

MOSCHUS MOSHIFERUS

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Musk Deer, N. O. Mammalia.

Trituration of the inspissated secretion contained in the preputial follicles. "The well-known power of Musk—the perfume—to produce fainting in some by the mere smelling of it, gives the chief keynote for its use in homœopathy: . . ."

The keynotes are:

1. faints easily—from excitement, hysteria, while eating, during menses, heart disease.
2. coldness of whole body or single parts as if a cool wind blowing on parts.
3. tension in muscles, skin and mind; spasms and twitches in larynx, chest and heart; general convulsions; sexual desire increased.
4. Spoiled, sensitive natures; hysterical women and men.

Symptomatology

Mind: Bustling activity, with weakness, so that everything falls from hands. Fretful mind. *Cries one moment, uncontrollable laughter the next. Complaints and lamentations on account of excessive sufferings, with inability to indicate the part affected; when questioned, patient complains still more urgently, but without saying where he suffers.* Hypochondriacal anxiety, sometimes with palpitation of heart. Scolds until she faints.

Head: Vertigo and wavering before eyes, on least movement of head or eyelids. *Vertigo with nausea and vomiting*, want to lie down, and desire for coffee. Heaviness and congestion in head. Aching and boring pain in occiput, as if a nail were driven into brain; worse sitting in a room.

Face: Heat in face, sometimes without redness, and with eyes dull. Pale face, with perspiration. Movement of lower jaw, as if he were chewing.

Stomach: Putrid taste of food. Thirst. Aversion to food. Faints while eating. Sudden attacks of nausea; at sight or thought of food. *Nausea, which mounts from epigastrium*, with retraction of navel, and cramp-like pains. *Sensation of fullness and obstruction in stomach and epigastrium, sometimes with uneasiness, worse after a moderate meal.* Smarting, burning sensation of excoriation in the region of stomach after a meal. Spasmodic nervous hiccoughs.

Abdomen: Hysterical abdominal spasms. Attacks of painful contraction in umbilical region, with suspended respiration. Sensation of tension in abdomen, as if clothes were too tight, accompanied by an anxiety which neither permits attention to any kind of labor, nor continuance in one place,

but compels constant running from side to side. Incarceration of flatus. *Complaints in separate parts of body made abdomen feel worse.*

Stool and Anus: Loose evacuation. Urgent and ineffectual want to evacuate. Stitches in anus extending to bladder.

Male Sexual Organs: Great increase of sexual desire, sometimes with insupportable tickling in the parts, or tensive pains in penis. Impotence occasioned by a cold; preceding diabetes mellitus. Erection, with burning pain in urethra.

Female Sexual Organs: Violent sexual desire. Drawing and sensation of bearing down toward hypogastium and the genital organs during menses. Dysmenorrhea with fainting. *Bearing down as if menses would appear.*

Respiratory Organs and Chest: Difficult respiration and shortness of breath, with shooting in chest. Cramp-like and suffocating constriction in chest, especially after taking cold. Hysterical spasms of chest. PAINS, CRAMPING, PRESSING, GNAWING WITH SENSE OF SUFFOCATION. I CAN'T BREATHE. Laryngismus stridulus in nervous women and children during whooping cough. Spasmus glottidis, asthma, croup.

Heart: Anxious palpitation of heart. Dyspnea, prostration; nervousness Says, "I shall die, I know I shall die." Sensation of trembling around heart, with constriction in whole chest.

Neck and Back: Violent drawings in nape; unable to turn head. Drawing pain in spine which extends into hip joint.

Upper Limbs: Drawing pains along the entire extent of the arm. Burning, shooting pains with sensation of coldness. Convulsive movements of hands and fingers.

Lower Limbs: Restlessness in legs with paralytic weakness, which compels constant movement. Trembling in legs, as after great fatigue, when seated. Compressive pain in hollows of knees as though tendons too short. Paralytic weakness in legs on sitting down, after walking.

Sleep: Great drowsiness during day, with frequent and vehement yawning. Vivid dreams in which the passions are strongly excited. Dreams in which nothing succeeds. Sleeplessness of hysterical persons.

Fever: Frequent sensation as of *cool air blowing on persons*, especially on the parts which are uncovered. External coldness with internal heat. One part pale and hot, the opposite part red and cold; Air seems cold; patient seeks fireside. Clammy perspiration in morning, smelling of musk.

Generalities: Cramp-like pains in limbs. Trembling and jerking over whole body. Weakness, which is felt more during repose than in movement. Weakness to the extent of fainting, with nocturnal coldness of skin generally. *Hypochondriacal complaints* originating in sexual system. The sufferings are worse when the body is chilled. Desire to lie down, must lie down; afraid to lie down for fear of death from dyspnea. Purely neuralgic pains of functional disorders, arising from taking cold. FEELING COLD WIND BLOWING ON PARTS.

Causation: Chill, hysteria.

Modalities: Worse from pressure, motion, getting cold, coitus, after eating. Better open air but not chilling.

Relations: Antidoted by; *Camph, Coff.*

F. A. Farrington epitomizes *Moschus* and compares it with other remedies, as follows:

Briefly, by way of summary: *Moschus*, excited, scolding, fainting; coldness; spasm of glottis and lungs.

CASTOREUM, exhausted, pains better from pressure; menstrual colic with pallor and cold sweat.

NUX MOSCHATA, errors of perception, drowsy; faints; enormous tympany; oppression of heart to throat; skin, dry, cool.

VALERIANA, nerves irritated, cannot keep still; tearing, cramps, better when moving; taste of tallow or slimy.

ASAFOETIDA, reverse peristalsis, rancid eructations, offensive flatus; tightness of the chest; checked discharges.

