, however, at the same time, symptoms of the disease itself, although they may have been hitherto never or very rarely perceived; some symptoms which the patient had never previously experienced appear, or others he had only felt indistinctly become more pronounced."

You see, Hahnemann thought of everything. These are revealing symptoms, which were hidden and now are laid bare. So you see that the expression 'partial illness' was not accurate.

These new symptoms can perhaps be linked to the secondary symptoms, or the iatrogenic symptoms of our allopathic colleagues, who are always skirting the edge of toxicity with all their new drugs. After all, we must remember that Allopathy is interested in finding out just how much of a drug the patient will tolerate; whereas we, the homoeopaths, deal in the minimum effective dose!

Paragraph 181: "Let us not object that the accessory phenomena and the new symptoms of this disease that now appear should be laid to the

account of the medicament just employed. They owe their origin to it* certainly, but they are always only symptoms of such a nature as *this* disease was itself capable of producing in *this* organism, and which were summoned forth and induced to make their appearance by the medicine given, owing to its power to cause similar symptoms. In a word, we have to regard the whole collection of symptoms now perceptible as belonging to the disease itself, as the actual existing condition, and to direct our further treatment accordingly."

Paragraph 182: "Thus the imperfect selection of the medicament, which was in this case almost inevitable owing to the too limited number of symptoms present, serves to complete the display of the symptoms of the disease, and in this way facilitates the discovery of a second, more accurately suitable, homoeopathic medicine."

Paragraph 183: "Whenever, therefore, the dose of the first medicine ceases to have a beneficial effect (if the newly developed symptoms do not, by reason of their gravity, demand more speedy aid—which, however, from the minuteness of the dose of homoeopathic medicine, and in very chronic diseases, is excessively rare), a new examination of the disease must be instituted, the *status morbi* as it now is must be noted down, and a second homoeopathic remedy selected in accordance with it, which shall exactly suit the present state, and one which shall be all the more appropriate can then be found, as the group of symptoms has become larger and more complete."**

This is something which Kent often repeats. You have given a remedy and the result isn't brilliant. Instead of starting immediately to give a whole lot of other drugs, question your patient again, complete your examination, and you will see that quite often the remedy will manifest itself without any difficulty.

In addition, this paragraph raises the question of lack of reaction, if we have proceeded as we should. . . . Here it is well to remember that we must differentiate between two categories of reactions:

The drug has been really well chosen, based on a serious case-taking. Its origin and preparation leave no doubt about its effectiveness; it corresponds to the patient's real symptoms of the moment. In this case Hahnemann indicates Opium, if there is a lack of reactions. You know that Opium

* "When they were not caused by an important error in regimen, a violent emotion, or a tumultuous revolution in the organism, such as the occurrence or cessation of the menses, conception, childbirth, and so forth."

** "In cases where the patient (which, happens rarely in chronic, but not infrequently in acute diseases) feels very ill, although his symptoms are very indistinct, so that this state may be attributed more to the benumbed state of the nerve, which does not permit the patient's pains and sufferings to be distinctly perceived, this torpor of the internal sensibility is removed by Opium, and in its secondary action the symptoms of the disease become distinctly apparent."

paralyzes, stops all reactions, whether nervous, muscular, or sphincteroid. That is why, according to Dr. Flury; when a doctor is called to a case of hepatic or renal colic at night and makes an injection of morphine, he always goes home disgusted, annoyed, and dissatisfied with himself; but, if he has been able to find the right remedy and relieve the patient—and this is perfectly possible—then it is quite a different story and he has a clear conscience.

In Kent's *Repertory* on page 1397 there is the rubric: 'Lack of Reaction,' You will look back to page 1369: 'Lack of Irritability,' and you will add to the rubric on page 1397: *Bryonia, Calc-i., Cypripedium, Tub., X-ray, Zinc.*

And when too many drugs have produced a state of hypersensitivity and the remedy fails, you have to think of *Ph-ac.*, and above all *Teucr.* (page 1369).

On page 1288, in intermittent fever that has been spoiled by a whole lot of drugs, you have a rubric which indicates several drugs, among which you find *Sepia*, and you find it listed equally on page 1282.

Now we come to a whole series of precisions, very useful in practice, which allow us to choose the *reactive* remedy properly. These reactive remedies will either open up the case, bring about an initial improvement that can be followed up later on, or else, more often, they will not seem to produce any immediate result; but afterwards the patient will feel an indefinable improvement in himself, and a repetition of the drug, which started the improvement in the beginning, and then seemed to stop acting will bring about a new improvement and sustain that improvement. Thus the flame will be rekindled, and the favourable reaction, which was interrupted, will be revived and strengthened once again.

Therefore we shouldn't believe, or expect, that the reactive remedy will bring about an immediate result. Sometimes there will not be any apparent result, but the real remedy of the patient will once again be able to act. A general rule is not to repeat the reactive remedy. We give it only once and see what happens, or, as the English say: Watch and wait.

After the reactive remedy how long should one wait? Usually three to five days, or even longer, if there is a good result (and in that case continue as usual allowing the improvement to run its course). But, if you have no result, wait three to five days without repeating the original drug.

REACTIVE REMEDIES OF THE AGED

In Kent's *Repertory* look under 'Old People' or 'Aged People' or 'Old Age'.

An elderly person is someone who is at least over 65, although certain patients are old long before that, and, on the other hand, others, who have reached 75, are still very young. Therefore this is a question of discrimination which you will have to make for yourself.

There are two excellent reactive remedies for elderly persons: *Ambra*

grisea and *Teucrium marum verum*, which you will give if you have some symptoms indicating them, and I shall speak about that now.

Ambra grisea: Is suitable especially for elderly people and patients who are weakened by age, or as a result of over-work.

These people are hypersensitive, exhausted, nearly always have insomnia because of worry, and have to get up at night.

Usually there is aggravation from music, which they do not like and which makes them weep.

Crotchety and fussy, they hate anything which is out of the ordinary routine of their lives and disturbs their habits. Like *Cann-i.* and *Glon.*, for them time passes too slowly (if it passes too quickly, *Cocc.*). They are nervous, intensely shy, and cannot do anything in the presence of someone else. They desire to be alone.

Nervous and excitable infants; loquacious subjects; a great remedy for elderly people disgusted with life; people hating strangers and everything new.

These patients usually suffer on one side only, usually the *right side*, but also the right side on top and the left side at the bottom. When certain subjects have symptoms only on one side, and you cannot find those symptoms listed on page 1400 of the *Repertory*, under the right or the left side, whichever the case may be, then you should look at the first rubric, '*Symptoms on One Side Only*,' without worrying about whether it is the right or the left side.

Ambra symptoms further include:

Vertigo of the aged and loss of hair.

Epistaxis, aggravated in the morning; much bleeding of the gums.

Frequent feeling of coldness on the abdomen.

Spasmodic cough with eructation; aggravated in the presence of others; a loose, deep, hacking cough with palpitations; nymphomania; pruritus of the sexual organs; tendency to metrorrhagia; cramps in the hands and in the fingers.

Teucrium marum verum: When the great number of drugs administered has produced a state of hypersensitivity, with the result that no remedy, even if it is indicated, acts. Specific action on the nose and the rectum. Generally speaking, patients who need *Teucrium* usually have:

Dry, chapped skin, and have suffered in their infancy (or still suffer) from mucous polyps somewhere in the nose or the nasopharynx, or the womb, or the bladder, or the rectum;

Childhood complaints;

A nose that is always stuffy;

Ozena;

Anosmia;

Coryza with blocked nose.

(Continued on page 354)

Books of the late top-ranking homoeopathic practitioner, teacher and writer Dr. P. Sankaran. Published by The Homoeopathic Medical Publishers, 20, Station Road, Santa Cruz (West), Bombay 400 054.

(1) **Some Recent Research and Advances in Homoeopathy**, 4th edition (much enlarged), 82 pages, price Rs. 6.50.

(2) **Some Notes on the Nosodes**, 3rd edition (enlarged) 65 pages, price Rs. 5.40.

The necessity of rapid editions of these two books speaks of their popularity and utility value.

J.K.

THE KALI SALTS

(Continued from page 377)

Through the years, I have found those four special things useful guides to think around. When nothing has helped, think of Kali brom.

These are some of the salient features of the Kali salts. Enough, I hope, to show you how they resemble each other—in their tiredness, weariness and fatigue, which they all share, but also how they differ from one another, differences which should help you to select the remedy of choice when a patient's symptom picture shows some of the *Kali* characteristics.

—*The British Homoeopathic Journal*, January 1977

DEFECTIVE ILLNESSES

(Continued from page 347)

One of the remedies that have the sensation of 'internal trembling.'

These patients are prone to hiccups and nearly always have the postnasal passage blocked.

Constant hiccup while eating or after lactation.

Musty taste in the mouth.

(To be continued)

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DEFECTIVE ILLNESSES

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(Continued from page 384)

REACTIVE REMEDIES OF CARDIOPULMONARY PATIENTS

In this section there are five remedies which are especially important. First of all:

Carbo vegetabilis: This remedy is a classic for subjects who have never recovered their health after a serious illness (pneumonia, typhoid, grippe, etc.). This is one of those cleansing remedies, a great 'drainer'! In that case give 10M potency, which works particularly well. A reactive remedy for defective reactions.

It is also indicated after strong allopathic 'drugging.'

Remember that in the Carbo veg. patient *everything is cold*: the end of the nose; the extremities, hands and feet; face; teeth; mouth; breath; integuments—not only cold, even icy, except for the head, which is often hot. In spite of this typical cold, with venostasis, cyanosis, these patients quite paradoxically often have:

Feelings of local and regional burning.

Carbo veg. is anxious, especially in the evening, in bed, on closing the eyes.

He presents three very different, but very characteristic states: discouragement; indifference to everything, without reaction; irritability.

Generally speaking, collapse and all kinds of fainting following the loss of vital fluids.

Stagnation of blood in the capillaries, causing simple ecchymoses; cyanosis; *hemorrhage of all the mucous membranes*.

Septicemia.

Asthenia, exhaustion, debility; easy fainting, for instance, in the morning upon getting up.

Aggravated by *fatty food, butter, rich food, pork*.

Heavy head, as if squeezed; hat feels too heavy.

Hot head, breath cold.

Hair falls out easily.

Black "mouche volante" before the eyes.

Dry ears, or ears with too much wax.

Epistaxis every day; *black blood*.

Cyanosis of the face; chlorotic; pale, pasty; unhealthy look.

Hippocratic facies.

Cold sweat of the face; mottled cheeks, and the tip of the nose red.

Cracked lips; gums that bleed easily, especially when they are sucked.

Amelioration from eructation of wind, especially after *butter* and acids. Stomach cramps which fold the patient in half, half an hour after eating, aggravated in summer.

Stomach burning and morning nausea.

Desire for *salty things*.

Aggravation from all fatty food.

Frequent indigestion; very sensitive epigastrium.

Painful diarrhea of elderly people.

Glutinous secretions at the anus which burn, aggravated by scratching.

Green leucorrhœa; early menses; prolonged menses.

Excellent remedy at the beginning of whooping cough.

Wheezing respiration.

Carbo veg. nearly always feels *weight on the chest*; constantly oppressed; frequent need to fan himself; needs the windows wide open; he needs air so badly that he asks for something with which to fan himself.

Sighing and irregular breathing.

Faint, feeble, imperceptible pulse.

