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PENICILLINUM

DR. GUERMONPREZ (OF LILLE)

Summary Translation

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Dr. Guermontprez of Lille has published an article entitled *Penicillinum* in *L'Homœopathie Française*, Nos. 4 & 5, of April and May, 1955.

The present article is a summary translation of the above article which is too long to be reproduced entirely.

The article was at first schematically presented before the Centre Homœopathique de France, during its working week and was published in the Bulletin of the C.H.F., 1951. The author's conclusion in that article was: *Penicillinum like other remedies of Fungus Origin causes Sycosis or Chronic Reticulo-Endotheliosis.*

Since the publication of the above article the author has made a complete study of *Penicillinum*. Now he is giving to the Homœopathic world the complete pathogenetic picture of *Penicillinum*.

The present article is the result of his research on *Penicillinum*. He has published here his four years' experience with *Penicillin* and its provings.

The provings of *Penicillinum* were conducted by the author on himself and by some of his colleagues (Dr. Gensoll, Dr. Jacques Deniau, names mentioned by the author in his article). These provings have made one

thing evident that the medicine caused in the provers the reappearance of some diseases which were somehow regressed. The same symptoms appeared in other provers who had never suffered from them, which proves that Penicillinum can produce these symptoms. This fact about the provings of medicines on healthy body has already been laid down by S. Hahnemann in his Organon (S. Hahnemann : Organon, tr. by Schmidt 5, 124 to 127.)

The doctor also asked to some of his colleagues to communicate to him their experience with Penicillinum. Five doctors collaborated with him.

The author first of all establishes the Pathogenesis of Penicillinum from the toxic effects observed in Allopathy. At the end of the Pathogenesis the author has added a very important bibliography of books dealing with diseases caused by toxic effects of medicine.

Then he gives some personal case reports of pathogenetic value. The last case is a real encyclopædia of the properties of Penicillinum. The author has sorted out the following Pathogenetic characteristics of Penicillinum:

1. Sycotic ground.
2. Furuncles in the history of the patient.
3. Subacute torpid angina.
4. Asthenia and chilliness.
5. Slight remittent fever.
6. Asthma with yellowish catarrhal discharge, aggr. towards 6 A.M.
7. Paracostal pain near the 3rd rib.
8. Caries of the upper canine with maxillary sinus.
9. Urticaria.
10. Pain beginning in the feet. Aggr. by movement. Worst on the left side, with shivering and chilliness.
11. Yellow-brown base of the tongue.

HAHNEMANNIAN PROVINGS

Eleven provings were conducted with Penicillinum 7CH or 9CH* in globule-doses. Here the author gives only

*CH—Centesimal Hahnemannian. According to the French regulations regarding Homœopathic pharmacopea, the dilution of the homœopathic medicines should be marked 3CH, 6CH, 30CH, 200CH etc..... Generally the higher dilutions of Homœopathic medicines are made according to the method of Korsakow. The reader may go through my translation: What

one proving in detail.

4th Sept. 1953. Weather "Changing". Sun and rain. Temp. 16°.

11 O'clock: *Penicillinum* 7CH, one dose.

11-45. Feeling of fatigue in the shoulders, arms and thighs, when rising from the chair.

14-40. Cramping pain in the chest, on the right side near the breast. Aggr. by movement, Amel. by strong pressure. Obstructed respiration, continues for one minute, followed by heat in the face.

16h. All sensations of fatigue disappeared with the appearance of the cramping pain. Great cerebral activity. Desire to think, to solve problems, to move. Euphoria.

17h. 30. Pain on the base of the left lung.

19h. Occipital headache (localisation habitual to the prover).

20h. Increased appetite. Headache disappears while eating (habitual to prover).

21h. 10. Dull lumber pain. Aggr. when sitting, amel. by walking.

5th Sept., 1953. 4 A.M. Waking up. Pain under the left breast as if the heart is held by a hand. Pain neither very great nor agonising. (The prover had a similar symptom one year ago). Short-lasting pain followed by rapid cramping pains on different parts of the body: *Right leg*, toe of the right foot, right thigh. The prover soon fell asleep.

8h. Waking up. Pain while opening the eyes. Stye of the lower lid of the right eye. Congestion of the four eyelids. Lacrymation. Sero-pus in both the eyes (not habitual to the prover).