MAGNESIA MURIATICA, faints at dinner, relief from eructations; head better from pressure and wrapping up; palpitation better on moving about; stools crumble.

The following may prove beneficial in diseases embarrassed by a condition of non-reaction from irritable weakness; MUSK, AMBRA GRISEA, ASAFOETIDA, VALERIANA, CASTOREUM, COFFEA, SCUTELLARIA, CYPRIPIEDUM, COCA, ZINC OX., CHINA, CAMPHOR, AGARICUS, TARENTULA.

Clinical Case

Mrs. G.W. is a 76-year-old woman first seen November, 1958. She complains of trembling worse after eating, weakness, nervousness, chilliness worse from extremes of weather, desires company, doesn't like to be alone but is not afraid. She complains of pain in her vaginal area and a nervousness which goes up inside of her, worse from ointments, worse extremes of weather. She gets upset with her neighbors. Shortness of breath at times, much distention, constipation, headaches all over, *bearing down feeling toward genitalia*, sleeping fitfully, at times amorous dreams. She had to work hard, caring for her husband day and night in his last illness (about 5 years ago) since when most of this started. She has been taking other medication but she is not getting better and decided to make the change to homœopathy. She has diverticulosis, has had a hysterectomy for prolapses.

The patient is short, fat and anxious. BP 150/100. Large varices under tongue. Abdomen flabby, tender throughout, no masses. Rectal redness noted, several small hemorrhoids.

The patient had so many complaints at different times that it was difficult to evaluate them. Most of the time they seemed to stem from her anxiety reactions, her diverticulosis with gas formation. She was given several remedies over the first year (some acute ones for cold, and other chronic remedies). She continued to be weak, chilly at times, had 2-3 fainting spells.

Several times she felt as if *a cold wind was blowing across her face*. Sometimes she would say, "I just don't feel good," and when asked where, she couldn't really say. The patient has been cooperative, though dependent on approval for everything she did from when to take the peppermint water to going out for a ride. Since October, 1959, she has been on increasing potencies of *Moschus*. She continues to need reassurance and encouragement, but she is vastly improved over 18 months ago. Last dose: *Moschus* CM April 6, 1960. What else can we expect?

DISCUSSION

DR. ALLAN D. SUTHERLAND (Brattleboro, Vt.): This is a case which might have been better a year and a half ago if she got all that attention without the *Moschus*. If you took all her complaints away from her, she would crack up. She needs them to adjust to her present situation, which meets her dependency needs and gives her the kind of support she requires. You will never take them away, no matter whether they call for *Moschus* or anything else, because they are so necessary to her.

DR. JAMES STEPHENSON (New York, N. Y.): What would she do if we solved it?

DR. A. DWIGHT SMITH (Glendale, Calif.): At that age patients are conditioned to be slow in improving. You got as much result as you could expect for the time.

DR. ROGERS: She knows she is better, and I know she is.

DR. SUTHERLAND: She is better because she is getting emotional support and feels more comfortable. The *Moschus* may have helped.

DR. ROGERS: She is better because she doesn't call me as much. She used to call before dinner and after dinner.

DR. SUTHERLAND: Testing you out to see how much you were interested in her case. Now she knows.

DR. HENRY N. WILLIAMS (Lancaster, Pa.): She had the emotional support for a period of a year or so before the *Moschus* was given. It seems to me we can attribute definite results to the remedy prescribed.

DR. ROGERS: It was such a characteristic thing—the cold wind—that was one of the things that was quite striking to me when you come up against something like that. It is one thing I won't forget.

DR. STEPHENSON: How did you give the *Moschus*, what dilution?

DR. ROGERS: I started at 1M and I usually repeat every month or two with her because it is very difficult, just in a month's time, to tell whether she is better, so I empirically repeated the dose once a month for three months. After I went to the 10M I waited.

DR. ROGERS: Maybe I could start back down after getting up this high. I could start back down on the tincture. It would be interesting to see. Maybe it would react.

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Practice of medicine in ignorance of such a vital principle too often suppresses the physiological and drives it towards terminal conditions degenerative of internal organs or of the nervous system or of the mind. Cases in early life of an acute nature are converted into chronic states in later life. Homœopathy frequently has a double check on that principle, so unfamiliar to ordinary medicine and so universally neglected; for cases coming under Homœopathy after having been suppressed, which show advanced states ordinarily chronic but still curable, are taken back over their course in reverse by the power of the homœopathic remedy, and the early states are seen again. By thus seeing the link between successive illnesses in the sick patient and being able so often to resolve it, Homœopathy is a force liberating the race and elevating its level of health. And nothing works more powerfully against this happy trend than to disregard the totality, the oneness, of man and to separate of the mind as an exclusive specialty.

Time and the psychiatrists, along with the large businesses now beginning to employ psychiatrists, are becoming aware of the mind and its ills more than a century and a half late, and are taking the wrong way to handle them.

—*The Layman Speaks*, Nov., '60

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DR. A. DWIGHT SMITH: Keep on with the higher potency. I think you will get better results, even though we don't agree.

DR. STEPHENSON: I think it is not a matter of agreeing or disagreeing. It is a matter of what is good for the patient, experimenting with different dilutions.

DR. SUTHERLAND: And what does Dr. Smith mean by "better results"? It seems we have had good results here and, compared perhaps with the very first dose, the results are now better than they were then.

DR. A. DWIGHT SMITH: What was the last potency?

DR. ROGERS: The CM in April.

DR. SUTHERLAND: Now you should go down.

DR. W. W. SHERWOOD (West Los Angeles, Calif.): Go down to 200 and start over again.

—*Jourl. of the Am. Inst. of Homœopathy*, Sept.-Oct., '61