Hoarse voice, no pain, aggravated in the evening.

Weak voice, especially singing high notes, aphonia.

Coryza with cough.

Cold hands, knees, legs, worse at night.

Prunus laurocerasus: For cardiovascular complaints with cyanosis and dyspnea. *Cyanosis and rales in the newborn.*

The cold is not ameliorated by heat, the pulse remains small and faint.

The patient holds his heart, he always has his hand on his heart.

This is the typical *snorer*, with very deep sleep (catapnea). As far as the snoring is concerned, and the stertorous respiration, this remedy rivals Opium and Lac caninum, which are the two remedies which have the most snoring (or the best).

This reminds me of a story of my dear mother, who was still very active at 82 when she returned here in March from a trip to Cannes. Eight days later I went to see her one morning and rang her doorbell. No reply. Fortunately I had a key. I went in, saw the kitchen, the sitting room, empty. No mother! Where could she be? That was when I heard a dreadful snoring. I went into her room and found her in bed, eyes closed, absolutely passed out, with the rale of the dying. Alas, I know that rale very well.

Speaking of this, I must tell you that this is something that always worries people around the sick. I saw that in my Master, who was dying when I was in India. Many nervous and agitated adepts were around me and begged me to do something to calm him down, give him a shot of morphine—which he would never have allowed. I simply turned his head a little to one side, and the rale immediately stopped. Therefore it was enough simply to modify a little the position of the head! For people who snore when they

sleep at night it is quite a different story. Often they have an elongation of the uvula, and when they lie down, especially if they lie very low, the uvula vibrates in the back of the throat. This disturbs many people, especially the wife, who is furious because she can't sleep; whereas her husband sleeps with his fists closed, snoring! There are special little structures which one can fix on the neck and the head, and which hold the chin and do not allow it to drop; but husbands do not readily accept this imposition, as you can imagine.

Yet, I once knew a great lawyer at the International Court at the Hague, a director and president of many commissions and congresses; but he was like a little boy before his wife. She made him wear this sort of mask, which stopped his chin from falling when he slept. The poor man hated it but he had to take it!

This method is usually not very popular. Snorers can use an extra cushion behind their backs so that the whole thorax is higher and the airway functions without obstruction. One can also wear a belt with a big knot in the back which will force one to sleep on one's side, and this lessens the condition.

Well, I found my poor mother in this state. I lifted the blankets and looked for reflexes, there were none in any part of the body. I lifted an arm, it fell back heavily. I took a pin and tested her sensitivity by pricking her more or less deeply, evoking no movement at all. The pupils were very small and hardly reacted to light. What was I to do? I thought that at 80 one had the right to die in peace; so I called a nurse to look after her; and there was nothing for the nurse to do.

Three days later my 19-year-old niece, who studies biology and works in a laboratory, said to me: "Really, you homoeopaths make me sick! Half of your remedies are only make-believe! That is why you leave your patients to die with their arms crossed on their chests. Do something, an injection of strychnine or camphor or anything at all, but do something!" We had a dreadful argument, but I thought that perhaps there was something in Homoeopathy that one could give. When you see someone who doesn't move and has no reflexes, with a very small pupil, and who snores, and is completely unconscious, what picture does that bring to mind? Well, you must be an infant in arms not to think of Opium.

So I gave my mother a 200th potency of Opium, just a few tiny globules on the tongue. Ten minutes later I saw her left eye open and close and her right eye do the same thing. Half an hour later her eyelids started fluttering, then movements appeared in the upper limbs. The first night she urinated, and the intestines rendered unto Caesar that which was Caesar's. In a word, in the evening she had reflexes and her pupils had become larger. I gave her three doses in all and the result was extraordinary and spectacular. Eight days later she was sitting up, spoke a little, although with difficulty. And a month later, would you believe it, she was gathering flowers on the

Petit Salève Mountain! She lived three years after that. I wonder what our dear colleagues would have done? No doubt, injections of camphor, or Coramine, or God knows what else; and certainly they wouldn't have had any result except to send her off from Charybdis to Scylla!

Hydrocyanic acid: A great cardiovascular drug, which is often forgotten; and yet it has always given me remarkable results. It is one of the most toxic and most mortal poisons!

For the mental symptoms, it is an interesting drug. It is a great frightener, *fear of everything*.

It also has cyanosis, with collapse, but more pulmonary than cardiac; while Carbo veg. and Laurocerasus have more effect on the heart.

Suffocation and constriction of the chest.

Palpitations.

Angina pectoris.

The pulse is slow and flabby.

Sensation of emptiness, epigastric region.

Foaming at the mouth.

You always have to look at the pupil; the pupil of Hydrocyanic acid is dilated and without reaction.

Ammonium carbonicum: These patients don't like cleanliness at all. You may be sure that they use neither brush nor soap. They hate water and hate using it. This doesn't mean that you will give this remedy only to patients who are dirty.

This remedy presents an absolute incompatibility with Lachesis, and you have to know this incompatibility. You can have serious accidents if you give Lachesis after Ammonium carb, in the hope of getting a reaction... just try it!

This patient is usually sedentary.

Big people, always tired, exhausted for no reason at all, with heaviness of all the organs.

Hates cold air.

Doesn't even like to touch water, let alone cold water! Sulphur doesn't like to be washed, Ammonium carb. doesn't like it either but he actually fears the contact with water, which he hates.

Always has to carry a bottle of smelling salts to avoid fainting, or swooning!

Epistaxis after washing the face or the hands, and after eating; especially at night.

Marked tendency to catch cold.

Nose always blocked. The nose is especially blocked at night.

Lips cracked; cracks in the corners of the mouth; a crack in the middle of the lower lip.

Wakes up every morning sneezing. I have a patient who said: "My husband is unbelievable! I always know what time it is because at exactly seven o'clock in the morning suddenly I hear him sneeze. He wakes me up!" One dose of Ammonium carb. (and you will find that it is in the third degree in the *Repertory*) succeeds in most instances.

Creaking of the jawbone in chewing.

Bleeding hæmorrhoids, aggravated during menses.

Anal pruritus.

Protruding hæmorrhoids during stool.

Very frequent menses, profuse, with great tiredness.

Pungent, abundant, burning leucorrhœa, milky and smelling of ammonia.

Aversion to the opposite sex.

Involuntary urination at night.

A feeling of fullness in the head.

Patients who are rather obese, with a large appetite.

Audible palpitations; they say that they can hear their heart beating!

Angina pectoris.

This subject is rather chesty, asthmatic, always out of breath, with noisy breathing that is more or less audible.

A great remedy of *emphysema*. The oppression is noticed particularly in climbing, but also on entering a hot room.

All the chest symptoms are always aggravated at three o'clock in the morning.

All the pains are ameliorated by external pressure.

Whitlow.

Heaviness of all the internal organs.

It is a remedy for uremia, don't forget this. It antidotes adrenalin.

Tarentula hispanica: This drug is very much neglected, and it is a pity! First of all, it is one of the most agitated of the drugs. He can't sit still, he can't stay in one place, must move about, especially at night.

Syndrome of legs that will not rest, constantly fidgeting. You must remember also that this fidgeting is both physical and mental.

The agitation is often anxious.

Aversion to company, but patients who respond to *Tarentula* always want someone near to them, ready to help them.

Always dissatisfied.

Capricious.

Very changeable moods. These people are difficult to live with, whether children or adults.

Pre-cordial anguish with constriction.

Palpitations with the feeling that the heart is being squeezed.

Immediate amelioration from music! That is why in my consulting rooms I have a button I can press to switch on a recording of music. When

I have restless children, who run all over the room, I press the button, and as if by a miracle they stop, calm down, and listen! This is a very good indication for Tarentula.

Yearly periodicity.

REACTIVE REMEDIES FOR NERVOUS SUBJECTS

Gelsemium sempervirens: You know that in English you can sum up this remedy with three 'D's':

Dizzy,

Drowsy,

Dull.

When you see somebody, especially after flu, who is dizzy, and always drowsy, no thirst, apathetic, dull, think of this remedy.

Gelsemium has always light-colored urine, never dark, even when there is fever. And if you prescribe *Gelsemium* for a patient who has dark urine, that will prove that you are extremely defective and have a great need to take a refresher course!

Frequent urination, abundant urination which relieves headaches.

A great remedy for trembling, but I draw your attention to this: *external* trembling. One can say that many *Gelsemium* patients, especially feverish patients, complain that everything is trembling.

The pulse is abnormal, slow but full, intermittent, irregular. It can also be rapid and tachycardiac, feeble, soft, almost imperceptible, aggravated by movement. It is these apparent contradictions that make the charm and the value of our materia medica.

You know that this is the remedy for *bad news*, and you remember the story of the patient I spoke about before who was overtaken with a dreadful buzzing of the ears when he received bad news, the sudden death of one of his friends, whom he had recently seen. And he was brilliantly cured with this remedy, while our allopathic colleagues had *energetically* treated him without the slightest little result... quite the contrary! Every time a patient tells you that he has had a sudden sorrow, ask him how it started. Often it came from the shock of some bad news. In such cases always prescribe a high potency: *Gelsemium* 10M. If, on the other hand, this is a case of real sorrow, rather give *Ignatia*; and, speaking of that, I have had cases which came back and reproached me afterwards: "Doctor, it is quite dreadful, you gave me a homoeopathic remedy so that I would be sustained under the emotion of a great bereavement; I went to the funeral and, although I am so sensitive, I couldn't even cry!"

Aggravated by all emotions. A great fearful remedy. Always a terrible fear before examinations. This remedy is very successful when it is prescribed as a specific for fear of examinations. I give a dose of the 200th the morning of the examination, and if this fear of the examination is very pronounced, a dose even the day before in the evening. More often than not that is admir-

ably successful: I don't even have to repeat it afterwards. What an advantage and what a blessing, especially in pipe organ examinations, when one's foot trembles on the great bass pedals . . . to make even the examiner tremble; and as for singing . . . when you *can't get a sound out*, Gelsemium maintains the voice of a nightingale!

So Gelsemium is very apprehensive.

Very frightened, especially *frightened of death*. Remarkable after fear and emotions.

Wants to be *left in peace*.

Agoraphobia, fear of walking across large open spaces.

Fear of being alone, wants someone near, even someone who doesn't speak.

Fear of going in mountain cableways and elevators, even going down! Terrified of everything unexpected. Fear of falling.

Fear of losing his self-control and his calmness.

Fear of lightning; what a dreadful coward!

A real living barometer. Gelsemium very quickly feels all the fluctuations of the weather, especially when the barometer falls.

Constantly aggravated by thinking of his troubles.

But be careful, he unfortunately always feels better when he has had alcohol to drink! I had a patient once who had this unfortunate peculiarity with, in addition, all the other symptoms of Gelsemium. She used to say to me: "Doctor, you wouldn't believe it, a friend of mine told me about this: I take the tiniest possible glass of kirsch every morning, and afterwards it is absolutely marvellous, I feel that I have wings all day long to do the housework." That is really dangerous. She started with a tiny little glass, and a year later it was a liter of kirsch that she drank every morning. Her liver, especially, suffered from this, as you can well imagine. She developed dropsy with a whole lot of complications and she died of anasarca in the greatest moral and material misery! The constant repetition of her vice immediately antidoted the action of Gelsemium! *Fear of death, Feeble, slow pulse*, even imperceptible.

