

CASES TREATED

From One of B. H. A. Homœopathic Hospitals

....When reading these notes it must always be remembered that Homœopathy is essentially treatment by individualisation. It therefore never makes use of nor seeks specifics for disease. So it must not be thought that any remedy mentioned in these notes will necessarily be the remedy for other cases of the same illness.

THE REMEDY DEPENDS UPON THE INDIVIDUAL PATIENT'S REACTIONS AND NOT ON THE NAME OF THE DISEASE.

The condition *Acute Stomatitis*. The Drug *Borax*.

G. L., aet 67. Sore mouth for weeks. Cannot eat, so painful. Tongue dreadfully hot and burning. Feels raw. Cannot wear dentures, the roof of the mouth is so inflamed. Says there are patches on the tongue and throat. Whole mouth and throat is afire, as if the skin had been rubbed off. Foul taste, not bitter nor sour, but, simply foul.

T. N., no glands surprisingly, but the whole mouth was as he described it. Tongue red, raw, denuded in patches with flakes of curd-like material all over the tongue and the pharynx: the palate was fiery red as if would bleed if touched. He had tried all sorts of mouth washes and lozenges from the pharmacist but it was getting worse.

Borax immediately occurred to one's mind, from remembrance of similar appearances in children. He was told to report at the lab. for a swab to verify the infection.

Reading Borax:—"Apthae, White fungous growth, Mouth hot, tender, ulcers bleed easily if touched. Taste like cellar mould."

This seemed to be the picture *in toto* and so Borax 200, 3 doses was given with instructions to report back in 48 hours. He appeared a week later, apologising for not appearing before and for not going to the laboratory. *It was not necessary*. The whole condition cleared right up and now looked normal.

Of course, chemical substances might have killed off the fungus, if fungus it was; sodium sulphite is often used, penicillin also, though it is remarkable that penicillin lozenges do cause a glossitis, but here the similar remedy did the trick.

It is a small case but instructive.

Borax is not very often used. Its most remarkable symptom 'Dread of downward motion' perhaps not very often found, but it is worthy of study for other lesser known but peculiar symptoms, e.g., sensitive to noises, the slightest noises but *not* by louder noises, a very commonly obtained symptom but, for which one rarely thinks of Borax 'the red nose of young women' a condition very difficult to affect and yet very distressing to the patient. 'A feeling of cobwebs on the face and hands is a description which one meets with not infrequently and here it resembles Graphites. Pain in opposite breast when nursing is another peculiar symptom. A case with this cobweb feeling in the face, when using opposite arm, which failed to improve with Graphites might well respond to Borax. Acute pain on urinating, so acute that the child is afraid to urinate and screams before doing so. There are many conditions of the urinary organs which are not due to infection alone and which chemotherapy fails to influence entirely. Here Borax and Cantharis should be remembered but a very accurate description is essential for accurate prescribing, and it is often the peculiar symptom which gives the clue.

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The condition *Gastritis*. The Drug *Abies Nigra*.

For some weeks complete loss of enjoyment of food. Began with discomfort epigastrium, some aversion to meals and within 24 hours shivering with rise of temperature. The shivering was of the typical *Nux Vom.* type:—boiling hot like fire, as if the blood were boiling in the veins, must uncover but, as soon as uncovered, must cover again. Or

movement of feet or of the bedclothes sets off shivering. Next day the temperature was down but there was a slightly evening rise for several days. No signs of 'flu or coryza but the aversion to food persisted. The very appearance of "mixed grill" on the menu was enough to put him off food. This persisted for at least 14 days. Pulsatilla was given chiefly on the aversion to fats and inclination to weep, which is unusual in a man, with no effect. Life was miserable: the patient said he now understood what was meant by melancholy and suggested that his trouble was in the liver. May be it was, but, the unusual feature which was not noted early was complete aversion to breakfast (most unusual for the patient) yet, later in the day, there was a gnawing hunger which could not be completely satisfied and the feeling in the stomach was like a load. "Like a hard boiled egg lying there." Here was the clue to *Abies Nigra*, and here was the picture:—

"Pain in the stomach comes on after eating: sensation like a lump that hurts, as if a hard boiled egg had lodged at the cardiac end: continual distressing constriction just above the pit of the stomach, as if everything was knotted up. Total loss of appetite for breakfast but great craving for food noon and night. Eructations."

The drug picture was read over to the patient. He said, "There I am, but why didn't you discover this drug long ago?" One said—"Yes, here is the picture but will it work?"

Abies Nigra 200, one dose was given. No more pain, no more discomfort and bacon and egg next morning. And the clouds began to lift.

Mentals there are few but, what there is, was again the patient:—"Low spirited, dull during the day, unable to think."

Sleep: Wakeful and restless at night, with hunger (the patient said: "Oh, I forgot to tell you, I woke up hungry and had to go downstairs for a snack").

Fever: Alternately hot and cold: chronic intermittent fever with pain in the stomach. *Modality*: Worse after eating. The patient, a medical man, said the only thing that gave him consolation was that it did not seem like an ulcer. The pain was worse after eating, but, just as good bricks were not made without straw, so the wrong prescription is often made because the patient forgets to tell his symptoms or gives an inaccurate and incomplete picture.

The diagnosis:—Well, one believes that the patient caught an infection abroad (he was abroad at the commencement), probably of the enteric type, the fever suggested that this was so, the symptoms were all digestive but persistent, so persistent that one believes that he had a hepatitis in spite of the absence of jaundice.

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HOMŒOPATHY AND PULMONARY TUBERCULOSIS

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In the treatment of pulmonary tuberculosis so much stress has been put upon non-medicinal measures, such as out-of-doors treatment, heliotherapy, diet, rest in bed, surgery, etc., and we hear so often repeated the statement that there is no remedy for tuberculosis, or that fame and fortune await the man who shall discover such a remedy, that we, somehow, begin to feel a sense of futility so far as medicine is concerned when confronted with a consumptive patient. For that reason, many of us have neglected to study our *materia medica* in relation to pulmonary tuberculosis, to the detriment of ourselves and our patients.

It is only when there comes to our attention a case of active tuberculosis, which, upon the administration of a well-selected homœopathic remedy, with no change in any