9h. 20. Pain in the lung persists. Disappears when taking deep respiration.

is a Homeopathic Dilution and How Homeopathic dilution acts, Pub. by, Hahnemann Publishing Company, Limited, 165, Bowbazar St., Calcutta, for a comparative study of Hahnemannian and Korsakowian methods.

16h. 20. No symptom. The stye diminishes without suppurating.

7th Sept., 1953. 3h. Violent pinching pain, in the heart, of short duration.

9h. 30. Lumber pain, better for walking. The weather is good and fine. The stye remains. Slight uneasiness in the eye lids.

10h. 30. *Penicillin 6CH one dose.*

12h. 30. Pain in the upper right canine with radiation. Disappears at 13hrs.

13h. 30. When rising from the table surprising acute pain in the right knee (external face), aggr. by bending the knee, amel. by stretching. Completely disappears by the movement of the limb.

15h. 30. Dull lumber pain, less intense, but constant without any modality.

16h. 16. *Penicillinum 9CH, one dose.*

19h. 15. Pains of the right knee reappeared.

10th Sept., 1953. 8h. 30. Waking up with, cold and sneezing. Clear nasal catarrh, tickling in the nose with headache.

10h. 15. *Penicillinum 9CH, one dose.*

11h. 50. Pains in both the maxillar joints while opening the mouth.

12th Sept., 1953. No symptom.

14th Sept., 1953. 8h. Waking up with pain in the left tonsil, with adenopathy. Swelling of the tonsil, which is cryptic and red. Aggr. of pain when swallowing solid food. General articular pains. Temp. 38°. Ice-cold sensation in the thorax and in the lumber region which is excessively painful.

10h. 45. *Penicillinum 9CH, one dose.*

11h. 30. Amel. of all the symptoms.

From the 15th. Painful angina with fever 38.5° and 39°. Lumber pain, aggr. at night, amel. by movement and by cold application, obliging the prover to rise up at night towards 3h. These symptoms continued for 15 days. The

proving was stopped because the prover generally suffered from angina one year ago. The symptoms were not characteristics except the lumber pain.

The author then establishes a pathogenesis of Penicillinum from the panoramic toxic effects observed by the allopaths, from symptoms collected from the Homœopathic provings, analysis of some edifying cases, and finally from the experiences of the provers, though they do not characterise the symptoms.

One will be surprised not to find here some of the symptoms observed in the toxic effects of Penicillin. The author has eliminated these symptoms as they were not confirmed by Homœopathic provings.

The author has incorporated in the following pathogenesis only those symptoms which were confirmed at least twice from the source materials that he has collected.

PATHOGENESIS OF PENICILLINUM

1. General characteristics

Antisycotic remedy. Deep action in troubles consecutive to an infectious disease treated by Penicillinum or by any antibiotic and on Sycotic manifestations in general: Asthenia, chilliness and continued febril condition, furuncles, all sorts of dermatoses specially on the face, septic tumors, warts, proliferation of cutaneous mycosis. Mucopurulent discharge from the orifice of any organ. Neuralgias and articular pains, asthma and diverse digestive symptoms.

2. Modality

Aggr. in humid weather and by water; by coldness; by the least movement and fatigue; in the morning towards 4 a.m., immediately after waking up; in the evening after day's fatigue; by the use of antibiotics.

Amel. by heat and by hot and dry climate; by rest, lying down in bed; in mid-day.

Laterality. Right.

3. *General symptoms and mind*

Increased activity of the brain. Desire to solve problems, to move, euphoria. (These symptoms are of short duration which are soon replaced by their opposite which are habitual).

Asthenia: any movement is effortful; desire to remain in bed. Depression of the mind, worst in the morning. Everything seems sad. Intellectual obnubilation.

Chilliness. Ice-cold sensation in several parts of the body, especially of the thorax and lumber region. Shiverings.

Continued fever. For days and months. Hardly rises more than 38°, in the evening.

Sweat: hot or cold, does not ameliorate. Thick and sour perspiration.

Pains: acute, lightning like, suddenly appears and disappears, or on the contrary, pain less intense but dull and continued, causing the patient to remain immobile. *Aggravation by the least movement*. Worse in the morning (4 a.m.) and in the evening after 6 p.m., *accompanied by pricking sensation under the skin*.

