TUBERCULINUM IN RESPIRATORY DISEASES

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Tuberculinum is a nosode which is a disease-product prepared and used as a medicine. Our homocopathic procedure of attenuation and potentization makes it easy to prepare any disease-product so that it can be safely used, avoiding the danger of adding to the present disease by the use of its pathological product in treatment thereof. Even Hahnemann had experience with the nosode, *Psorinum*, prepared from a case of psora. Dr. H. C. Allen is the homocopath who was most interested in the discovery and use of the various nosodes and he eventually compiled a book Materia Medica of the Nosodes. Dr. Compton Burnett, the British doctor and author, was always interested in nosodes and used many and various nosodes of his own and others' preparations. Among the outstanding nosodes which Burnett had prepared and used extensively for years was Tuberculinum, which he called Bacillinum because it was prepared from diseased lung tissue containing the bacilli of tuberculosis.

The nosode, *Tuberculinum*, is a remedy to keep always in mind in prescribing for respiratory as well as all other diseases, for the tubercular taint is protean in its manifestations. Active tuberculosis is well under control in this country but the familial history and taint is ever present and must be kept in mind for a multitude of disease conditions.

Boger's Synoptic Key marks the tuberculinum patient as being sensitive, easily irritated, dissatisfied, seeking change of place or location and yet is worse from changing weather. Boger also marks that the one needing Tuberculinum is worse from motion and exertion. In conditions affecting the organs of motion and locomotion the opposite is often true. In backaches of all descriptions, including lumbago and fibrositis, where the patient is stiff and painful on beginning motion but improved and eased by continued motion, I have seen Tuberculinum act quickly and completely after Rhus tox. had failed to

relieve. This modality is also suggestive when the pains and stiffness affect muscles other than the back and also the joints.

Another of Boger's indications for *Tuberculinum*, which gives one pause to think is, "Craves cold milk or sweets." In this present age of abundance, when more children are brought to the doctor for treatment of anorexia than for starvation, it often develops that the child drinks considerable ice-cold milk and eats candy and sweets readily but is entirely disinterested in well-balanced foods. When there is any tubercular family history, this nosode should be considered. There must be something radically wrong when an apparently healthy, active child is never hungry.

Tuberculinum. Dr. Compton Burnett designated Bacillinum because it was potentized from diseased lung tissue which contained the tubercle bacillus. In Dr. Burnett's endeavour to find a more satisfactory medical treatment for tuberculosis he had this nosode prepared and potentized homœopathically and he used it in treating "consumption" for years before Koch brought out his vaccine of tuberculosis and used it in the treatment of the disease.

After some eight years of the use of *Tuberculinum*, Dr. Burnett wrote a book, *The Cure of Consumption*, containing his recommendations, technique and results which were very good in treating tuberculosis, especially of the lungs. In this he was quite surprisingly successful provided that the potency was not low and the repetition of the dose was not close.

So in tuberculosis, especially of the lungs, *Tuberculinum* is always to be thought of and utilized according to its indications and symptomatology.

In considering indications for the use of *Tuberculinum* in diseases, other than tuberculosis, Clarkes' *Dictionary of Materia Medica* lists these clinical indications: asthma, bronchitis, catarrhal, pneumonia, influenza, grippe, edema of lungs, edema of glottis, pleurisy and acute pneumonia.

A case of pleuro-pneumonia: On the 3rd of November a tall, thin lad of 8 years, on the basis of a head cold, developed a fever of 102° F. with aches in his right shoulder and face and a cough which was painful. R. Sang. 1M. By 4 P.M. his

temperature was 104.1° F. and no thirst. Pain under the right ribs, aggravated by his cough. R *Puls*. 1M. The next day T. 104.2° F. in the morning with pains in right chest and shortness of breath. Distant breath sounds. T. 104.4; R. 30; P. 120. Likes covers. Worse lying on right side. Left eardrum inflamed. White count 26,000 (P. 87%, L. 12%) T.D.: Pleuropneumonia. R *Tub*. 1M, 3 doses. By 4 P.M. the same day T. 102.1° F. and the patient was sleeping and sweating. Pain in the right chest with his cough > lying on left. The next day (the 3rd of his illness) T. 99.6, P. 100 R. 27 at 9 A.M. No further medication required.

In contrast to this case, I have a case of a man of 83 years who had a viral pneumonia which developed slowly over four days before calling the doctor. At this time he had a harsh cough, T. 102.3°, P. 80, R. 30. No chest findings. Re Bryonia 1M. The next day the temperature 99.8°, much viscid grey mucus was brought up with cough. Slept little, mentally very active. Re Tub. 1M. The patient had a family history of tuberculosis though it had never affected him. The temperature returned to normal but the patient was troubled by sleeplessness, shortness of breath on exertion, weakness, loquaciousness, not thirsty nor hungry. After some days of slow progress, due no doubt to his age and condition, he was given Sepia 1M. without improvement. Following several days of little progress Tuber. 10M was given and continued improvement resulted.

So, young or old, slow or rapid, *Tuberculinum*, if indicated, will cure.

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