

## Elizabeth Wright Hubbard



Elizabeth Wright Hubbard (1896-1967)

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### 1928 - Ten Remedies Indicated in the Treatment of Scarlet Fever and its Complications

"Ten remedies for a single disease - what a luxury that would be to the allopathic physician! But to the homoeopath, what paucity! Homoeopathy, like psychiatry, has elements of science in it, but fundamentally it is an art. We go to the bedside not with a preconceived treatment for whatever diagnosis we may decide upon, but rather in a state of receptivity. We have stored within us, according to our training, industry and genius, the pictures of a whole gamut of remedies. Each is alive and vivid to us - they are our intimate, professional friends.

When we come to the patient, with mind relaxed, we first get an intuitive picture of his condition; of who this patient, in his present diseased state, really is. As Kent said, there is always something to tell the story. The more we have befriended with our remedies the fewer questions we will have to ask, and the more certain will be our instinctive recognition of the similitimum. To quote Kent again: 'We must let the appearance of the patient bring to mind the remedies that appear like the patient, regardless of whether they are associated with scarlet fever or not.' Moreover, we dare not prescribe only on the picture before us, but must give the remedy that *corresponds to the sequence of events in the illness*. If we do not see the remedy we must not get panicky. As P. P. Wells said in his article on 'Latent Medication', 'the original sin is not being able to wait for a thing.' Wait until you see the remedy, and having seen and given it, wait until it has finished acting before giving any other dose.

Let me give an outline of what follows: We will consider:

- 1) The obvious Belladonna, together with prophylaxis and the deliria related to that remedy.
- 2) Arum Triphyllum and the anginal remedies.
- 3) Ailanthus and the minor septic remedies, followed by
- 4) Lachesis, with Crotalus and
- 5) Ammonium Carbonicum.
- 6) Apis with Hellebore and the remedies for kidney complications.
- 7) Cuprum contrasted with Zincum and the other convulsive remedies, as well associated with those connected with suppressed eruption.
- 8) Rhus Tox. with its adynamic correlates Arnica and Baptisia.
- 9) Lycopodium and the glandular sequelae remedies.
- 10) Nitric Acid with Muriatic, Carbolic and the other acids, and the treatment of ear complaints.

I need not give any picture of the indications for **Belladonna**, which every one associates with scarlet fever. Like Aconite in colds, Belladonna is scarlatina is too frequently depended on. Rather let me list the '*Don'ts*' for Belladonna.

*Don't* depend on Belladonna as a prophylactic in every scarlatina epidemic. It is suitable only for those epidemics where it would cure the prevalent form of the disease. Individualize each epidemic from the first few cases. Sulphur is an admirable general preventive, as it raises the resistance of psoric constitutions. Hale and Blackwood recommended Eucalyptus as a great protective. The nosode Scarlatinum should be tried out as a prophylactic on the same principle as we give Diphtherinum. Allen considered Rhus Tox. a more suitable prophylactic than Belladonna for the more modern scarlets.

*Don't* give Belladonna unless it is a Sydenham scarlatina with clear Belladonna symptoms; in plethoric, phlegmatic people who are unusually well when they are well and overbearing and intolerable when sick. Unless the rash is smooth, with headache and cerebral congestion, Belladonna will impede your case. It is useless where there is an irregular eruption.

*Don't* forget the globular pulse like buck-shot under the finger.

*Don't* forget that there is pain under the rash in Belladonna.

*Don't* forget that Rhus Tox. or Lachesis will often carry through what Belladonna has begun.

*Don't* forget that the Belladonna child wants to be covered snugly even though he is burning up.

Belladonna cases will often go into delirium, calling for Hyoscyamus. Hyoscyamus is as stupid as Opium, more so than Rhus, Baptisia, Lachesis or Phosphorica Acid. Its motions in delirium are angular; it has less inflammation and congestion than Belladonna or Stramonium. This latter has graceful spasms, gyratory, not jerky, with coppery rash and great loquacity and the typical wild Stramonium mania.

The typical **Arum Triphyllum** child is intensely restless, not with the anguish of Arsenic, the fidgets of Apis, the nervousness better by motion of Rhus, but because of the terrible itching of the scanty, patchy rash. All the force of the disease seems concentrated in the throat and nose. The child cannot drink, its mouth is so sore. The buccal cavity looks like raw beefsteak, and the child cringes with pain and puts its hand to its throat. The lips are swollen and streaked with the acrid discharge from the itching nose, especially on the left side. The one thing that the exquisitely tender throat and almost denuded strawberry tongue can tolerate is milk. The child screams if you stop it boring into the side of its nose and picking the nostrils and lips, and it screams with the pain while it is doing it. It also picks its fingers until they bleed, but they do not ulcerate. The child, like the Apis patient, is worse from too many clothes. It is not a terribly sick child but it is a very distressing one to the eye, although not to the nose. Toward the end of the disease the desquamation comes in great flakes and the Arum child will often peel two or three times.