Capsicum annuum: This drug is not chilly, as you will see it stated in many materia medica, but on the other hand is *aggravated by the cold* and the slightest draft, which is an important nuance you have to remember.

Capsicum patients are flabby, *obese, lazy*; they want to be left in peace; these patients are apathetic and are always down. I promise you that you will never find them breaking speed limits. *Lack of reaction in obese patients*.

These people love routine and they hate anything unexpected. Write it in your repertory under the heading '*Unexpected, Aversion to Anything*.' If you tell them that you will take them on a drive tomorrow, they won't like that at all. You will have to tell them long in advance.

Great difficulty getting going to go out or to go on a drive or a walk. They hate all exercise and all effort.

And yet, *amelioration once they start to walk.*

Capsicum is an overworked intellectual who doesn't eat enough and is always in need of stimulants and tonics. *Dyspepsia of elderly people.*

It is a funny thing that this patient is always *thirsty after stool!!* And his scrotum is cold in the morning on waking up!

Like Ammonium carbonicum this remedy isn't very fond of cleanliness; you will see that their clothes are dirty, their ties have spots on them, and they are always improperly washed or shaven! Ugh!

Constantly dissatisfied and complaining.

This drug is indicated for a special illness, for which Allopathy is absolutely useless unless you go through two years of psycho-analysis... It is homesickness. This drug is especially recommended for young maidservants who have bright red cheeks and who suddenly tell you after two weeks of their new job that they cannot stay and want to go home... A little dose of Capsicum 10M on the tongue of the young girl will bring back a smile and the pleasure of serving you! The Germans make fun of these symptoms and say: "These homoeopaths are quacks... They prescribe Capsicum for red cheeks and homesickness... It seems quite ridiculous..." But since it works I am very happy to use this remedy when it is indicated in this way, and I would very much like to know what an orthodox physician would do in such a case. You can't get anywhere, and the young maidservant goes home. Everything is overthrown for her and for everybody else! So this is a great remedy in cases of homesickness.

Hates drafts.

Explosive cough, as if everything were going to explode: head, ears, bladder, chest. Sciatica aggravated from coughing. *Hoarse, raucou voice of public speakers, ministers, and singers.*

There is a localisation for which this remedy is very successful: *the mastoid*. One or two doses of the 200th potency, and the threatening mastoiditis disappears rapidly. This remedy acts very quickly and very well. *Smokers* and drinkers who suffer from sore throat and pains that go to the ears, with fetid breath.

Valeriana officinalis: When it is dynamised, this plant has an affinity with subjects who have an extremely variable temperament. The height of instability. I don't mean alternating moods; I mean variable and irritable moods.

Impressionable, hypersensitive, very nervous.

Asthenic. Hysterical complaints.

Pulse generally accelerated.

Nervous system always rather excited.

This remedy has the sensation as if there were a thread hanging in the throat!

Excellent drug for babies who vomit great pieces of curdled milk after feeding.

Calcareo ostrearum: We must not use *Calcareo carbonica*, which is indicated in all the books and is a chemical carbonate of lime, but, if we are serious homoeopaths, the living calcium, which is called *Calcareo ostrearum*, and is made by the oyster in the middle layer of his shell. If we want to go one step further in subtlety, we always use only those remedies which have been prepared from sources which were used for the provings.

But Providence is so generous that even if we practise Homoeopathy 'badly', even if we haven't got 'perfect' remedies, we can still achieve extraordinary results. Really, our needs have been abundantly filled, and we should be grateful.

Calcareo ostrearum is the great homoeoposoric of Hahnemann. It covers all three miasms, and *Calcareo* is a remedy which we cannot do without. It is a part of the cycle Sulphur-*Calcareo*-*Lycopodium*, and therefore should never be given after *Lycopodium* nor before Sulphur. That would mix up the case to such a degree that it would be very difficult later on to clear it up. Kent said that there were certain patients who could never be restored to health because this rule had not been observed in their case. In the same way one should never go directly from Sulphur to *Lycopodium*; one must find an intermediary drug to give between the two. These little points of advice of old, seasoned homoeopaths must really be respected!

The leukophlegmatic type, who, to speak from a hormonal point of view, has a thyroid-pituitary dysfunction.

Produces goiters . . . and cures them!

Great remedy for very shy people.

Has many fears, like Phos. And my teacher taught me that when any case has more than three fears, one can almost always say that either *Calcareo* or Phosphorus is indicated. On condition, of course, that we are not speaking about a mental case, because it is very difficult in those cases to eliminate everything which can be pathognomonic.

He is very much afraid of: illness and contagion, epidemics, falling ill, suffering, tuberculosis, heart disease, being observed.

He is afraid of: spirits, or losing his reason, disaster, losing his position, he is sure that a disaster will happen.

He is afraid of: poverty, dying of hunger, obscurity, night, evenings, and above all, *Twilight*.

He is afraid of: being in bed, dogs, being in a crowd, animals, being alone, lightning and above all, death.

He is horrified on hearing stories of cruelty.

I have already told you the story of Dr. Mattoli, St. who was a man just

as small as he was intelligent, a brilliant mind who spoke with great facility, and what volubility!—all this, of course, in magnificent Italian. One would have thought it was Dante speaking; and when he was speaking, even if you didn't understand Italian, it was a pleasure to listen to him. Well, Dr Mattoli was once president of a congress in Rome when Mussolini was in power! The first day we were all assembled in an extraordinary hall with flags of different colors, old paintings, sculptures, beautiful armchairs, and we heard the President of the Ligue, Dr Gaggiardi, presenting to us a case of mental illness which had been cured by Calcarea. His description was perfect; he made of this exposé something so marvellous from a scientific and literary point of view, that from the sixth row, where there were some allopaths who had been invited to the congress, one suddenly heard someone exclaim, 'Miracolo!' That's how marvellous his description was! Then, suddenly, like a devil jumping out of a basin of holy water, Dr Mattoli got up and said: "Who says it was a miracle?" Then these colleagues of ours got up and nodded—I mean the allopaths we had invited! Mattoli continued: "Well, gentlemen, I must say, you are the only ones who make miracles, not us." And these gentlemen were very pleased, even more puffed up with pride, delighted with this compliment! Mattoli continued: "Because, what is a miracle? A miracle is something exceptionally rare, which doesn't happen often. But, for us homoeopaths, successes like this happen every day! And that is why we don't call them miracles!" Sustained applause throughout the hall! You can imagine the effect of this interruption!

Calcarea is full of many fears, there are 26 different ones in Kent's *Repertory*! In addition, Calcarea is very forgetful. He also despairs of recovery (like some other drugs). *Anxiety at dusk.*

Very much indicated in convalescences that are not getting on and for patients who continually relapse.

Very willful infants with a tendency to obesity.

There is a special sweating which is always regional, localised!—especially in the front of the body; and he perspires at night. He also sweats when he is anxious or after eating, or at the slightest exertion, or even from mental activity.

Look at the pupils. Calcarea is often mydriatic like Belladonna, its acute. *Eyelids glued together in the morning.*

Tumultuous palpitations at night; after eating; with the slightest exertion, especially on climbing the stairs; also during fever.

Aversion to movement and exercise—a very lazy schoolboy who will always ask to be let off gym practice!

He can't stand fasting or skipping a meal. And yet, he always feels worse after eating! Isn't it hard to reconcile these paradoxes! *Diarrhea and vomiting at teething.*

Desire for eggs, and particularly hard-boiled eggs.

As a child he prefers and enjoys things that are rather strange and

indigestible: chalk, carbon, pencil leads, etc. He loves sour fruit and, above all, ice cream.

He hates fat and two more things: coffee and meat. That doesn't mean that you must never give Calcarea to someone who likes coffee. There are other symptoms which will indicate it, and you can't possibly expect to find all the symptoms that Calcarea will cause and cure!

You know that classic symptom of Calcarea—horrible visions at the moment of falling asleep. He sees scowling faces! This symptom is very useful for prescription.

Amelioration from constipation, which is a rare symptom but a precious one, and unless I am mistaken, a symptom which is to be found in only two other remedies besides Calcarea. Look for them in the *Repertory* and don't forget them!

Calcarea infants sometimes have enormous stool, and one wonders how it is possible for infants to expel such stools!

When a patient who smokes suddenly loses his taste for cigars or cigarettes, think of Calcarea. This remedy loves good wine, liqueurs, cold drinks, but on the other hand prefers milk when it is very hot! He loves everything which is salty or sour. It is a very good remedy if, in addition to these general characteristics, the patient suffers from polyps or exostoses.

REACTIVE REMEDIES OF ORGANIC NERVOUS COMPLAINTS

For the sequelae of paralysis, apoplexy, exhaustion, all cerebrospinal affections, depressions, asthenia, there are three remedies we have to think of above all: Zincum, Conium, and Helleborus.

Zincum metallicum: One word sums it up: *exhausted* (overworked, broken down). As the English put it, 'fag.' This patient has no more vitality; he is completely prostrated, can't go on; he is exhausted; he has capitulated!

As soon as he becomes ill he is immediately depressed, immediately thinks of the worst. Zincum straightaway thinks of everything in the blackest terms! *Spinal affections*.

There is an etiological symptom that you must know because it always succeeds very well and is very precious for us homoeopaths, who usually have to treat the leftovers of Allopathy. We nearly always see cases which have been treated, manhandled, spoiled, complicated... and when we cure them we are told that this is imagination! When you have an *eruption* which has been *suppressed*, a *discharge which has been stopped by nitrate of silver, by suppositories, or by ointment, etc.*, Zincum is the king of all such situations. In those cases we see the discharge reappearing, the eruption flowering anew, and the patient feeling better. In a case of measles, scarlet fever, any *eruptive illness which doesn't end properly*, give a dose of Zincum and immediately you see the eruption coming back. Remember that Zincum *amelio-*

rates every discharge wherever it is: excretions, urine, diarrhea, suppurations, menses, etc. . . .

Every patient with *trembling*, tics, myoclonus, spasms. *Syndrome of legs that cannot stop fidgeting*. Agitation when seated; pupils who constantly move their legs during class!

Hypersensitive to noise and above all to the sound of voices, which put him beyond himself! The child repeats questions that are put to him and everything one says to him.

Like Sulphur, he has a *sudden ravenous hunger at 11 o'clock in the morning*. If he goes home at about 11 o'clock he immediately looks for something to eat because he can't wait for lunch.

Zincum cannot stand wine. Cephalagia from alcohol.

The *pulse is rapid*, especially in the evening, and it is *intermittent*. This is an objective symptom which can be useful in defective illnesses.

Very good action on pterygia; itching of the internal canthus, which is often irritated; rolls his eyes; looks cross-eyed. Pale complexion; angular cheilitis at the corners of the mouth; tendency to hawk.

Children who constantly move their legs for fear of urinating, who lose their urine while walking or coughing or sneezing. The loss of pubic hair in both sexes.

Pains of the left ovary; sensitive breasts, especially during menses; menses more abundant at night; complaints that are noticeably ameliorated during the menses.

For those whose legs fidget during sleep; itching of the thighs and especially of the popliteal spaces.

It is a great remedy for varicose veins of the lower extremities which are aggravated during pregnancy; chilblains of the extremities; somnambulism.

All the results of eruptions having been suppressed by ointments, lotions, radiations, and all other external means.

Conium maculatum: This is an old remedy which has become a classic, thanks to Plato, because it was used to put Socrates to death.

