

## THE "REMEDIIUM PROBATISSIMUM"

Dr. Samuel Jones's cough was immediately after he had lain down, but it will be noted that he did not retire until mid-night, whereas my other patients went to bed before. From a fairly extensive experience of *Aralia* as a cough remedy I have formed the conclusion that it is homœopathic to its cough by reason of its time and the patient's recumbent position.

In my opinion, I believe it is no good in coughs occurring at any time on lying down, neither does it avail in a cough caused by a relaxed uvula. Neither will it, as far as I am aware, cure any lung lesion whatsoever beyond bronchial irritation and catarrh. And most positively it is no good at all in the genuine asthma. In such cases I have given it in vain. But for the previously described variety of cough it is a *remedium probatissimum*. Here, for the thousandth time, we see the exactness of our homœopathic science.

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## STREPTOCOCCIN REPORTS

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These brief reports are offered as an attempt to illustrate a few uses *Streptococcin* in the hope that it may repay in kind some of the benefits which the writer has received from others who have presented helpful demonstrations of homœopathic principles and remedy action.

*Streptococcin* is one of the newer additions to our materia medica. So far as I know its literature could hardly be called that. Margaret Tyler, in her *Homœopathic Drug Pictures* characterizes it as "a mighty remedy" but relates it only casually to diagnostic entities such as diphtheria, scarlet fever, vaccination, measles, tonsillitis, chorea, rheumatism,

qualifying only by intimating their use in suppressions and after effects; and I would suggest the chronic phase of serum sickness. Boericke, in the ninth edition of his *Pocket Manual*, suggests comparison with *Pyrogen*. He notes its use in the sepsis of infectious diseases and remarks the rapidity of its antifebrile action. The addition of remedies of this sort to our materia medica seem to be necessary because of the ever increasing anaphylaxis of the masses by modern medical and surgical practices. Of necessity and according to law as these diseases are induced, the principle of similars reveals new remedies to overcome them. But, as time goes on and the complexity becomes deeper, cures and even palliation become more difficult. Patients coming from the zestful but fateful efforts to attack diagnostic or pathological entities as such are harder to treat with the old measures of success and finality. This situation is made still more difficult for the independent practitioner by the decline of proving. This also is a problem for thoughtful concern.

## I.

Boy, aged five, one of the two worst cases of impetigo—in fact I had never seen anything like them. The other worst one was his brother, ill with it at the same time. The lesions began on the membranes of the lips; with yellowish crusts. *Sulphur* had no effect. Three days later, the lips, nose and chin were covered with black crusts, with bleeding from underneath them. The cervical glands were swollen and tender. Tonsils also swollen which caused snoring, which had never occurred before. He was disturbed by any company and by noise. *Sepia* relieved only temporarily and *Lachesis*, with *Rhus*. interposed, did nothing. The temperature remained consistently at 103, he was thirstily all the time and had a white coated tongue of the strawberry type. *Streptococcin* was then given. Improvement went on four days when the temperature shot up to 105, the left axillary glands were considerably swollen and very sore. He kept his hot feet out of bed; felt full

after a bit of food. Incontinence of feces and urine. Marked pallor despite the high temperature and abject weakness. Improvement was more rapid after another prescription of *Streptococcin* 1M and he made a good finish.

## II.

The case of the brother, aged 8, was even more difficult. A month was consumed in overcoming the disease with its complications. The lesions began on the inside of the wrist and spread up the extremity in one raw, bloody suppurating mass. The discharge of pus was almost incredible. The chin was covered with red crusts. Of course there was serious glandular involvement as with the other boy. Temperature some of the time reached 105. *Sulphur* did nothing. *Sepia* modified, then *Pyrogen* helped once but not a second time. The most distressing feature was involvement of the nerve branches, causing the boy to shriek day and night during the times when the effect of *Hypericum* would wear off (and he was thirty miles away). We had four days of this, helped by *Hypericum* 200, once and the 10M twice. Still the pain would wake him and *Lachesis* 10M helped twice. Meantime the eruption through all this had improved then began afresh at the original point on the wrist. *Streptococcin* 10M then finished the case in short order. Had I been a routinist much trouble might have been saved, for *Streptococcin* has been said to cure impetigo!