Other remedies which especially emphasize *throat* aspects are Phytolacca, Lachesis, the Acids (especially Carbolic Acid), and two other remedies often overlooked. These are, first, Capsicum with its capriciousness in rotund, chilly children of over-stimulated men, its disproportionately burning face, its throat pain between swallows, its craving for pungent things, its gooseflesh from a cold drink, and its sluggish circulation where the skin and mucous membrane, if pinched, stay raised a long time; and second, Cinnabar with its stringy mucus, bloated neck and mercurial breath.

Whoever has smelled the stench of the 'Tree of Heaven' in June, or seen the canaries hung near it die, will appreciate the baneful power of this next remedy. You do not need it very often in scarlet fever, but when you need it you need it badly. It is one of the few remedies in which the exanthem is malignant from the start, like Crotalus and Hydrochloric acid.

The **Ailanthus** child shows a sudden early prostration and a stoical torpor which rapidly changes to stupor in the first stage. It lies supine in the bed with violent vomiting, dilated pupils, and red face which turns to a mahogany colour that is almost pathognomic of the

remedy. There may be a chill; red mottled spots, roseola-like, appear here and there on the body. The skin looks more like little dark patches of measles rash. The background of the skin becomes livid, and the eruption is miliary, even with real vesicles interspersed. It remains worst on the brow, neck and chest. When you press the finger there is a white mark which is very slow to fill up, slower than in any other remedy, and this is so even on the parts of the skin where the rash is not out. The slowness of the return of colour measures the malignancy of the disease, according to Kent. To the touch, the skin is not hot but very dry. The rash may be almost carmine, or more plentiful and bluish, sometimes violet and scaly.

There is nothing bright about this remedy - neither the rash, nor the mental state nor the prognosis! The sicker the case gets, the more brown does the mahogany face become. Petechiae develop and there is an amazing tendency to rapid ulceration. Blebs form and fill with claret-coloured fluid. The ends of the fingers blister and ulcerate. Black blood oozes from the ulcers with a cadaveric odour like stinking meat. Putridity runs all through it, but it is not as penetrating as in a Baptisia case. The throat is not as marked a feature as in Arum, though it is tumefied with purplish patches; copious, thin, excoriating, bloody fluid comes from the throat and nose. The poison seems to concentrate on the nervous system, not to arouse it but to overwhelm by toxæmia. (Ammonium Carb. is overpowered, too, but the heart rather than the nervous system is hit.) The Ailanthus child has not the restlessness of Arum, it lies benumbed, what consciousness there is seems like a dream, it sighs and occasionally mutters that it sees rats and snakes, or feels them crawling up a limb. The stupefaction is so profound that this hardly terrifies. There is involuntary stool and urine. After a dose of Ailanthus in high potency the malignant scarlet fever will often change to a mild one. There may be a critical, offensive, bloody diarrhoea. Not all Ailanthus cases begin malignant, occasionally a child with a 'light' scarlet fever will take cold followed by suppression of the rash and sudden zymosis within twenty-four hours. As Lilienthal says: 'There is no such thing as a light case of scarlet fever.' Often, as in diphtheria, the apparently light cases develop the most complications and sequelae.

In Ailanthus-like states study: Echinacea, especially where there is marked sepsis; Pyrogen and Phosphorus where there is suppuration about the neck and extremities, with hacking, shaking cough and a desire for a stream of ice water running down the throat all the time, where the rash is purple and the petechiae brownish. Hughes quotes P. P. Wells in favour of Tabacum in such malignant states. The Ophidia are the closest analogues to this condition.

**Lachesis** is one of the grand remedies in scarlet fever. Kent classes it among the nine chief ones in the *Repertory*, the others being Ailanthus, Ammonium Carbonicum, Apis, Belladonna, Lycopodium, Mercurius, Nitric Acid and Rhus Tox., with Carbolic Acid and Zincum for special phases. The indications for its use are those for Lachesis in general: a constitutional septic condition greater than the local manifestations would indicate; diseases settling in the throat, with purplish colour, usually going from left to right (as the snake coils); worse from hot drinks, more difficulty in swallowing liquids than solids, marked loquacity, sensitive to pressure even of the bed clothes, aggravation after sleep, etc. It is needed in 'Black Scarlet', with black or bluish miliary rash which develops slowly, with delayed desquamation; in spring rather than winter scarlets; when there is swelling of the part of the body covered by the rash.

