DIPHTHERINUM IN ACUTE DISEASES OF CHILDREN

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The dynamic power of the potentized diphtheritic virus may be similar enough in some of the acute diseases of children to effect curative results.

In contagious diseases there are some cases that take on a violence such as is seen in diphtheria. In the common colds of children there will be found cases that have symptoms not usually found in the common cold. There may be a dry, unproductive cough that has resisted every seemingly indicated remedy for days or weeks that will yield to Diphtherinum. Others complain of a small spot deep in the throat for which they can find no relief. This again responds to the nosode. Others will have high temperatures and severe sore throats, cramps in muscles with jerking in fingers and toes. Some children complain of headache and want their heads bandaged. Some children's throats become so swollen that they can scarcely swallow, and they want to be held. Children will have recurrences of colds. After several weeks of apparent health they get their colds all over again. Diphtherinum is especially helpful.

It is a matter of experience to know when the potentized diphtheritic virus is the remedy to be prescribed. It is also a matter of experience to know when this remedy has done all the curing it can, has changed the symptoms for the better, and a complementary remedy is needed to go on with the cure.

CASE I.—Johnny A., age 6, white. Double otitis media, high temperature, restless, sleepless, drainage profuse. Diphtherinum was given because of the violence and intensity of the onset. The symptoms changed somewhat and Gelsemium and Ferrum phos. were used as indicated, but the child continued to be very sick, although the symptoms subsided under the indicated remedy. A month later he developed an acute violent recurrent attack of otitis media, congested nose, virus pneumonia, pulse irregular and a marked mitral murmur heard over the left front and back of chest. Penicillin was given, followed by Diphtherinum the second time. The case changed

and Lycopodium was indicated. The sleeplessness improved, nose and throat cleared, ears subsided, and about one month later he had mumps which ran its usual course and cleared normally. Murmur never cleared but is very much less pronounced and the child at present is living a normal life.

CASE II.—C. C., girl, age 6, white. Had congested nose and throat, pus cells in urine, temperature. *Diphtherinum* was given and her condition was nearly cleared 2 days later.

CASE III.—B. E., boy, age 12, white. Had a congested throat with a post-nasal discharge. *Diphtherinum* 10m for 1 day took care of the condition.

CASE IV.—M. H., boy, age 8, white. Subject to colds. severely congested nose and throat which *Diphtherinum* 1M cleared rapidly without the usual complications.

CASE V.—R. R., boy, age 10, white. Otitis media, stomach distress and a congested nose and throat. For him, *Diphtherinum* was the only medication needed.

CASE VI.—C. B., boy, age 6, white. Had mumps and lost weight following colds. He had a severely congested throat, a harsh respiratory murmur in right chest and a right otitis media. Diphtherinum 50m was the principal remedy used.

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HOMŒOPATHY AND THE GALL BLADDER

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forth. I had to answer scores of letters every week from readers who sought advice about their various ailments.

I outlined the procedure to a number of readers how they might perchance say goodbye to their gall stones and one result was really amazing. One lady in England wrote to me with great glee that, in five days, she passed one hundred and ninety-nine gall stones with never a twinge of pain. She evidently steeled herself to the rather grisly task of collecting them and put them into a jar where they are, I presume, to this day.

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