Suppuration: In any organ. Yellow thick and gummy pus. Yellow sero-pus, clear, translucent, very liquid, *often less abundant* with slight pains, with *the least symptom of inflammation* or there is no inflammation. The pus is sometimes mixed with blood. *Dragging suppurations*.

Sleep: Increased, very heavy, or light and troubled. Wakes up early in the morning, at 4 a.m., with uneasy feeling.

All the troubles are at their maximum while waking up.

Vertigo, aggr. by movement, with nausea.

4. *Head and face*

Headache: Frontal, right sided with sinusitis.

Neuralgias: Sub and retro-orbital, on the right side, radiating to the right retro-nasal region, then towards the

palatal vault and to the throat; then to the trapezium and to the right arm. The head is heavy, with nausea, occipital headache radiating to the neck and shoulder. Aggravation by movement, with a general sensation of ice-coldness. Better while lying stretched. Sometimes better after eating.

Eyes. Styes develop very slowly, less painful, hardly suppurate; eczema of the eyelids which are dry and discharging liquid sero-pus. Lacrymation. Swelling of the eyelids, especially of the lower lid.

Nose. Coryza begins with tickling sensation. Discharge from the nose during the day. Thick or very clear and liquid discharge with sinus pain, extending to the whole face. The infection extends to the throat. Right retro-nasal pain. Sneezing.

Ears: Buzzing in the ears. Otitis with the general characteristics of the inflammation. Otitis of the external ear; eczema of the tube, furuncles less painful.

5. Digestive apparatus

Mouth: Inflammation of the mouth, with stomatitis, gingivitis and glottitis, which may extend to the pharynx and to the digestive tube. Redness of the mucous of the mouth with white spots; slight bleeding of the gums. The base of the tongue brown or yellow-brown, as if from a thick coating; the lateral parts of the tongue have no papillae; shining redness with impression of teeth. The tongue is sometimes painful. Bitter taste in the mouth. Sometimes metallic taste in the mouth.

Teeth: Acute pains with sensitiveness of the teeth, especially of the incisors and the canine teeth (upper) of the right side. The pain extends to the sinus of the right maxilla which is the seat of the inflammation and of infection. Sinusitis of dental origin.

Digestive canal: Nausea with vertigo early in the morning. Better while lying down stretched. Epigastric and periumbilical pain, with cramping sensation, radiating

to the entire abdomen, with tympanism, worse long after meals, with the desire for eating. Sometimes amel. after eating. Amelioration by the application of heat.

Constipation: No desire, with normal stools. Very rarely diarrhoea, with less abundant liquid stool which is not irritating. Discolored stools (periodically).

6. Respiratory system

Coryza: See Ch. 4 (face).

Angina: Sub-febrile, continued and reappearing; redness of the tonsils.

Cough: Dry with sternal or supra-sternal pains, harsh cough, spasmodic, which causes the patient to bend double. Amel. by rest and in mid-day. Cough is rarely moist. Expectoration after cough, of varying colour, from yellow to yellowish, less thick, abundant, sometimes streaked with blood.

Asthmatic spasm: Worse at 4 a.m. with a slight rise of temperature, accompanied by a sensation of extreme weakness. Asthma on a chronic bronchitic ground. Violent pains in the chest, specially on the right side, parasternal, on the surface of the 3rd rib and of the 4th rib, checking the respiration. Better by strong pressure.

7. Circulatory Apparatus

Heart: Dull pain in the region of the heart, worse when waking up. Rapid pulse. Palpitations and irregular beatings.

Blood-vessels. Great sensibility of the extremities to cold; increased vaso-constriction, with the sensation of walking of ants and pricking. Tendency to ecchymosis, easy and prolonged bleeding.

8. Urinary Apparatus

Kidney: Bilateral renal pain, dull and continued, radiating to the lumbo-sacral region.

Urine: Rare, albuminuric; sometimes a large quantity

of albumin is found in the urine. Oedema of the kidney; lipid nephrosis.

9. *Genitals*

Abundant leucorrhœa, yellow or white, non-irritating. *Retarded menstruation*; interrupted, *less abundant*, blackish and very painful. Hemorrhagic menstruation, sometimes before time.