Closely allied is **Crotalus Horridus**, especially in scarlatina with jaundice or yellow splotches and streaks, with oozing haemorrhages from all orifices and even from the pores, of dark fluid blood which does not clot, and tendency to ecchymoses. It differs from Lachesis in being more right-sided, swallowing solids with more difficulty than liquids; and mumbling and stumbling in its loquacity rather than wildly interrupting. It is indicated in cases which are very malignant from the beginning (like Ailanthus and Hydrochloric Acid), and where there is little fever. Its complaints are general rather than localized.

Kent says when you need a big remedy in a scarlet fever, study **Ammonium Carbonicum**. 'It has in its nature all that there is of the nature of things grave and serious.' It was suggested by Dr. Thorer, of Germany, as a specific for scarlet fever. It is more suitable to our nervous modern civilization than Belladonna. You need Ammonium Carb., I think, in complicated natures, in scarlet fevers of older people, which are occasioned by psychic shock or conflict. The whole psyche of the case calling for Ammonium Carb. need revision and re-integration. Think of it when the economy cannot keep the rash out; when it is overpowered by toxæmia (like Ailanthus, or even Zinc.); when the rash comes to the surface but the patient is not relieved as he should be; when the rash recedes too early from weakness and brain troubles threatens; when the rash stays out longer than usual; when the rash recedes with nosebleed, cramps, weak heart and sudden collapse; when there is heart weakness and failure; when there is lack of response to remedies and few symptoms to prescribe on; when there is defective reaction at the close of scarlet fever; when Lachesis has been wrongly given; when the patient shuns water, and water on the face and indeed the whole body mottles the skin, and nosebleed follows washing the face and hands; when the patient cannot sleep at night because he cannot breathe, i. e., stoppage of the nose at night necessitating mouth breathing; when the throat is gangrenous, bluish-red, with terrible acidity and sticky, adhesive, profuse saliva; when the rash is bright red but miliary, or scanty and bluish-red; in patients with brown liver spots and freckles; when there is marked desquamation, especially of the trunk, arms and thighs, with heart prostration; when the patient is chilly, better by external heat, but needs air; when a naturally stout person emaciates very rapidly during the exanthem; in stubborn patients and confirmed bachelors.

Will you come with me on a hurry call? The mother has told me over the telephone that Johnny broke out with a rosy rash yesterday about 5 p.m., which was so rough to the touch it felt pointed, but as he had no fever, was not thirsty or restless and had an unimportant sore throat, and did not seem particularly sick, she did not call me, but put him into a rousing hot bath and then he had convulsions. When we arrive we find Johnny lying fairly quietly in bed, fidgeting with his feet and trying to kick off the bed clothes that his mother has heaped on him, although he is shivering. We notice that he does not seem to mind when she tucks them in around his neck. His face is puffy with purplish-white bloated lids, his upper lip swollen. He is muttering but with a curious, happy look on his face. We sniff in vain as we stand and watch him. His mother offers him a hot drink, the child pushes it away with an awkward gesture with nearly spills it, whining, and starts to tumble about the bed like a kitten. We ask her to offer him cold water, but despite his oedema he is not thirsty. We uncover him, which calms him, but he jumps violently when we touch the sharp rash, it is so sensitive. There is even rash on the palms of his hands, but there it is smooth. Parts of his body are hot and others are cold, and transient, partial sweat which smells like musk breaks out and dries up. Before we can stop her, his mother has moved the electric heater nearer the bed as we uncovered him, and Johnny nearly suffocates from the whiff of radiating heat. We throw up the windows, to his evident relief.

His mother tells us that yesterday before the rash came out nothing suited him. He was fickle and changeable and screamed whenever she paid any attention to the other children. After the hot bath she says he had several convulsions, preceded by a piercing cry, and he has passed no urine since. His feet are swollen and his genitals tremendously so. She thinks one eye seems crooked. We look in Johnny's throat; it is bright red and beefy, with glazed tonsils, and a sore tongue with a red, triangular tip like Rhus. Yesterday it was the right side of this throat which was most severe, but today it seems to be the left. The mother cannot understand how Johnny can get so sick so fast. We remind her of the phrase 'making a bee line', and explain the correspondence of this attack to the remedy you have guessed by now to be **Apis Mellifica**. We

give Johnny one dose of Apis 1M. You can almost see it work, and we go home confident that the remedy will save Johnny from nephritis and hydrocephalus.

