

George H. Thacher

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EDITORIAL NOTE - *The following paper was prepared by Dr. Thacher, in response to a request, at very short notice, for a brief outline of the remedy to be presented in connection with the clinical cases reported by others, in the department Clinical Cases. He considers it all too superficially presented, in view of the wide field and large subject to be treated. The symptomatology, as he has given it, demonstrates clearly the basis on which this and other remedies are prescribed, to eradicate the tubercular disorders and tendencies.*

“How hard it is to free oneself of the habit of thinking “disease” instead of “patient;” in fact, it is almost impossible to do otherwise unless we hold in mind, and strictly heed, the injunction laid down in the eighteenth section of Hahnemann’s ORGANON:

... The totality of symptoms observed in each individual case of disease can be the only indication to guide us in the selection of the remedy.

Otherwise, how quickly we think of the nosode Psorinum for psora; Syphilinum for syphilis and Tuberculinum for tuberculosis. This immediately places us under the same false standards as the old-school blunderer, who injects Tuberculin in every case where “the sputum reacts positively,” using the product of the disease for the treatment of the disease itself and its results. This is not a new idea, dating back over 250 years, yet this crude isopathy has produced some cures, although its results are very uncertain and can obtain only *ab usu in morbis*.

In 1874, sixteen years before Koch announced his “discovery,” we find records of fragmentary provings, and the tentative use of Tuberculinum, in the Homoeopathic School. Burnett mentions proving the consumption virus on himself as far back as 1875-6. Since then, from time to time, clinical use has confirmed these fragmentary provings, added to their pathogeneses, and amplified their curative use when selected by the law of similia.

A complete proving of the nosode has never been made; but a number of clinical symptoms have been added from time to time, so now we possess the working pathogenesis of a remedy that will give brilliant results if used WHEN INDICATED.

CHARACTERISTIC SYMPTOMATOLOGY

The patient is always tired; motion causes intense fatigue.

Aggravated by the slightest exertion.

Entire muscular relaxation; wants to lie down all the time.

Has been losing flesh for some time.

Aversion to work.

Anxious restlessness, wants to be on the go, constantly.

Wants constant change, or to be traveling, or to be doing something different from what he is doing.

This is particularly marked in people whose forbears have had consumption - "Consumptiveness," as Burnett so aptly expresses it. These things are noticeable long before there are any other physical (pathological) signs or any "reaction."

Irritability, especially when awakening.

- Nothing pleases him.
- Trifles produce intense irritation which he is unable to shake off.
- Disposed to be positively ugly, although formerly good-tempered.
- Fretful, snappish, malevolent.
- Aggravation from music.

Depressed and melancholic, even to insanity.

It has been observed by the masters that phthisis and insanity are interchangeable; that is, patients relieved of insanity often develop consumption and die from it, indicating the deeply seated character of the two disorders.

People who have had intermittent fevers with continued relapses.

The apparently indicated remedy fails to hold.

Patients with other disorders, continually going downward.

In such cases TUBERCULINUM will start them off on the correct road *if the other differentiating symptoms* be present.

Fear of dogs, frequently noted.

Intense sleepiness.

Uneasiness.

Sensitive to every change of the weather, especially cold, damp weather.

Worse before a storm.

Complaints worse from standing, can walk better than stand, although

Motion is followed by intense fatigue.

Rheumatic conditions.

Sore, bruised sensations, ameliorated by motion.

- Cases in which Rhus tox. gave but temporary relief, because the remedy was not deep enough to eradicate the underlying cause.

Frequent change of remedy indications in other disorders, when the apparently indicated remedy has given but temporary relief and on the return of the conditions another remedy appears indicated.

In this vacillating condition of remedies, TUBERCULINUM gives brilliant results, provided other symptoms confirm it.

Bruised sensation all over body.

Aching in bones.

Perspiration easy, even from mental exertion.

- Stains a yellow color.
- Feet cold and clammy in bed.
- Heat and perspiration during sleep (as is so common in phthisis).
- Shivering when beginning sleep.
- Cold perspiration on the head.

In this phase it resembles Calcarea carb., which is a close relative. Clinical use has demonstrated that the two remedies are complementary, on the same plane of action. They may follow each other: that is, one being indicated for a while then the symptoms switch to the other's image. Calcarea has turned into order many of these cases heading for phthisis.

Locality. Left side predominantly involved, but clinically acts well on the right side if the general symptoms are present.

Left apex of the lung involved (often verified).

Laryngeal involvement.

Inflammatory swelling and ulceration.

Mouth and throat, hyperemia of mucous membrane.

- Strawberry tongue.

Headaches called constitutional.

- Periodic.

- Worse from 10 A.M. to 3 P.M.

- Irregular periodicity caused by anything that lowers the resistance of the vitality.

Under careful handling these headaches will be broken up, but the patient will begin to emaciate; becomes irritable, restless, weakened; a cough may appear. It is in such cases that TUBERCULINUM may prove most valuable.

Stomach, an all-gone, hungry sensation, with a gradual loss of flesh compelling him to eat, even though there be an aversion to food.

- Aversion particularly to meat.

- Strong desire for cold milk may be present.

This all-gone, hungry sensation is as marked as under Sulphur, and TUBERCULINUM will often cure *if the other symptoms agree*, when Sulphur has not been deep enough. The bowel symptoms also touch Sulphur closely. TUBERCULINUM will give brilliant results if other symptoms agree.

Constipation and diarrhoea alternate.

- Early morning diarrhoea, such as is present in phthisical patients.

Respiratory Organs.

- Cough, worse at night, usually.

- Exceptionally easy expectoration.