## III.

The length of time it takes to cure a skin condition appears to correspond to the degree of abusive treatments to which the patient has been subjected. Listen to this: Mrs. B., 43; tonsillectomy; appendectomy; ovariectomy; scalp cysts removed; uterus suspended; sinusitis drainings and incisions; ozena; blow on the back of the head; blow on the vertex; injured shoulder by a fall; treated from Hartford to Boston by . . . Her son had impetigo at 4 years; tonsillectomy at 6; styes and boils suppressed by violet ray; accination at 12; Tb and tetanus shots; cysts excised from back of neck; warts on soles suppressed by thuja and antimony

ointment; cigarettes and beer a plenty. All they needed to complete that kind of cure was to get boiled up by the cannibals. The woman had what we will term a dermatitis on the hands, forearms, ankles, upper abdomen all cracked and bleeding. The college student had (and still has traces of a dermatitis) on the hands, neck, and foot. The hands were bright red, raw, smarting and sore, a distressing condition for a fourth year college boy with social proclivities. It took two years to clear up the woman and, after more than two years, the boy still has traces of the eruption. And no wonder, for he had several types, circinate, eczemoid, papular, squamous, etc. If any one can teach me how to cure such cases with one remedy, I would like to take a few lessons from him. A number of remedies were used but the point is that *Streptococcin* came in, in each of these cases, when a fresh crop of vesicular papules appeared. Thus a fresh renewal of vesicles, after other remedies have apparently improved, seems to be a possible hint toward the use of *Streptococcin*.

## IV.

N. J. W., 22, tonsillectomy at 13; mastoid operation a year later, followed by a succession of lancings and sera. *Sulphur* in various potencies modified acute attacks for a year and a half. *Cupressus semp.* 6x and 30th was a relief after so much *Sulphur*, *Merc. dulc.* and *viv.* made progress for six months. Then *Streptococcin* 200., 6 doses during the year and one of 1M did more than all the others. *Morbillinum* carried on for seven or eight months, when the patient thought no more treatment was needed. The reasons for giving *Streptococcin* were of course the relapses, history of suppressions, melancholy, general debility and loss of spirit especially. These have never relapsed as before.

## V.

F. K., 51, had sore throats which were spontaneously cleared up with *Sulphur*. But it did not help the rheumatic pains to which he had been subject for years. *Streptococcin*

10M, 50M, then 200th over a period of eight months "did a wonderful job." Extracting the abscessed teeth had not benefited, apparently. Returning to *Sulphur* after this, his more superficial complaints were helped better than before. A peculiar point is that certain *Sulphur* symptoms persisted during the time the *Streptococcin* was bringing improvement. These were: heartburn from tomato, craving for sweets, no appetite during the day then great for supper, aggravation with change of weather, before storms, itching lids. Here, at least, was a complementary relation.

## VI.

W. S., a boy of 7, pale, sickly facies, no appetite, soft pulse, tired all the time; besides at night, he sleeps from 10 a.m. to 3 p.m. He has lost weight, returns to bed always after out doors a little while. *Streptococcin* 200., doses 2, a month apart. Has needed no attention since, now a year and a half.

## VII

A little girl of 3, tonsils out two months previously, pale, thin, dark below eyes, no appetite, listless. *Streptococcin* 1M. She seemed to need nothing more for a year. Then *Calc. sul.* 200. for the inevitable post tonsillectomy symptoms, viz., post nasal catarrh and bronchitis.