Johnny's case reminds us of the case of the **Hellebore** boy, who lingered on with passive brain trouble, a 'say-nothing', 'do-nothing' delirium. He bored his head into the pillows, grinding his teeth and chewing (not the lateral jaw wagging of Bryonia), and lay on his back with his limbs up making slow, vague automatic motions. We remember his wrinkled face with its sooty nostrils so different from happy Apis. Young Hellebore was stubbornly silent and had a fixed idea of death without any fear of it, but a dread and fear of water, though his tongue was like dry leather. After his dose there was no such swift satisfactory relief as Apis got, but two days of vomiting, diarrhoea and dreadful tingling in his limbs, which we dared not stay and watch lest we nervously give another remedy and spoil the chances of recovery. If he had had dropsy it would have been a sudden one of chest or abdomen from acute nephritis in a so-called 'light' case of scarlatina, with suppression of urine or a coffee-ground sediment in the scanty amount passed.

Here let me mention some of the other main remedies in kidney complications of scarlet fever. After Apis and Hellebore in importance comes Arsenicum and then Colchicum, whose dropsy is accompanied by great prostration, constant sweat and nervous trembling with tenesmus, and smoky, albuminous urine. It is oversensitive, especially to odours, and violently worse from motion. If there is scanty urine and saliva there will be copious stool, and vice versa. Terebinthina fits acute Bright's disease with much blood though few casts in the urine, with dropsy chiefly of the upper parts, suppressed urine, twitching and even convulsions, often with burning tympanites and glossy, smooth red tongue. One is not in danger of forgetting Cantharis if there is a burning, cutting pain, nor Apocynum in dropsy with great thirst and worse from cold (opposite of Apis), the thirst being for cold water which nauseates while hot relieves. A valuable remedy for acute Bright's disease after scarlet fever from catching cold or bathing is Dulcamara, which Hartmann especially stresses. Do not forget Lycopodium when the rash pales suddenly and bloating and dropsy ensue. Asclepias Cornuti, Helonias, Squilla and Eucalyptus are also useful. Hepar is said to be a preventive of nephritis after scarlet fever, as is Kali Mur.

**Cuprum** has one outstanding use in scarlet fever. When the rash is suppressed by an outward cause, such as chill, exposure to wind, or catching cold from a draft after a hot bath, the patient goes into convulsions owing to the suppression of the rash - that is, any form of discharge into or through the skin. (*Remember Cuprum in any discharge which has been stopped by outside means.* Shut safety valves call for Cuprum.) In Bryonia we have a remedy for convulsions because the rash fails to come out, and in Zincum for brain trouble because the child is too weak to throw out an eruption, or to keep it out once it has appeared. Dulcamara will have suppression of the rash from taking cold or injudicious bathing, but it will not show the convulsive picture of Cuprum.

The Cuprum child will go suddenly blind, its thumbs will turn in and its fists clench, it will shriek or bellow - not the pitiful, piercing, single cry of Apis, but more vociferous and varied. It grimaces and hides under the covers; it may lie on its face, breech upward, getting black in the face; it will alternately flex and extend the limbs (like Tabacum). Terrible cramps attack the calves of its legs and its chest, and it may have choreiform twitchings. These attacks are likely to come at night, especially after midnight. The child is maniacal, wants to fly, to hide, to be held down. The convulsions are better from pressure and bandaging the limbs. Between convulsions the Cuprum child will lie as if dead or in ecstasy, every muscle quietly quivering, with its eyes turned up; if it speaks, its voice is cracked and squeaking, and it gets relief from a drink of cold water, which is swallowed with a gurgling sound like water being poured from a bottle. A knife-like pain from the xyphoid to the back may transfix the child as if impaled. Diarrhoea often accompanies the convulsions, and is relieved by hot drinks and hot water

bottle, and especially from binding up the abdomen in a tight bandage. Complaints change suddenly and completely from one part of the body to another, with alternation of physical and mental conditions, for example diarrhoea and mania. The Cuprum patient has little if any fever. When uraemia sets in with suppression of urine, Cuprum Acetate or Cuprum Arsenicosum may be indicated.