It is the *remedy of bachelors* and of old maidservants . . . the type that *likes to be alone* and hates visitors. He hates people he doesn't know because he is shy.

Hypochondriac, indifferent, not interested in anything; *adverse to all intellectual work* and also to *all physical effort*. Weakness, decline, *laziness*. It is very difficult for him to come to the point of starting to do anything. He *cannot walk quickly*; he cannot hurry; and if you want to go with him you will have to proceed at his pace, which is always slowly.

He always *feels better when he can let his arms or his legs hang!* Here we have another one of those things that may seem useless and unimportant, and yet for an informed homoeopath it will allow him to select the right remedy!

Heavy, stiff legs; difficult walking.

Neoplastic and arteriosclerotic diatheses.

The *head spins*, often with headache, and always *aggravated from lying down*. A great characteristic of the dizziness of Conium is the *amelioration from closing the eyes*.

Pronounced photophobia to all light, but without inflammation of the conjunctiva. Aversion to light without any affection of the eyes.

The cough is aggravated on lying down; and when he starts to cough at night in his bed, Conium *must sit up*. Coughing from irritation from a little dry point in the larynx, aggravated lying down; must sit up.

The pulse of Conium is accelerated after stool; it can also be small, intermittent, and irregular.

Interrupted urination. The urinary stream stops, then starts again!

Palpitation after every defecation.

The results of sexual repression in both sexes.

Sexual desire without erection.

Swelling of the breasts, with bruising pains, from touch, especially in front, but also during menses.

Perspiration as soon as he falls asleep, and even as soon as he closes his eyes. Excess of wax in the ears.

These patients always feel better with the arms and the legs hanging.

Helleborus niger: This drug brings about sensorial depression with a bitter or insipid taste. Fetor oris. Movements of chewing; food always tastes insipid, or else bitter. In all illnesses, absence of thirst.

Encephalic cry, especially at night while sleeping.

Convulsions of nursing infants.

Melancholic subjects who are always slow to answer when spoken to. Involuntary sighing. Dull, apathetic, indifferent.

Loss of hair and of the nails.

Mydriasis. Fixed stare without any reason.

Cold sweat on the face.

Always rubbing his nose.

These patients always have diminished vitality. And they have two things that you will notice: anasarca and dropsy. Like Belladonna and Tuberculinum, Helleborus always *bores the head into the pillow*. And he *rolls his head on the pillow* day and night. The eyeballs always gaze upward. Hemeralopia.

Carphological movements during pain.

A very good remedy for patients who get *goose flesh*.

Frequent and ineffective urging to urinate.

The pulse is generally rapid, faint, and trembling, but it can also sometimes be slow.

REACTIVE REMEDIES OF CUTANEOUS AFFECTIONS

Zincum metallicum: The remedy of choice for the results of all eruptions that have been suppressed by any means whether external or internal.

Varicose veins of the legs and the thighs.

Varicose veins of pregnancy which have the characteristic of being painful.

Burning pain of wounds.

The back of the neck, or waist, tired from writing or typing. The child can only see objects by looking at them from the side. He hates anybody to touch his back.

Agitation of the legs and the feet: *the syndrome of legs that are restless*, like *Tarentula*, *Rhus tox.*, and *Causticum*.

Sweating of the feet with excoriation between the toes.

Aggravation especially at night, in the evening, and during menses. *Hemoptysis before and during menses.*

This remedy has a very special kind of pruritus. It is *pruritus of the popliteal spaces*, with or without lesion. Eczema, especially behind the ears.

Very sensitive to noise, even the sound of voices.

The child repeats everything said to him before replying.

Forehead cold, occiput hot.

Cross-eyed, rolls the eyes.

Pruritus, especially of the inner canthus.

Pain of the face in general and during headache.

Can't stand even the slightest bit of wine without headache.

A curious, but precious symptom: cannot urinate except sitting down or leaning backwards.

Involuntary urination on walking, coughing, or sneezing.

Pupils who constantly move their legs to stop themselves from urinating and get scolded by the teacher.

Sudden hunger at 11 o'clock in the morning.

Pain in the left ovary.

The child holds the genitals while coughing.

Lienteric stools.

Gas during stool.

Delicate skin, hypersensitive to the least friction and even to the rubbing of garments, must wear silk underwear to avoid irritation.

Nerium oleander: As you know, this is often used as a decoration and we find it growing in large pots in outdoor cafés, with its pretty pink or white flowers.

It acts on the nervous system and brings about, first of all, painless paralysis. It acts on the heart bringing about *anxious and violent palpitations*. It acts on the skin bringing about *pruritus of the scalp day and night*, better from scratching.

(Continued on page 403)

3. Reasoning can be tested only when it is formulated and expressed in words. The test, therefore, puts considerable emphasis on your ability to employ minimal words to express your action as well as your reasons for the action you propose. *The space provided in the answer-book is quite adequate for the job on hand.*

4. The test determines: (i) your capacity of taking action and finding out the reasons for the same; (ii) your capacity of judging an action which has been proved right in practice; (iii) your capacity of evaluating yourself in the presence of a right solution.

The answer-book has been designed to permit an accurate evaluation of all these points.

5. The evaluator's report records his observations about your performance which will be made available to you for your subsequent guidance.

(Continued on page 404)

DEFECTIVE ILLNESSES

(Continued from page 423)

It also has an eruption with gnawing pain after scratching.

Like Paris quadrifolia, it has the *feeling that the eyes are pulled back into the head.*

It is a vesicular remedy; eczematous and herpetic lesions. All the eruptions of Oleander are *prurient and bleed and suppurate on scratching.*

It has a very particular pulse, which I have already spoken about: an *arrhythmic and myurous pulse* (like a rat's tail!).

Extreme weakness of the digestive tract. (To be continued)

—Homeotherapy, April 1976

DEFECTIVE ILLNESSES

PIERRE SCHMIDT, M.D.

(Continued from page 403)

REACTIVE REMEDIES OF DIGESTIVE STATES

Phosphoric acid: Is a remedy of weakness, lack of vitality.

Growing children who are always tired.

Those lanky fellows like stringbeans who are always exhausted and don't do any work at school.

Rings around the eyes:

Mydriasis.

Exhaustion.

Nervous, sometimes from physical or mental overwork.

Onanism, who continually feel guilty.

Indicated after many acute illnesses which have followed each other in rapid succession; loss of vital fluid or after breast-feeding.

Health affected by *breast-feeding* which exhausts.

After excesses, sorrows, disappointed love, homesickness.

Apathy, and indifference.

Fermentative dyspepsia.

Bites his tongue, especially at night, during sleep.

Frequent diarrhea, which does not exhaust. He is tired from everything, but not from having diarrhea!

Always picking his nose.

Occipital headache.

Nicturia; phosphaturia.

Stumbles when walking.

Great desire for fruits, juicy things, and cold drinks.

Thirst for cold milk, like *Phos.* and *Tub.*

Neuritic pains in ghost limbs, after amputation.

Relieves the pains of cancer.

Hair prematurely gray.

NOSODES

I already mentioned the principal indications of the nosodes: when a case does not make any more progress after a first improvement you can give the patient a nosode to bring about a reaction. And if the nosode benefits the patient you may continue it: this is in contrast to the other so-called reactive remedies, which one will not continue in these circumstances.

Just to remind you, a nosode is "a medicine derived from pathological tissues or secretions containing the specific virus of the sickness."

Psorinum: You know that *Psorinum* is the chronic of Sulphur. This is

a *very chilly* remedy, even in summer. This is also the patient who is dirty and *smells bad*: even if he washes himself he always smells bad. All the secretions and discharges are very malodorous.

These patients are *always hungry* and, curiously, *especially at night*. They will even get up at night to go and eat. This is very bad for them, because we know that stomach cancer tends to develop in people who can't stop eating.

Psorinum has a particular pruritus which is an indication and a precious one: *pruritus of the external auditory duct*.

It is also a very good remedy of *constipation* in children.

Keynote: feels particularly good the day before falling ill.

Tuberculinum bovinum: As I have often said, this is *the only* tuberculin, with Avicular tuberculin and Bacillinum, *which has been proven on healthy man*. As for the other tuberculins, the indications we have are theoretical, arbitrary, conventional, and empirical. The indications of *Tuberculinum* so readily given, copied, and published by Vannier are nearly all from Nebel, and should have been reconsidered, verified, and weighed a long time ago by further provings, I mean by experimentation on healthy man, as in fact any remedy which has the honor of being called homoeopathic should be, and one will never stress this point sufficiently.

I have always given *Tub. bov.*, when indicated, according to Allen and Hering, with excellent results. I cured eruptions, rheumatism, all kinds of cases with this remedy. At the moment I am treating the wife of a homoeopathic doctor from Lyon, and many of you treated her without any results except a constant and immediate aggravation after all the remedies and nosodes she took. To start the case I give her one dose of *Tuberculinum*, which 'opened the case' as we say, and which benefited her considerably and immediately... this reminds me of another patient who came from Patagonia by plane with her husband. She had suffered for years from a sort of mixed eruption on the face, it was acneiform and eczematous, and nobody had been able to do anything for her, and this depressed her morally quite terribly, for she was a pretty woman. I gave her *Tuberculinum bovinum* 10M because she had a *little thread in the right eye, indicating a hereditary tuberculinic condition*, which was later confirmed by her family history: a paternal uncle (right eye) had been tubercular. And the result was extraordinary: total and permanent cure, after a painful aggravation which lasted two weeks and which she bore with courage.

So this is a remedy which I like particularly, and have no need for any Spengler, Marmorecs, or Denys, etc... with their purely theoretical and conventional indications.

It's a wonderful remedy when there is a tubercular heredity, and you can discover this in the eye easily!

Strongly indicated when the symptoms constantly change and the patient catches cold easily.

Emaciation.

This patient loves to travel, journeys and cruises.

He doesn't like standing, like Sulphur.

Fear of dogs: very good symptom. I have often told you, when I am consulted for infants who take cold frequently and when I find in the eyes of the mother or the father little indications of tuberculosis, I ask three questions: "What are the animals that your child likes or doesn't like?" "What are his palms like?" "When you scold him what does he do?"

Children who need Tuberculinum fear dogs; the palms of the hands are damp; when you scold them, even if they are very little, they lift their fists and threaten you back... the naughty things!

Here we have some good symptoms:

Likes refined cuisine.

Likes *sweets*.

Likes cold milk.

Likes meat, delicatessen products, ham, lard, smoked meat, but certain subjects have an aversion for meat, for wine, and even for all food.

In contrast to *Tarentula* he has aggravation from music.

And, an excellent clinical indication: chronic cystitis (Nebel).

The pulse is irregular.

Medorrhinum: I am lucky enough to have an excellent source of *Medorrhinum*. A few years ago I was visiting Seville and there I met a charming homoeopathic physician who gave me a quite special gift. You know that Seville is a very pleasant town, full of castanets and pretty women... and also blennorrhagia reigns there as queen! And this doctor had a source taken from a young officer who had had goodness knows how many blennorrhagias! He gave me not one drop of pus but a potentisation which he had prepared himself, a fresh preparation which gave me excellent results. First of all and before everything else, it is in no way necessary to have caught blennorrhagia to benefit from this precious nosode... fortunately!

Patients who need this remedy find that time passes too slowly.

Many of these patients can't speak without weeping; they fear the dark and imagine that there's always someone behind them, and that's why they keep looking back when they walk!