## VIII

Mrs. P., 56, much diabetes in family history, also cancer. Obese, weight 220. Dental abscesses at 10, glycosuria at 18, colitis in twenties, tonsil concretions, pyelitis off and on several years, sunstroke. Was under the care of a homœopath so she escaped the customary operations. During the first three years under my observation, *Pulsatilla* at long intervals seemed to do well most of the time, then it failed. Four months after the last 200th, she had a persistent debility, the concretions were much in evidence, and the bad taste after one popped out would last four or five days. During that period she would have a little dizziness and

pain in the joints. Her head felt thick and dull. Had gas pressure and palpitation. Fears at night, craved air. The joint aches were relieved after a copious defecation, but followed by headache. *Streptococcin* 1M and 10M brought emphatic appreciation of improvement, then *Sulphur* became the cure to further progress.

## IX

Ruth Ann, 10, rough, itching skin, scratches until it bleeds; pale, indolent, difficult concentration; concretions in tonsils; too large feces; nausea. *Streptococcin* 10M and 50M, three months apart, was all that was required.

## X.

A part of a woman came in 1942 (Mrs. P., 47), that is, she was minus tonsils, some cysts that had formed on the back of the neck, the uterus, one ovary and some adhesions that had formed. History of gastric ulcer, mastitis with lancements, bronchopneumonia and much grippe. She had had eczema since fourteen with repeated suppressions; covering the hands and wrists, raw, cracked and bleeding. The laboratory diagnosed it as eczema although the eruption had a distinctly fungoid aspect. *Graph.* three doses, *Sul.* one, *Sepia* two doses, *Petrol.* one dose, *Psor.* one dose and *Kali. mur.* 6th and 12th, these at intervals during eight years had pretty well cleared the skin and, of course, the general health was much better. Then the eruption started all over again actually, with red vesicles, it felt good to scratch," lips also sore, dry and cracked in the corners. *Streptococcin* 10M and 50M three months apart, and nine months later, *Sul.* 200. No symptoms the last seven months.

## XI.

Nancy G., 4, quiet disposition, chubby, "bad tonsils," frequent sore throats, puffy below eyes, sings and jabbars long before sleep then sleeps heavily. At breakfast says is tired, also at dinner. She wants to lie down two days. *Dysuria.* This was by mail. *Streptococcin* 1M. Is reported much improved after a month.

## XII.

Another Nancy, 5, tonsils very large. Sneezing and coughing brown mucus at the same time; anorexia, gags while eating; listless, pallor; cross in the morning; wants heavy clothing; restless at night; always wanting cold milk. Never had shots. I debated whether to give *Psor.* but used *Streptococcin* 1M instead. Her moods and appearance were radically changed for the better.

## XIII.

A case of Bell's paralysis in a woman of 39 (Mrs. T.) cleared up nicely with *Spigelia* 1M, but three weeks later she remained very tired, waking often at night, right sided throbbing headache, nausea, confined to bed, chilly, impatient, irritable, sensitive to cold. Good after *Streptococcin* 10M.

## XIV.

J. W., a girl of 10, who had been through many weeks of middle ear suppuration, albuminuria, arthritis larvata with damage to the heart, especially the left side, responded mainly to *Pyrogen* in ascending potencies; but during a long convalescence the heart and general condition was helped positively each time *Streptococcin* was given. The murmur pertaining to the right side of the heart disappeared entirely. She had, over a period of two and a half years, one prescription of the 1M., two of the 10M and four of the 50M. Twice she had *Sul.* between and once *Puls.*

## XV.

A woman of 60, with arthritis deformans, who had had much sore throat in childhood, a lipoma, family history of tuberculosis, cancer was palliated for several or eight months with the 10M twice a day once. There were no significant symptoms, perhaps a significant fact in itself.

## XVI.

Laura F., 17, arthritis began at 8, after tonsillectomy. Later, of course, the appendix was deposited in a jar. The lower extremities were the worst, one knee had been aspirated. The modalities were aggravated in damp weather, cool weather; stiffening worse after midnight, ameliorated by continued motion. The extension was from right to left. Craved salt; aversion to sweets. Easy perspiration, face mostly, cold feet, no breakfast, thirstless. Very patient disposition. She was greatly improved in every way after *Streptococcin* 1M.d.u. Then some stiffness returned. But just then the ACTH wonder was advertised and she fell for it. That was two years ago. Inquiring today she admits her error and promises to return for "the wonder" did her no good.