In contrast to the activity of Cuprum we have the passive brain conditions of **Zincum**. The patient is incredibly weak; he does not look so bad, but when you question him he stares, and after an interval says, 'Oh!' and then answers. His reflexes are abolished, he lies at death's door with moving jaw, rolling head and fidgeting feet. He is excitable in a frail way. His face during the convulsions is pale (not blue like Cuprum, nor red like Belladonna). He has not even the strength to perspire, or if he does it does not relieve, and he wants to be wrapped up during it. You cannot give your Zincum patient even wine jelly without his face becoming flushed. His cold, sleepy, fixed collapse may give way to remarkably high temperature without inflammation. Do not forget that he is worse at 3 p.m. He will even get a sort of passive meningitis from non-development or recession of the rash, with strabismus. It is, like Cuprum, one of the best remedies for long, persistent strabismus after scarlet fever, and it covers cachectic neuralgias. Cuprum and Zincum in conditions like these are indeed the heavenly twins.

In connection with the above, we may remember a few other remedies. When convulsions are brought on by covering up the child, or by a hot bath (like Apis), and it lies in a sort of snoring coma with a very red face and convulsive twitching, we think of Opium. If this child is conscious it may have a kind of restlessness, not from nervousness or pain but because the bed itself feels so hot he cannot lie in it, and must move in search of a cool place. When the head sweats profusely and the child is moaning and turning its head from side to side, especially if there is an icteric tinge to the skin and acute hydrocephalus is impending, Mercurius may save. When the repelled eruption brings on dyspnoea with rattling, cyanotic face, thirstless passivity, pungent odour, amelioration from cold and unwillingness to be touched or looked at, to the point where the child howls or goes into convulsions, Antimonium Tartaricum is indicated. In sudden disappearance of the rash without apparent cause, think of Phosphorus. In some severe cases where the rash will not come out and the child flickers in and out of stupor, if the symptoms agree, Arsenicum may aid. Undeveloped or receding rash with alarming chest symptoms brings to mind Calc. Carb.; or with gastric symptoms, Ipecacuanha. In any suppression, especially where the orifices are burning red, think of Sulphur, as also where there is coma at the onset and the child looks like a boiled lobster, or as though the skin were a red cloth, when there is too much rash; also in slowly progressing cases in psoric children, and in a large number of cases at the desquamating time to ward off sequelae (Kali Sulph.).

Next, let us look at a triumvirate of remedies for adynamic scarlet fevers, typhoid forms. First **Rhus Tox.**, which is the least alarming and most normal of the three, and often supplants Belladonna. The mental symptoms of Rhus are helpful. He is a mild patient, aristocratic, especially about his eating, craving oysters and dainties. He fears poison in the medicine or in the cold milk that he craves. He is freaky without being petulant. The rash is truly scarlet red, the abdomen particularly so, and the eruption may be millet-seed in form with violent itching (often better by applications of scalding water, despite the general aggravation of Rhus from bathing), or vesicular and even erysipeloid. The rash is coarser than in Belladonna and may increase like urticaria, passing off in the sweat. It is the first remedy to think of when the glands are involved in scarlet fever, especially if they are affected first on the left and then on the right. It has enlargement of the left parotid, and cellulitis of the neck (like Phosphorus); it has swelling of the axillary glands with suppression of the rash. It goes into a typhoidal state with gentle delirium and picking at flocks. It is a safe remedy to give when the typhoidal state

comes on in scarlatina and no special drug is indicated. It is especially helpful where the perspiration has been checked. There are liquid yellow stools and the urine often leaves a red stain. The characteristic Rhus restlessness is present.

When Rhus fails and the typhoidal state merges into sepsis with aching and rigors, and a varnished, fiery tongue replaces the triangular tip of Rhus, when the pulse rate increases much faster than the temperature (or pulse and temperature are out of rhythm either way), especially if there is fighting delirium with semi-clairvoyance and threatening heart failure with a carion-like sweat and loquacity, **Pyrogen** will be the remedy to follow Rhus.

If your typhoidal scarlet fever case is in a full-blooded, not debilitated person, self-opinionated, obstinate, with overwhelming fear of being hurt, both mentally and physically, think of **Arnica**. He is apathetic and lies drawn up in a heap, though he, too, is restless - not from the internal nervousness of Rhus, but because the bed feels so hard and he is sore from lying. He is so weak he must change position little by little. Black and blue spots and small boils come on the parts lain on. He is chilly, like Rhus, but uncovers. He is morose and sullen, does not want to talk or be touched, thinks he will mortify, dreams of muddy water, wakes with distress in the heart at night with horror of instant death, and wants the doctor sent for at once. But when the doctor comes he says: 'Go home, I don't need you.' The typhoidal states of Rhus and Arnica come on slowly.