As you may know, there is aggravation especially in the daytime.

It has this very special *sleeping position*: the *genu-pectoral* position. Thanks to this symptom I cured a case of epiphora, that is, constant watering of the eyes. My patient was a little girl of five or six who had of course been treated without any result by allopathic pediatricians and ophthalmologists who were nevertheless quite reputed... but of course they were allopaths! I don't know if you've ever seen a specialist introducing a catheter into the lachrymal duct of a child; it's quite dreadful. First of all one has to find the orifice and in order to do that you have to put a drop of fluoresceine into the eye, and since that burns the child starts kicking, and the fun is on.

One really has to have fairy fingers to avoid wounding the eye and causing a retractile scar!

This is where Homoeopathy is marvellous: a well-chosen little remedy and everything proceeds smoothly without any dangerous probing. I had given this child several remedies which I had repertorised, but without any result. So I took the father aside and asked him about the illnesses he had had before. That was when he confessed to having had a blennorrhagia in his youth which had been suppressed by the usual injections! After this I learned that the child always slept in this special position: on her knees with her little behind in the air and her head in the pillow, the position which we call the knee-chest position!

Therefore I immediately gave her Medorrhinum 10M and since then it was all over... good-bye epiphora! And yet, you know, Medorrhinum isn't indicated in the *Repertory* for epiphora. This is one of the wonderful things about Homoeopathy: the remedy that comes up when you repertorise the pathological symptoms isn't always the right one. You sometimes have to work back to the chronic miasm to remove the obstacle. It may be rather difficult to see the relationship between a watering eye and the position in which a patient sleeps.

Women sometimes have a very strange symptom, cold breasts and, stranger still, especially the right!

Medorrhinum always feels better at the seaside; better lying on the stomach. Fidgety feet syndrome, especially at night; trembling arms and legs.

There are two more disagreeable symptoms (or agreeable ones, depending on the case): sterility and impotence. This is the great remedy for blennorrhagia suppressed by irrigation or some drug that has stopped the infectious discharge.

In women, intense pruritus of the genitals; very malodorous periods; excoriating leucorrhoea smelling of fish; ovaritis, especially left; sterility; intense dysmenorrhoea.

Chronic catarrh which never ends, especially in children; end of nose always cold; constant desire to be fanned; aphthae.

Monoarticular rheumatism: particularly affecting the knee. Chronic rheumatism. Syndrome of fidgety feet; burning hands and feet, but sometimes cold extremities; trembling arms and legs.

Ferocious appetite, even after having eaten; Medorrhinum is always very thirsty; desires liqueurs; desires salt, sweets, warm food; vomiting of pregnancy.

Intense anal pruritus, frequently redness of the anal region in babies.

Nocturnal enuresis.

Finally, intense itching of the skin.

When we study the nosodes together we shall have to write them into the repertory, because it has only a very small number of indications.

Syphilinum: All symptoms aggravated at night.

These patients are always washing their hands.

A feeling as if the sternum were pulled backwards against the spinal column.

Despair of recovery, like Calcarea, Arsenicum, and Alumina. Like Nux vomica, these patients are completely exhausted in the morning.

Desire for alcoholic beverages.

Erratic rheumatism.

Better in the mountains.

Profuse salivation at night on sleeping, and like Mercurius it soils the pillowcase.

When you study your cases you come up with one principal remedy and several satellites: look for the miasm which corresponds to these remedies. If these remedies belong to the three kingdoms, mineral, animal, and vegetable, this means that the case is profoundly deep rooted. If there are only mineral remedies this means that it will be a long chronic case and will be difficult to cure. If there are only animal remedies, you can expect complications and difficulties of every kind: this case will be troublesome because of the patient's reactions. And if you have only vegetable remedies it means that the cure will be easy. Find out also if these remedies are exclusively syeotic or psoric or syphilitic. Contrary to what Nebel believed, *tuberculosis* is not by any means psoro-syphilis, it is *psoro-sycosis*. In the eyes one can also see syphilitic heredity, even several generations back. Night terrors in infants. Falling hair. Patchy alopecia.

Recurrent keratitis.

Although one of the principal indications for nosodes is an improvement which stops and goes no further (when the therapeutic progression is arrested), one may give them right from the beginning, especially when there is a lack of reaction. As you know these are remedies of an entirely different kind.

Sulphur is a very great reactive remedy but it has the great inconvenience of awakening symptoms just about everywhere and sometimes gives us very disagreeable aggravations; and that is why I haven't mentioned it in the reactive remedies. Still, it is one of our best reactive remedies. Of course one will think of giving it after some other remedies will already have brought some improvement; as a general rule avoid giving it at the beginning of a case.

When you have a defective case, think also of going back to earlier symptoms, symptoms from the beginning of the illness, old symptoms on which you will be able to prescribe the remedy which the patient should have had before; that remedy can still help him.

After having studied the reactive remedies we should read what Hahnemann has to say in Paragraph 184 of his *Organon*: "In like manner, after each new dose of medicine has exhausted its action, when it is no longer suitable and helpful, the state of the disease that still remains is to be

noted anew with respect to its remaining symptoms, and another homoeopathic remedy sought for, as suitable as possible for the group of symptoms now observed, and so on until the recovery is complete."

Of course, this means questioning your patient again. If you don't know which remedy to give, don't hesitate to give *Saccharum lactis*. Do not give a remedy if you have no clear indication. You will never regret having given *Sacch. lac.*, but you will always regret having given something which will have upset your case.

I have already told you how Dr. Mattoli used to manage his practice at the beginning of the vacation period. You know that he was a very short man. He used to dress all in white and in July received his patients not in Florence where he lived, but in Viareggio, in an enormous and magnificent property. That is where he invited my wife and me one summer. For ten days he served us chicken every day! The chicken was exquisite because each time it was differently cooked. One day he prepared polenta on an enormous marble table; it was very amusing. Well, on one occasion the chicken wasn't cooked exactly as he wanted it, and he went to the kitchen. We heard dreadful screams. He slapped the servant in the kitchen a couple of times (and even rather more than a couple of times)—as that was the way he did things—and then he came back to us, much calmed down and quite happy; and we were able to eat our chicken . . . in peace!

"When it is time to go on vacation," he used to say, "one is overworked, a great many people keep telephoning, one is harassed and makes wrong prescriptions."

And so, to avoid prescribing wrongly, he used to sit out in the country under a wonderful oak tree, with his secretary at his right hand, and all his case histories. People used to come on horseback, on foot, on bicycles, in motor cars, in carriages . . . it looked like a camp that had been set up. There must have been at least 200 people! And so Dr. Mattoli received them under his tree one after the other, and each one of them asked for a remedy for an uncle or an aunt or the cook or the dog or the cat as well—it was dreadful! I can tell you that he didn't waste any time and didn't ask anybody to do a complete strip-tease to auscultate them! But everything worked out very well with the heat of summer and the volubility of the beautiful Italian language! Next to him there was a cupboard of remedies, and our colleague prescribed for everybody *Sacch. lac.* . . . And he had noticed that with the help of the holidays there were hardly 10 per cent of the patients who were not much improved when he returned in autumn. Naturally, serious cases didn't come to the country to see him! Fortunately!

Paragraph 185: 'Among the one-sided diseases an important place is occupied by the so-called *local maladies*, by which term is signified those changes and ailments that appear on the external parts of the body. Till now the idea prevalent in the schools was that these parts were alone morbidly affected, and that the rest of the body did not participate in the disease—a

theoretical, absurd doctrine—which has led to the most disastrous medical treatment.”

Paragraph 186: “Those so-called local maladies which have been produced a short time previously, solely by an external lesion, still appear at first sight to deserve the name of *local* diseases. But then the lesion must be very trivial, and in that case it would be of no great moment. For in the case of injuries accruing to the body from without, if they be at all severe, the whole living organism sympathizes; there occur fever, etc.

“The treatment of such diseases is relegated to surgery; but this is right only in so far as the affected parts require mechanical aid, whereby the external obstacles to the cure, which can only be expected to take place by the agency of the vital force, may be removed by mechanical means, e.g.:

“By the reduction of dislocations;

“By needles and bandages to bring together the lips of wounds;

“By mechanical pressure to still the flow of blood from open arteries;

“By the extraction of foreign bodies that have penetrated into the living parts;

“By making an opening into a cavity of the body in order to remove an irritating substance or to procure the evacuation of effusions or collections of fluids;

“By bringing into apposition the broken extremities of a fractured bone and retaining them in exact contact by an appropriate bandage, etc.

“But when in such injuries the whole living organism requires, *as it always does*, active *dynamic* aid to put it in a position to accomplish the work of healing, e.g. when the violent fever resulting from extensive contusions, lacerated muscles, tendons and blood vessels requires to be removed by medicine given internally, or when the external pain of scalded or burnt parts needs to be homoeopathically subdued, then the services of the dynamic physician and his helpful Homoeopathy come into requisition.”

Apropos of the vital force, Kent mentions these illnesses which are not local (as they are wrongly called), but, instead, *localized illnesses*: when it is an illness that is not surgical, when you have, for instance, an eruption or a small tumor somewhere.

Paragraph 187: “But those affections, alterations and ailments appearing on the external parts that do not arise from any external injury or that have only some slight external wound for their immediate exciting cause, are produced in quite another manner; their source lies in some internal malady. To consider them as mere local affections, and at the same time to treat them only, or almost only, as it were surgically, with topical application or other similar remedies—as the old school have done from the remotest ages—is as absurd as it is pernicious in its results.”

For instance, traumatism often quite benign can be the cause of osteosarcomas or carcinomas which appear years later.

Paragraph 188: “These affections were considered to be merely topical,

and were therefore called *local diseases*, as if they were maladies exclusively limited to those parts wherein the organism took little or no part, or affections of these particular visible parts of which the rest of the living organism, so to speak, knew nothing.*

Of course, Hahnemann was not very tender...but people were even less tender toward him; and I find that he was even modest in his remarks!

Paragraph 189: "And yet very little reflection will suffice to convince us that no external malady (not occasioned by some important injury from without) can arise, persist or even grow worse without some internal cause, without the cooperation of the whole organism, which must consequently be in a diseased state. It could not make its appearance at all without the consent of the whole of the rest of the health, and without the participation of the rest of the living whole (of the vital force that pervades all the other sensitive and irritable parts of the organism); indeed, it is impossible to conceive its production without the instrumentality of the whole (deranged) life: so intimately are all parts of the organism connected together to form an individual whole in sensations and functions. No eruption on the lips, no whitlow can occur without previous and simultaneous internal ill-health."

Except for these traumas, there are therefore no local illnesses. There are only the localized illnesses of a general state of health that is deficient.

There are things which we cannot understand. How can one have, for instance, an eczema of the foot and a wart on the ear and strabismus all at the same time? We cannot see at all the connection between these three things, and yet they are connected by some biological unity. And that is why we have to base our decisions on the *totality of the symptoms* in choosing a remedy. And even if we don't know the relationship which unites these different morbid complaints, it exists nonetheless; and it is the *fundamental unity* that is reached by our constitutional remedy.

It is very important to meditate upon these paragraphs.