10. *Locomotor apparatus*

Articular pains, with oedema, aggr. by movement, pains move upwards, rarely downwards. Pains in muscles, with heaviness, and weakness at the least movement. Articular and muscular pains or cramping pains in any part of the body, coming while moving and disappearing after a few moments. Lumber pain, begins while waking up, amel. by walking but very soon aggr. after a few steps; then it does not amel. in any modality. Sciatica.

11. *Skin*

Furuncles. Localised in the upper part of the body, big and repeated furuncles, less painful, very slowly developing, with clear yellow pus, less abundant, often mixed with blood. Slight fever. Furuncles of the face, with oedema. Acne with tubercles.

Styes. Slowly developing. Never reaches complete development.

All affections of the skin consecutive to the administration of Penicillin. Itching worse in the heat and cold. Herpes of the face.

Epidermo-mycosis of every type, specially oozing.

Warts: warts newly appeared. Lichens.

CASES

The above pathogenesis has no value until and unless it is supported by the clinical verification of Penicillinum.

Penicillinum is considered by the author as one of the polychrests. He has treated neumerous cases with penicil-

linum. The author here gives only a list of diseases in which he has frequently used the medicine:

Subacute Reticulo-Endotheliosis which reproduces the major part of the pathogenesis of Penicillinum, with a sub-febrile condition.

Angina with slight fever but with a crowd of distant symptoms: albuminuria, cutaneous affections, oedema, etc..

Rheumatic Affections. It seems that Penicillinum is a medicine for chronic rheumatism. It is also useful in acute rheumatism, in polyarthritis, infectious and post-infectious rheumatism.

Asthma: Specially on a chronic bronchitic ground, with mucopurulent expectoration, aggr. at 4 a.m. with the extra-pulmonary symptoms of the remedy.

Gynecology. Genital infections having the characteristics of the remedy & are very sensitive to the application of the remedy. Characteristics of the menstruation are not sufficient guides for the application of the remedy.

Skin. Penicillinum seems to be one of the greatest remedies of our materia medica. It covers a large number of skin diseases: furuncles, urticaria, epidermomycoses, condylomatas, warts etc....

This list is not limitative. The pathogenesis allows the extension of its application according to the homoeopathic principles of *Similia similibus*.

AN EXPLANATION

The study of Penicillinum has proved that it is a remedy in the *Sycotic Group* of medicines. The author now explains why it is a sycotic remedy.

It is Dr. Henri Bernard (*La reticulo-endothelioses chronique* or *Sycosis* by Dr. Henri Bernard, published by Coquemard, Angoulême) who first saw the analogy of sycosis with the diseases of the reticulo-endothelial system. This analogy seems to be true. It is not the place to give a full explanation. Only, it is to be remembered that a long time has passed after the original idea of Hahnemann about

sycosis. Hahnemann thought that gonorrhœa was at the foundation of sycosis.

(A note by the translator: Another important point, which becomes evident from the pathogenesis of *Penicillium* and specially from the conclusions of the author about the antibiotics, is that if the antibiotics are to be grouped with the sycotic remedies, then we cannot expect that the antibiotics will have any effect on the tubercular diathesis and on tuberculosis itself. We already know that tuberculosis develops on a tubercular ground which is identified by Dr. A. Nebel of Lausanne, Switzerland, with the Psora of Hahnemann. If psora is in the origin of Tuberculosis and of the tubercular diseases, then how can it be treated with a remedy which is of sycotic nature? We know that in the treatment of Tuberculosis and in the treatment of any other chronic diseases, the treatment of the ground is much more important than the treatment of the disease itself. The theory of bacilli producing the disease has long been exploded. Bacilli are no more considered as the cause of disease, rather they are an effect produced on a particularly suitable ground. If the reader intends to know something about the idea of Dr. A. Nebel about the Psora of Hahnemann, he may look through the translator's work: Tuberculosis, published by Sett Dey & Co.).

The idea of Dr. Henri Bernard about sycosis is also extremely interesting, and it should be read by every homoeopath. I shall try to give in a later number of this journal a summarised translation of Dr. Bernard's thesis about Hahnemann's sycosis.