- Respiration difficult, suffocation in a warm room.

- Desire for deep inspiration.

- Longs for cold air.

- Respiratory symptoms ameliorated in cold air?

- Other conditions worse from cold air.

He may be covered with a cold perspiration, but wants the cold air, and has no relief except riding in the cold winds, resembling Argen. nit. Of course, he cannot endure the cold air, although having a strong desire for it, under the above conditions.

Skin.

- Eruptions on the skin, red or purplish in color.

- Tubercular eruptions (cured in many instances).

- Eruptions aggravated by cold air. Aggravated by scratching. Ameliorated before the fire.

Changing place from scratching.

CLINICAL SYMPTOMS

Its clinical use has brought out quite a line of particular symptoms.

Glandular involvement, particularly of the neck.

Tubercular swellings here and there.

Cold abscesses.

Adenoids.

Kent says that TUBERCULINUM meets the underlying dyscrasia, and will, in the process of turning the patient into order, in a majority of cases, cause these vegetations to disappear.

There are a number of other clinical and particular symptoms which the writer will not take time nor space to transcribe, as they may readily be found in Hering's "Guiding Symptoms," Allen's "Nosodes," and Kent's "Materia Medica."

SPHERE AND ADMINISTRATION

From this résumé of the more marked symptoms of TUBERCULINUM, we can see what a striking remedy it is and how deep it may enter into the economy, being on the same plane as Psorinum, Thuja, Lachesis, Sepia, Natrum carb., Silicea, and the Calcareas. In fact, we might say it is a composite picture of these remedies.

Its most brilliant action is manifested in the early period, “before the conflagration breaks out.” This is confirmed by the clinical experience with TUBERCULINUM, as all experimenting with it are agreed that it is contra-indicated in fully developed, or advanced cases. With TUBERCULINUM, it is not how long has the case progressed, but how far?

How much more accurate and scientific is our use of it through our law of similars than obtains with the indiscriminate injection of TUBERCULINUM. On the one hand, we have a sure and certain guide for its selection; on the other, a haphazard guess, whose result is confirmed or refuted only by its clinical use. How fortunate it is for us of the Homoeopathic School, and for our patients, that we have this law to guide us; and it is the experience of those adhering to the law that results just as quick and brilliant will follow the application of this remedy (nosode though it may be) as in any other remedy in our Materia Medica; BUT IT MUST BE INDICATED.”

(George H. Thacher, M.D., H.M., Philadelphia, Pa., Tuberculinum, The Homoeopathic Physician vol. 1 (1912), p. 109-111)

1928 - The Single Remedy

„Except in the rediscovery of homoeopathy, its rehabilitation and practical application therapeutically, no one thing has been more beneficial to the practice of medicine than Hahnemann’s advocating the single remedy. His activity as a proponent for *one drug* with his active hostility to the polypharmacy obtaining at that particular time, is more to be admired when we realize the chaotic state in which empirical medicine then was.

Prescriptions, which have been handed down to us, show a wonderful, not to say fearful range of selection, anything and everything which someone might have found, or might have thought, to be useful were combined into one hodge-podge. For him to stand up against such an avalanche required courage, and more than courage: conviction upheld by more than theory.

With the proving of the remedy, singly, on human beings the muddy course of physic was immediately changed and it naturally followed that if the remedies were proved singly, they must be exhibited singly; and what a storm of invective and opposition arose, with attendant results which were far-reaching and are lasting to this day.

Unfortunately, the familiarity in the use of our high-powered rifle *similia*, is difficult to acquire. The ability to make a “hit” with a high potency in the minimum dose is one that is not being taught; so we find the would-be marksman resorting to “shotgun” prescriptions; and our pharmacies, yielding to the pressure of popular demand, putting up tablets containing from three to ten ingredients some of which, unfortunately, are incompatibles. Is it any wonder that our old-school friends sneer at the man who says he is a homoeopath and practices such polypharmacy?

Our homoeopathic neophytes are not entirely to be blamed. Sometimes their preceptors, not having been classically trained or thoroughly grounded in homoeopathic principles, through ignorance or perhaps more often laziness, “alternate” even if they do not practice polypharmacy; and so the budding medico gets a wrong start. Then, on going to college he finds a strong tendency on the part of the professors to sneer at the application of the

homoeopathic remedy as laid down by that “old foggy Hahnemann, who is long since out of date;” surgery and suppression advocated; and too often the Professor of Materia Medica and Practice using two or three remedies in combination, and teaching homoeopathy (*sic.*)

To some readers that may be overdrawn; but from personal experience the writer knows it to be a fact. He remembers picking up a professor’s pocket-case and finding the bottles containing two or three remedies, as indicated by the labels, some of the ingredients being incompatibles!

Lately it was his experience to be called in consultation in a case of “flu” with bronchial involvement. There were four glasses on the dresser containing Aconite, Causticum, Phosphorus and Rhus to be taken in rotation, at hour intervals; with aspirin and a proprietary cathartic, also to be alternated t. i. d. Arsenicum proved to be the similimum and finally, after days of suffering by the victim and of anxiety to the family and physicians, brought about reaction and cure.

Now, what is to be done about it? We must instruct our students and also our patients that since the remedies were proved singly, *they must be given singly*; and that anyone who advocates or uses any other method is either an ignoramus, an imposter or a charlatan. There will be no restriction in the use of any substance that has been proved in the laboratory of human reaction; the stigma of mongrelism will be wiped out, and the patient will be cured *tuto, cito et jucunde.*”

(George H. Thacher, M.D., Philadelphia, Pa., The Single Remedy, The Homoeopathic Recorder vol. 43 (1928), p. 199-200)