These illnesses are defective; they are partial illnesses, localized illnesses, which we call apparently local. To mention a few of these, we have:

Surgical affections which can be treated by Homoeopathy: I mean, one should always treat the patient before an operation. And we see, if we are good prescribers like Dr. Ward of San Francisco, famous for his excellent work *Unabridged Dictionary of the Sensations 'As If'*, that a certain number of operations can thus be avoided. Dr. Ward was a surgeon, a gynecologist, who became interested in Homoeopathy, and stated at the end of his life that 40 per cent of the patients who came for an operation no longer needed to have that operation after they had been prepared for the operation homoeopathically! In addition, his colleagues were jealous of him and couldn't understand why his operations were more successful. When one can prepare a patient who must undergo a surgical operation, there are two things to

* "One of the many great and pernicious blunders of the old school."

which I always call people's attention. First of all, I take the biological rhythms of Fließ into account to determine the most favourable *data* for the operation. In this way I avoid a great many postoperative complications.

Recently a patient whom I was treating for his general health and who lives in Ungerdién came to see me to ask about having a hernia operation. This was a perfectly straight-forward inguinal hernia. I calculated his biological rhythms and advised him about a suitable date. Naturally, surgeons have a thousand and one reasons for not doing what one asks them to do. This patient's surgeon couldn't operate on him on the date he requested and started laughing at him when he spoke about biological rhythms! He operated outside of the good dates. Of course, the operation was very successful, but on the seventh day after the operation the patient felt a pain half-way up the inner surface of the thigh as if he were being poked by a red-hot iron every time he stood up. And the surgeon whom he had consulted came and said to him: "Listen, here, sir, this is none of my business. We operated on your hernia and everything went well. Your testicles are not swollen, and you ought to be grateful because that often happens. The trouble you have there is neuralgia and you had better see your doctor about it!" So the patient telephoned to me and asked me what he should do... and I was very annoyed. He wanted to come to Geneva, but it was quite impossible for him to get into a taxi because the pain was so intense! Naturally, when one doesn't see the patient one cannot always think of everything. Nevertheless, I blame myself for not having been more thoughtful because, after all, after a hernia operation one can easily have reactions of the testicle, and other reactions, too, which are well known.

Neither rest, nor the anticoagulants administered had the slightest effect on the distorting pain felt as soon as he sat down.

We are surprised to discover that it is almost intolerable not to be able to sit down! You can't, after all, remain standing or walking all the time! What a benediction it is to be able to sit down! Maybe you have never thought about it... Well, finally, the worried surgeon told him to go to see a doctor because it was none of his business! And this went on for three weeks!

I encouraged the patient to try to come to Geneva, but this meant six hours in the train with no hope of sitting down... how happy that was! When he arrived in Geneva, I administered a few points of acupuncture, which relieved him a little. I gave him first of all *Hypericum* 10M, and two days after discovering that this was in fact a neuralgia of the spermatic duct, a funiculagia, *Hamamelis* 200 (pages 702 of the *Repertory*) every 6 hours for two days. This cured him completely and permanently.

I really think that if one takes into account the rhythms of Fließ one can avoid a lot of trouble. For instance in blood transfusions. I am thinking of a colleague from Zurich, a great specialist of transfusions, who one day had to give his wife a blood transfusion: well, although he was nearly

always successful, this time his wife had an embolism . . . and died! He had operated on her on a day when her three rhythms changed simultaneously!

Carleton, an American, has published a book which I recommend to you, called *Homoeopathy and Surgery*. He was a pure homoeopath and an excellent surgeon, and in this book he gives excellent advise on the homoeopathic treatment of many surgical cases.

In sprains, after manipulation, when this is necessary, Homoeopathy offers a whole palette of very precious remedies which considerably shorten the convalescence and ease the pains. Distensions of the muscles or the tendons of the hand or foot, with or without injury of the periosteum and the bones, can be relieved and often cured in record time after putting them back in position by rubbing with oil of Rhus or tincture of Arnica and bandaging tightly; after this, one should administer a so-called trauma remedy.

In the *Repertory* on page 1371 you will find remedies for all kinds of distensions of the ligaments, sprains, luxations . . . etc. . . . in the rubric "Lifting, straining of muscles and tendons". And you can very easily combine this rubric with "Pain, as if sprained", page 1134: and on that page "Pain, as if sprained" you can add the following remedies: *Arn.*, *bell-p.*, *Led.*, *Mill.*, *Ruta*, *agn-c.*, *am-c.*, *asaf.*, *carb an.*

Under "sprained" you can add "chronic", when the complaint becomes chronic: there is a remarkable remedy indicated by Hering which I have often verified, and that is Stront-carb. The 10M potency works beautifully!

On page 983 you have "Dislocation": spontaneous, of the hip; of the kneecap; of the ankle.

If there is weakness of the ligaments look at page 1232 "Weakness, ankle, while walking". And you can add to that rubric *calc-p.* For children who are long in learning to walk because their ankles are weak, "Weakness, ankle, children learning to walk": *carb-an.*

On page 364 you will find spontaneous dislocation of the jawbone ("Dislocation of jaws easy"), and add to that rubric *caust.* and *petr.*

On page 1019 under "Injuries, hand, sprain" you can add *bell-p.*

Where we have fractures of course we have to assure the mechanical replacement of fractured bones. But after this, homoeopathic remedies considerably aid osteogenesis and shorten the time of knitting. Usually I give all my patients with fractures *Symphytum* 30, liquid, six drops three times a day for a month, if there are no other personal symptoms. You will find fractures on page 1402 under "Slow repair of broken bones". On page 1008 you can add the rubric "Fractures" just before "Freezing", with the following remedies: *calc.*, *Calc-p.*, *calen.*, *Ruta*, *sil.*, *Symph.*, and under the following rubric: "consolidation retarded": *ferr.*

On page 1402 "Slow repair" add *calen.*, and *ferr.*, add *iod.*, *mang-ac.*, and *mez.*, *Ruta*, *Symph.*, and add *thyroidinum* (Clarke).

If we have retarded ossification in children think of *calc.*, *calc-f.*, *calc-p.*, and *sil.*

Come back to page 1008 and add under "Fractures": (Hering)

"of cranium": *calen.*

"infected, with suppuration": *Arn.*

"open": *calen.*

"of tibia": *anthr.*

On page 1368 you will find the rubric "Injuries", which includes blows, falls, ecchymoses...etc. Add *calen.*, *camph.*, *acet-ac.*, *acon.*, *ang.*, *bufo.*, *crot-t.*, *glon.*, *ham.*, *mag-c.*, *mill.*, *phys.*, *stront-c.*, *verb.*, and on the following page under the rubric "with extravasations" add *led.*

For insomnia after fractures or after surgery think of *stict.*

For contusions of the nerves, on page 1369, add *bell-p.*

For contusions of soft parts add *ham.*, and *symp.*

In contusions of the tendons add *calen.*

Boericke indicates for contusions: *acet-ac.*, *Arn.*, *bell-p.*, *con.*, *echi.*, *euphr.*, *ham.*, *hyper.*, *led.*, *rhus-t.*, *ruta.*, *sul-ac.*, *symp.*, and *verb.*

And for the chronic results of traumatism: *Arn.*, *carb-v.*, *cic.*, *con.*, *glon.*, *ham.*, *hyper.*, *led.*, *nat-s.*, *stront-carb.*

On the last page of the *Repertory*, page 1422, you have the whole question of "Wounds." Under this rubric you can add "lacerated", with: *Carb-ac.*, *arn.*, *calen.*, *ham.*, *hyper.*, *led.*, *staph.*, *sul-ac.*, *symp.* (Boericke).

Under the general rubric "Wounds" add *calen.*, *carb-ac.*, *helianthus.* (Clarke).

Under "bites" add: *lob-pur.*, and *seneg.*

"snakes": *thuj.*

"bleeding freely": *am-c.*, *dor.*, *ham.*, *Lat-m.*, *Nit-ac.*, *ph-ac.*, *Sanguisuga.*

"crushed": *carb-ac.*, *ruta.*

"cuts": *calen.*, *ham.*, *hyper.*

"decubitus, see sore": *all-ac.*, *tub.*

"gangrene, tendency": *calen.*, *sal-ac.*, *sul-ac.*, (Boericke)

"painful": *all-c.*

"penetrating": *phaseolus.*

"painful injections": *crot-h.*, *led.*

"to remove thorns, splinters, fishbones": *lob.*, *sil.*

"proud flesh": *sil.*

"if the injured part feels cold to the patient and to objective touch":

led.

Under "Burns", page 1346, add *acet-ac.*, *acon.*, *arn.*, *calc-p.*, *calen.*, *camph.*, *gaultheria.*, *grin.*, *ham.*, *hep.*, *jab.*, *kali-bi.*, *kreos.*, *ter.*, *urt-u.*

"burns from X rays": *calc-f.*, *x rays.*

burns fail to heal, or ill effects": *carb-ac.*, *caust.*

On page 1304 you will find something which may often help you, "Cicatrices." For keloids you will combine the two rubrics "elevated" and

"hard". In the rubric "hard" you should put *Graph.* into the third degree and add *st-ac.* Clarke recommends an ointment with *Staphysagria* in the mother tincture.

For keloid scars there is a whole series of remedies to be added. I found them during my searches in the works of the great Allen, Boericke, Clarke, Jahr, Lilienthal, Stauffer, and Douglas: *ars.*, *bell-p.*, *calc.*, *carb-v.*, *caust.*, *crot-h.*, *st-ac.*, *Graph.*, *hyper.*, *iod.*, *junc.*, *lach.*, *merc.*, *nit-ac.*, *nux v.*, *ophtoxicon* (Jahr), *phos.*, *phyt.*, *psor.*, *rhus t.*, *sabin.*, *sil.*, *sulph.*, *sul-ac.*, *thios.*, *tub.*, *vipera*.

I gave you some examples of so-called localised affections, and now we shall see how to find the remedy in defective illnesses. You have a patient who comes to consult you complaining of only one symptom, or of very vague problems: what are you going to do in such a case, and how are you going to find a remedy which can help him?

First of all, before looking for a remedy one should always start by eliminating any habits or extraneous circumstances which might be the cause of the patient's disorder, as Hahnemann said at the beginning of his *Organon*.

Here are some guidelines which we must bear in mind for every illness:

(1) One must correct the diet. Carton was right to insist on this point, for it can bring considerable improvement to patients. It is dreadful to see the diet which some people follow. This reminds me of a certain patient who always keeps a magnificent box of chocolates just inside of his front door: he offers some to anybody who comes to see him and this gives him an opportunity to have some also. One of my women patients, whom I went to see one day for an influenza, had one kilo of candy next to her bed, and from it she would serve herself generously during the night whenever she woke up. She was surprised that she was overweight and that she always had liver trouble!

(2) One has to pay attention to the way patients live, their hygiene and their exercise. Advise them to do fifteen minutes of exercise every morning: generally they never do it! A good idea is to have them take lessons in physical exercises from some teacher whom they have to pay. There are stationary cycling and rowing apparatuses which people buy to use at home, and never use for more than one month after buying them at considerable expense! Tell them to take lessons in riding, or tennis, or gymnastics. Then there are also those patients who never take holidays, and for whom the only thing that counts is their work. If you can't get them to take holidays like everybody else, tell them to go on a cruise, or propose some hydro-mineral cure which is as harmless as possible, and which will oblige them to some sort of regular schedule and rest for at least a month. Then of course there are fasts, which can be prescribed for those who can stand them.