## XVII.

Santa T., 16, recurrent sore throats, tonsils large, crypts, slimy throat, tongue large, indented. Acne, aggravated winters and by eggs. Headaches, frontal, better cold air, partly relieved by glasses. Sensitive to heat. Legs ache nights. All symptoms improved by *Strep.*; then patient disappeared.

## XVIII.

Miss R. T., tonsillectomy at 4, goitre operation, hysterectomy followed by neurasthenia. Lameness rising after sitting, foci in knees; left elbow, feet, hands lame in the morning. Feet hurt if on them long, worse first motion, worse descending. Tired, sleepy; frontal headaches; eyes glassy at times; lips red. Exhausted by slight loss of sleep. *Streptococcin* 1M. Three months later was reported much better.

## XIX.

M. 19, had a tight sensation in the head for several months. She had a series of convulsions. Then a sudden attack of arthritis, lasting six weeks during which she consumed four hundred aspirin tablets. Present history was that she gets attacks every few days, which come suddenly



and severely, lasting two or three days. The foci are wandering, rather worse on the left side, with stiffness and swelling. The character of the pain is soreness, throbbing, piercing like a knife. The attacks always begin in the afternoon, are positively worse in damp weather, by change of weather, approach of storm, relieved by heat. Heat waves accompany the onset of the attacks. She has cold feet. *Streptococcin* 10M checked the attacks for a month, then the symptoms were so pronounced for *Psor.* that I switched to that remedy. The 3M and 10M did good work. Then *Sepia* 1M. No attacks have appeared during the last year and a half.

## XX

P. S., boy of 12; tonsillectomy, vaccination, glycosuria. After washing his hair he had a sore throat and lay prescription of *Belladonna* 3x. for a few days "until the doctor comes." Then he developed a fever and the cervical glands became sore and swollen. He also coughed in his sleep at night. Responded immediately to *Streptococcin* 1M.

In the attempt to make the remedy more useful, at least to myself, I append a little scheme of numerical locations and conditions which appeared in these twenty cases. More amplification by experience with the remedy should bring a better profile into view. Of course it can be only suggestive, but a "breach presentation" in need is better than none at all. Moreover, these cases were selected because of the positive action obtained, no doubtful ones being included. Even at that, we find that the importance of *Streptococcin* as to frequency is less than that of the old polycrests. But that does not impugn its real need on occasion. The scheme follows:

*Significant locations in twenty cases.*

Tonsils (including operated)	13
Joints	7
Skin	5

*Significant conditions in twenty cases.*

Debility .. ..	12	Skin lesions bleeding ..	3
Suppurations ..	8	Weather change ..	2
Relapses .. ..	7	Minus appendix ..	2
Delicate children ..	6	Abortive pus formation	2
Recurrent suppuration	6	Melancholy ..	2
Retarded growth ..	5	Timidity ..	2
Cold feet .. ..	5	Company aggr. ..	2
Lesions renewing at origin	4	Before storm ..	1
Cracks .. ..	4	Craving air ..	1
Damp weather ..	3	Black crusts ..	1
Winter aggravates ..	3	Red crusts ..	1
Sickly facies ..	3	Incontinence ..	1
Pallor .. ..	3	Full after a little ..	1
Heavy sleep ..	3	Hot feet ..	1
Cysts out .. ..	3		

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## SOME PERSONAL IDEAS OF MODERN HOMŒOPATHIC TREATMENT OF ACUTE—ALSO TROPICAL INFECTIONS

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LADIES AND GENTLEMEN,

I was delighted with the request to come to London, to lecture for you, for I think it is an honour for me to read a paper for your famous Faculty of Homœopathy, the Faculty where so many Dutch doctors learned the principles of Homœopathy and who are good and well-known homœopaths in Holland now.

That I accepted the opportunity to speak here is not that I think I can teach you a lot, may be many of you are