(3) Examine the spine, and if necessary send the patient to a chiropractor for any necessary adjustments. This is very useful sometimes, and one shouldn't neglect it.

(4) Don't forget the dentist. There are people who never go to the dentist. Look at your patient's teeth, carefully sound them, apply heat or cold with a moist wad of gauze. You may find people with unbelievable things in their mouths. I will never forget a certain society lady who had twenty-seven of her thirty-two teeth absolutely bathed in pus! And she didn't feel a thing. She had to have all her teeth out, and now she's quite well.

(5) Examine the ears. You would be surprised to know how many people go around with plugs of wax as hard as wood in their ears, and how grateful they are when you clean out the ears!

(6) Habits. Some people have dreadful habits. Some people wear the same clothes for at least twenty years—what a shame!—for instance, a dirty old jacket, all worn-out, or a venerable raincoat. Disgusting! Get them to buy new clothes, and something in their manner changes immediately. In the apartment get them to change the position of the furniture, or to swap rooms, or to change pictures on the walls, and their whole condition might change! Especially when there has been some mourning in the family, get them to change the position of the furniture: in this way the 'perpetual presence' (and sometimes the very trying presence) of the dear departed is dissipated.

Only after all these steps can you start asking yourself what remedy you are going to prescribe. And this is difficult when there are almost no symptoms. When we have what we call a deficient illness you have to have some imagination to see what can be done.

(1) The first thing to look for is the etiological symptom: "ailments from...": anger (p. 2), anticipation (p. 4), contradiction (pp. 2, 512), egotism (p. 39), emotional excitement (p. 40), fright (p. 49), grief (p. 51), homesickness (p. 51), wounded honor (p. 52), indignation (p. 55), disappointed love (p. 63), reproaches (p. 71), rudeness (p. 75), scorn (p. 78), thinking of complaints (p. 87), vexation (p. 2), mental work (p. 95).

(2) You can also find very good information in the hereditary symptoms: those that come from the mother to a boy, from the father to a girl. Take into account also the particular symptoms manifested by the mother during her pregnancy, and during her labor.

(3) All suppressions must be noted: cutaneous affections, discharges: leucorrhœa, gonorrhœa, sweat, coryza, etc. For the results of polypharmaceutic practices: even before you think of any other remedy you can always give them *Nux vomica*.

(4) Vaccinations which either didn't take, or did take. If there was a reaction and it was too strong, this is a good point to start from in prescribing remedies of vaccinosis, p. 1410. If the vaccination didn't take, it means that the individual was either too weak to react, or that the vaccination was no good.

(5) Childhood diseases. What interests us particularly are affections of childhood which left aftereffects: the child didn't recover quickly, the cure was not clear-cut. Some of them cough for a year or two after whooping cough.

and others have endless eye troubles after the measles. We know that scarlatina and mumps can leave consequences and continue to act on the general condition in a dreadful way. The same applies to chicken pox and diphtheria. In these cases think of giving a nosode which corresponds to the illness, either in the 30th, 200th, or, better, in the 10M potency.

(6) There are rubrics which are absolutely objective: the rubric "Old people"—consult it if your patient is more than 60; the rubric "infants", which is not in the present *Repertory* but was in the first edition, and which I have advised you to add to the present edition; the rubrics for nursing mothers and pregnant women.

(7) Observe the periodicity.

(8) Observe any obesity, thinness, or varicose veins.

You can find these manifestations in the *Repertory* and they can help you a great deal.

We can't find very much under *general symptoms* in defective illnesses. The patient will complain of weakness, general tiredness, without being precise. If the symptoms are there, think especially of seeking out and noting chilliness or warm-bloodedness, and any reactions to extremes of temperature.

As for *mental symptoms*, here again you won't find much, unless this illness is defective only because the doctor is! We are in the habit of asking a great many questions, but, in addition, there are a multitude of little things which we forget because we can't keep everything in our minds—especially if we are defective doctors! Which are the mental symptoms we haven't thought about? We can have a patient who has no fears or anxieties at present, but who may have had some in his youth. Quite often we forget these; for example, fear of solitude, of darkness, of robbers, of storms, of water, of animals. Remember that the individual is, after all, a biological unity.

Often we forget to find out whether our patients were somnambulists during their youth.

Now, concerning ideas of suicide, this is a touchy subject. One should try first of all to bring up the subject indirectly: "In certain difficult moments of life there are people who . . .", and from the corner of your eye you can look at your patient to see if he reacts. And if they came to talk to you about wanting to commit suicide, they are reassured just from this little remark. Don't forget also that the flattening of the pupil at twelve o'clock is an indication of this.

You can see so many things. For instance, if the patient starts when the telephone rings, or when a door suddenly slams.

Always find out about weeping: involuntary weeping, uncontrollable weeping, weeping during sleep, etc. And ask them also whether they feel better or worse from it.

Then there is the question of vertigo, which can give us very precise indications when we know how to ask the right questions. For instance, if

our patient has vertigo while walking we should find out in which direction he feels pulled: forwards, backwards, sideways (and if so, to which side). Always ask whether the vertigo disappears when he closes his eyes. Then there are vertigoes which rotate, or vertigoes which give the feeling of being pressed under, or of swaying, vertigoes with headache, or with dimness of vision, vertigoes from heights, vertigoes looking upwards, lifting the head, vertigoes looking at objects which move, for instance, cars in the street.

Now, as for the *head*, you know that Dr. Tyler had a particular predilection for headaches. She said that this was her favourite rubric in all the *Repertory*. It is true that this is the chapter which is most carefully elaborated in its modalities and pains. As a rule patients have great difficulty telling you the kind of pain they feel. But don't let us forget to ask how the pains appear: do they appear and disappear quickly or gradually? You will find this information on page 141, "increasing gradually"; page 149, "sudden pains"; page 151, "waves of pain".

Ask them also about spots before the eyes, which are a frequent and precious indication of *Iris versicolor* in headaches.

There are also headaches with constipation (p. 138), or with colds (p. 138). The feeling that the head is empty or full can sometimes help one. Ask them also about the extension of the pains.

One forgets sometimes perspiration of the head, its locality and modality. Sometimes they perspire all over the body and not on the head.

Some people have sensitivity of the scalp from brushing or combing the hair; others can't stand the warmth of a hat (p. 121, carb-an., iod., led., lyc.), or, on the contrary, can't go without one (p. 233, "Uncovering").

On page 229 you will find the rubric "Sensitiveness of brain", you should add: "even to hat", Bry., carb-v., chin., crot-t., hep., merc., mez., Nit-ac., Sil., staph., sulph. Some people cannot stand pressure, for instance, the weight of a hat, and this corresponds to mez. and nit-ac., according to Gentry. Under this rubric "Sensitiveness from brushing the hair" you may add *Viburnum*.

There are patients who have constant headaches, they never stop: and there are two rubrics: "chronic" headaches (am-c., ars., caust., con., sil., sulph, ter., tub.) and "constant, continued" headaches, on pages 137 and 138 respectively. For this kind of headache there is a nosode which you may think of and which may help you very much: *Meningococcinum*. On page 139 you have headaches after haircuts (Bell, glon., led., puls., sabad., sep.), and on page 151 "pain from washing head". There are also dreadful headaches, badly described, which are often rheumatic headaches (p. 146). Then there are wandering headaches or headaches in spots (p. 148).

(To be continued)

Homeotherapy, October 1976

DEFECTIVE ILLNESSES

PIERRE SCHMIDT, M.D.

(Continued from page 469)

People never have enough time to examine the eyes thoroughly. But they reveal useful symptoms which the patient will not always tell you.

Eyes which are glued closed in the morning.

Accumulation of eye gum in the corners of the eyes.

Cracks and fissures. Look for them on the face. You may find them in the outer canthi of the eyes, of the mouth, of the nose. Sometimes they are uricemic. Make your patients sweat, make them take exercise, change their diet, and quite often these little crevices will disappear. There are little cracks on the corners of the nostril (p. 329, "Cracks"), and at the insertion of the ear (p. 288, "Eruptions behind ears").

The pupils: see their degree of dilation or contraction; anisochorea. Unequal pupils often indicate vago-sympathetic disturbance.

Blepharo-spasms. In the *Repertory* there are three terms which are rather alike. Usually these patients are too tense. They need holidays and rest. In the *Repertory* look under "Quivering" on page 264, "Twitching", and "Winking". A remedy which has often brought me success and which you can add under "Quivering of lids" is *Aranea scinencia*. Patterson's Dys-co. often succeeds also.

Convergent or divergent strabismus.

Chalazions: look to see if they are on the upper or lower lid. The location can help you.

Swelling of the eyes: upper lid or lower lid, or beneath lower lid. Sometimes there is a little swelling of the inner corner above the upper lid, and this can be a sign of hernia. It is also often a typical symptom of *Kali carb.* (p. 355, "Bloated, between lids and eyebrows").

Cold tears, burning or salty tears.

Hemeralopia.

Disturbances of refraction; you know for instance that a typical remedy of astigmatism is *Tuberculinum*.

Marginal blepharitis is often well taken care of by *Bacillinum* 30 once a week.

Falling eyelashes and eyebrows.

Look at the conjunctivas, whether they are red, pale, or yellowish. Sometimes they will indicate little attacks of jaundice: in that case look also at the palms and the palate to see if they are yellowish.

Some patients constantly rub their eyes (p. 265), and this must not be confused with those who *wipe* their eyes (p. 270).

Nystagmus: find out whether it is horizontal or rotary.

The ears: Sometimes when you look at your patients' ears you see that there is cotton-wool in them and you ask why. "Well, it's because I can't stand cold air!" And then you have the remedies for this little symptom: *Aco.*, *clem.*, *hep.*, *lac-c.*, *merc.*, *sil.*, *thuj.*

Some people don't know that they had bad hearing in one ear. Similarly some people don't know that they see poorly in one eye; it is up to you to verify these matters.

Always ask your patients if they can perceive the direction from which sounds come: you know that *Carbo animalis* is the great remedy for those who don't know where the sound is coming from.

Others don't hear anything at all when many people are speaking at once; there are even people who hear better in a noise!

The nose: The nose also can be very sensitive to the intake of air. There are people who are always picking their nose, and it is often a symptom of worms. Also it may be the sign of a frustrated libido.

As for colds (which doctors fear, because they don't know what to give!), Homoeopathy often succeeds admirably. One could say that eighty per cent of the patients who have a cold are immediately improved with *Aconite 200*. We are more interested in obstructions than in discharges, and, in that connection, there are some questions which one would do well to ask properly: On what side? Day or night? In a cold or in a warm atmosphere?

Sometimes it is obstructed and it runs at the same time.

There is a special rubric for obstructed nose in children, and it has excellent remedies: *am-c.*, *ars.*, *asc-t.*, and for nursing babies: *aur.*, *kali-bi.*, *Lyc.*, *Nux v.*, *samb.*, (see "Epistaxis").

Dry noses are generally hard to cure.

As for epistaxis, Clarke highly recommends *Ferrum picricum*: he says this remedy succeeds better than all the others. *Vipera* also often succeeds very well for nose-bleeds, especially if the blood is dark. There is also a rubric for epistaxis in infants, and the remedy which succeeds most often is *Ferrum phos.* (*Abrot.*, *bell.*, *chin-s.*, *croc.*, *Ferr.*, *ferr-p.*, *ferr-pic.*, *ham.*, *merc.*, *phos. ter.*). Think also of epistaxis at night, washing the face, and all the other possible modalities for which there are specific remedies.

Ask your patient about his sense of smell. Then again, sneezing is very important in finding the remedy, and don't forget the modalities. You remember the morning sneezes which are a very good symptom of *Ammonium carbonicum*.

Face: We already spoke of chapped skin, cracked skin, excoriations. Cracks in the upper lip will make you think especially of *Kali carb.* and *Natrum mur.* If there are cracks in the corner of the mouth there are a whole series of remedies: this is the famous angular cheilitis, or commissural exulceration, which is often a sign of a lack of vitamin B₂.

The tongue can also have fissures, especially on the sides, and in the middle, and on the tip.

Always look at the complexion, the color of the face; and look also at the expression. In the *Repertory* there is a rubric which gives very detailed attention to the expressions of the face: surprised, anxious, worried, aged, tired, sickly expression, etc. Sometimes these signs will help you to find the remedy. Look also at the wrinkles and the frowns. They may be important.

The perspiration of the face may be hot or cold, or may appear only on one side, or on the upper or lower lip, etc. Some people only perspire on the nose (and of course the classic remedy is *Tuberculinum bov.*).

Mouth: Sometimes the aphthae in the mouth are very troublesome: sometimes also the fault lies with the dentist, with his little wads of cotton powdered with Borax. Look at the location of these aphthae: they may be on the gums, on the tongue, or on the lips. You might try a little mouth-wash with lemon juice: it hurts at first, but sometimes it feels much better afterwards. My professor of ophthalmodiagnosis had another method: he used to use a little wad of gauze saturated with an infusion of chamomilla, with which he scraped the aphthae until they bled... and that was that. On page 397 you will find aphthae of the mouth, and in the general rubric you might add: *Sempervivum tectorum* (Houseleek). Add also, *cinch-b.*, *ill.*, *ip.*, while *phos.*, *sars.*, and *semp.* should be in italics.

Lower down, under "in children", add *bapt.*, *asim.*, *kali-br.*, *plant.*, *viol-t.* Add "in infancy": *bry.*; and "in influenza": *ant-t.*

Think of *Kali mur.* when the aphthae progress towards ulceration.

And for aphthae of the lips: *cadm.*, *cinch-b.*, *cub.*, *ip.*, *jug-r.*, *kali-c.*, *mur-ac.*, *hep.*, *Merc-c.*

For aphthae of the palate add: *Sempervivum*, *sul-ac.*, and underline *phos.*

Look at the tongue, whether it is dry or wet., whether it oscillates or trembles.

Among the different smells of the breath there is one so disagreeable that we call it 'sickening': it makes you sick if you have to be subjected to it! In such cases, before thinking of a remedy, you might advise the patient to buy a tongue rake, and to use a mouth-wash of calendula lotion after it.

Some patients sleep with the mouth open (p. 409).

On page 417 you have the rubric "Salivation". In the main rubric delete *calad.*, and add: *aur.*, *calc-ars.*, *eucal.*, *hipp.*, *merc-sol.*, *nit-s-d.*, *phys.*, *squil.*, *ter.*, *ust.*, *verat-v.*, *vinc.*, *xanth.*

Under "Salivation" add the following rubrics and remedies:

"night": *culex*, *merc-c.*

"acid": *lact.*, *merc.*

"angina, in": *bar-m.*

"aphthae, with": *hell.*, *Merc.*, *Merc-c.*, *nat-m.*

"apoplexia, in": *anac.*, *Nux v.*

"asthma, in": *carb-v.*

"cardialgia, in": *puls.*

"children": *camph.*

"chill and fever, with": *stram.*

"coryza, with": *calc-p., cupr-a.*

"dentition, in": *hell., merc-sol., nat-m., Sil.*

"dribbling": *stram.*

under "dryness, with sense of" add *kali-m.*

"esquinancia": *anthr.*

"fetid breath, with": *kali-br.*

"fever, during": *sulph.*

under "headache, during" add *cinnb.*

"measles, in": *nat-m.*

under "mercury, from" add *hydr.*

"mumps, in": *nat-m.*

"nausea, with": *Ip., camph., carb-s., chin., lach., sulph., verat.*

under "pregnancy, during" add: *ip., Goss.*

"prosopalgia, in": *mez., plat.*

"scarlatina, in": *Arum-t., caps., Lach., merc., sulph.*

"malignant": *Am-c.*

under "sleep, during" add a note to "(See Night)), and add: *cinch-h., dios., ip.,* and put *kali-c.* into italics.

"sleep, preventing": *ign.*

"speaking, constant while": *graph., lach.*

"spit, with constant desire to": *cocc-c., cadm-s., graph., grat., lac-c., lyss., puls.*

"swallow, constantly obliged to": *ip., seneg.*

"toothache, with": *Cham., daph., kali-m., nat-m.,* and add a note to "(See Teeth, pain, saliva, with involuntary flow of, p. 438)".

"tonsillitis cough, in": *Bar-c.*

"whooping cough, in": *bry., iris-v., spong.*

Then there is "Speech, stammering", page 419., and "Speech, lispings", page 419. Ask about the sense of taste: the loss of taste or different perversions of taste.

Teeth: You have to examine the teeth of your patients: any caries, the color of the teeth, and any deformation; then you have the untidy tooth of Topinard, which of course is none other than the wisdom tooth! From my personal experience, one should always extract a wisdom tooth if it causes trouble or grows wrongly.

Throat: Always look at the condition of the uvula: it hangs like a little sack of water; perhaps there are aphthae on it, or small whitish deposits. One should examine the tonsils also.

Neck: Notice whether your women patients wear a scarf; some of them can't stand having anything round the neck.

Then there is the whole question of goitres: I confess that I have never managed to make a goitre disappear. Sometimes my patients have said that they felt much better, but in measuring the neck I noticed that there was no change—it was purely subjective. But after having treated patients with a goitre for a certain time for their general condition, you may find that they tolerate an operation on the goitre very well, without any aftereffects.

Food desires and aversions: From page 480 on you will find all the aversions to food, and you may add the following:

under "cheese" put *obnd.* into italics and add: *arg-n., nit-ac., staph.*, and add the following sub-rubrics:

"Roquefort": *hep.*

"strong": *hel., nit-ac.*

"Swiss (Gruyere)": *merc., sulph.*

"Chicken": *bacillinum* (Allen).

under "fruit" add: *ars., Chin., Puls., carcin.*, and add the following sub-rubric:

"green": *mag-c.*

under "milk" add: *carcin., Staph.*

under "onions" add *thuj.*

under "salt food" add *carcin.*

"strawberries": *chin., sulph.*

under "sweets" add *nux v., puls.*

Under "Desires", from page 483 on, make the following additions:

under "alcoholic drinks" add the following sub-rubric:

"habit, to remove": *strych-n., 3X*

under "beer, evening": add *med.*, and put *zinc.* into italics.

under "beer" add another sub-rubric:

"thirst, without": *calad.*

under "chocolate" add: *carcin., sep.*

"fat food, which aggravates": *ars., hep., Nit-ac., nux v., sulph., tub., carcin.*

under "fat ham" add *carcin.*

under "indigestible things" add: *nit-ac., nux v.*

under "lemons" add: *bell., nabal.*

under "meat" add the following sub-rubric:

"children, in": *mag-c.*

under "milk" add *carcin.*

under "onions, raw" add *thuja.*

under "salt things" add *carcin.*

under "sweets" put *merc.* into italics, and add under "sugar" the following sub-rubric:

"only digests if he eats large amounts of sugar": *nux v., Staph.*

under "tea" add *puls.*

under "tobacco" add: med., nicotine, plant., and add the following sub-rubric:

"to remove desire for": calad., calc., *Canst.*, ign., lach., nux v., petr., plan., Staph., sulph. (Gallavardin).

"tomatoes, raw": ferr.

Desires sweet and sour foods at the same time: bry., calc., carb-v., kali-c. med., sabad., sec., sep., Sulph.

Desires sour and salty food: arg-n., calc., calc-s., Carb-v., con., Cor-r., med., merc-i-f., Nat-m., Phos., plb., sulph., thuj., Verat.

Desires sweets and salt: Arg-n., calc., carb-v., med., plb.

Desires sweets, which aggravate: am-c., Arg-n., calc., nat-c., Sulph.

Stomach: Eructations can help us a great deal: so can yawning and sneezing. Some eructations ameliorate, others aggravate. Ask your patient about the taste of these eructations. You will find all this from page 489 onwards. There are noisy eruclations, others that are controlled.

Ask your patient about *hiccougths*, and if he has hiccougths modalities can be very important. If you make a medical certificate, never mention the word "hiccougth", but speak instead of "phrenoglottic myoclonias", which makes a very good impression and forces people to look in the dictionary! You will find hiccougths on page 501, and under the general rubric add: ambr., amyl-n., ars-h., calad., cupr-s., hydr., hydr-ac., med., lyss., sin-n., staph., stront., tarax., and make the following additions:

under "night" add the following sub-rubric:

"urination, with involuntary": hyos.

"apoplexy, in": ol-caj.

"asthma, begins attack of": cupr.

"back, with pain in": teucr.

"carried, when, in cholera infantum": kreos.

"children, in": bor., ign., ip.

"nursing, while": hyos.

"after": teucr.

"restlessness at night, with": stram.

"cholera, in": aeth., arg-n., cic., cupr., mag-p., ph-ac., verat.

"concussion of brain, in": hyos.

under "convulsions, with" put *cupr.* into italics, and add *stram.*

under "cough, after" add ang.

"diarrhea, with": cinnam., verat.

under "dinner, before": put *mur-ac.* into italics

under "dinner, after" put *phos.* into italics

under "drinking, after" put *puls.* into italics

under "eating, after" add: filix-m., ham., and put *par.* into italics

"emotions, after": ign.

under "eructations, after" add: ars-h., ox-ac.

under "fever, during" add the following sub-rubric:

- "yellow, in": *ars-h.*
 "fruits, after cold": *ars., puls.*
 "gastralgia, with": *sil.*
 "gastric affections, in": *kali-bi.*
 "hepatic colic, in": *chin.*
 "hepatitis, in": *bell.*
 "intestinal intussusception, in": *plb.*
 "migraine, in": *aeth.*
 "meningitis, in": *arn.*
 under "painful" add *mag-p.*, and add the following sub-rubric:
 "causes crying": *bell.*
 "peritonitis, in": *hyos., lyc.*
 "salivation, with profuse": *lob-i.*
 "sitting up straight": *kreos.*
 under "smoking, while" add: *calen., scutell.*, and put *ign.* and *sang.*
 into italics
 "spine, in affections of": *stram.*
 "stomach, in cancer of": *carb-an.*
 under "supper, after" add *coca.*
 "surgery, after": *hyos.*
 under "typhoid, in" add *mag-p.*
 under "vomiting, while" add: *bry., jab., jatroph., Verat.,* and add
 the following sub-rubrics:
 "before": *cupr.*
 "terminates in": *jab.*
 "winter, in": *nit-ac.*

For *slow digestion* add the rubric "Slow" on page 526 (and make cross references to "Inactivity" on page 503, and "Disordered" on page 486):
aur-m., berb., Chin., corn., corn-f., cycl., eucal., lyc., nuph., nux v., op., par., sabin., sep., Sil., Tarent.

Cardio-pyloric stenosis: see pages 483, 504, 511.

(Concluded)

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