When they come with amazing rapidity, a low septic state in seventy-two hours, accompanied by such a pungent stench that even burnt rags do not relieve it, and the nurse gags and retches, you have a **Baptisia** state. He is besotted, purplish, as though he had been drinking heavily. He lies curled up like a dog, muttering: 'I can't do it, I can't do it', meaning that he cannot gather together the parts of himself which he thinks are scattered all over the bed. He is maudlin, stupid, putrid, with a typical Baptisia mouth and sordes. He can swallow only liquids. The darker his throat the more it is Baptisia. His complaints are remarkably painless. He develops bed sores. He, too, when high fever and loquacity ensue, may need Pyrogen.

**Lycopodium** will help many abnormal, peculiar cases. It has deep blood poisoning. Secondary eruptions and blotches come out on the hands, face, thighs and back. It is suitable in neglected cases (like Nitric Acid) and in diphtheria, complicating scarlet fever. Malignant cases where the child wakes screaming and knows no one, and wrinkles his face if a door slams or a bell rings. One foot is often cold and the other hot. In many ways it is similar to Arum, picks its nose and has the very sore throat, which here goes from right to left. It is mainly a remedy for the last stages, and has been advised frequently during desquamation. It has colic with constipation at the time of the peeling. In convalescence the child emaciates, the hair falls out, there is thick, yellow, offensive discharge from the ear with deafness. In dropsy it develops ulcers on the leg and has strangury, better from hot drinks. It has swellings and suppuration of the glands of the neck.

After Rhus, Arsenicum, Calc. Carb. or Kali Carb., Lycopodium will finish off gland sequelae, or Baryta Carb. may be needed to follow on. Phytolacca is often suitable where glandular swelling is marked, and Anthracinum may be needed if the glands under the chin are stony hard, especially if the joints are painful. Hempel and Jahr stress Conium for hard, big submaxillaries and especially parotitis during desquamation, particularly if accompanied by rectal affections with diarrhoea, tenesmus and strangury. Ammonium Carb. for the right parotid, Rhus for the left parotid, and Lac Caninum often aid. In passing it is interesting to note the frequency of parotitis in scarlet fever.

Finally, let us consider the **Acids** as a group. Nitric Acid is valuable in neglected scarlets, where the throat inflammation extends to the nose with excoriating ichorous discharge, and ulcers stud the inner cheeks and sides of the tongue, with acrid saliva which is not ropy. There may be a leathery, gristly false membrane. The Nitric Acid patient cannot bear anyone to walk

across the floor, because of the jarring, not the noise. It is useful in subsequent ear discharges and deafness. Muriatic Acid is one of our sickest looking cases. A brunette, disposed to anger and chagrin, who lies slumped down in the bed groaning and moaning deeply, with restless arms, though quiet feet, better uncovered. The rash is rough, scarlet and irregular, with petechiae, and is especially marked at the nape of the neck. There is disproportionate muscular weakness and great malignancy, although the mind is fairly clear. Blackish, sloughing ulcers and bed sores develop. Sulphuric Acid has much to do with this picture but without the relief from uncovering, and the rash is darker. Phosphoric Acid has mental prostration and weakness with relative muscular strength (opposite of Muriatic Acid), a vast indifference, and milky urine. Carbolic Acid has the typical dusky face with white circles around the mouth, a sensation of a rubber band around the forehead, miliary rash all over the body (never vesicular), and one of the most gangrenous of throats; putridity without pain. Hydrocyanic Acid is perhaps our most desperate remedy. Hopeless cases from the start, with a livid rash and many petechiae, coldness of the feet with paralysis of the oesophagus and often long fainting spells. Scarlet fever in its malignant forms is a great sphere for the acids.

One of the most frequent and troublesome sequelae of scarlatina is ear trouble. Here also Nitric Acid is a leader. You will naturally think of such remedies as Hepar Sulph., Mercurius, Pulsatilla, Silica, Calc. Carb., Lycopodium and Sulphur. More especially valuable in the otorrhoeas after scarlet are Bovista, where the disease is profuse, excoriating and of long standing, Aurum, and the metal associated with it in nature - and also, as often, in disease - Tellurium. When new abscesses keep forming in the middle ear, Kino is advocated by German authors. If mastoid is threatening, Capsicum will do yeoman service. Terebinthina has ear as well as kidney complications, and H. C. Allen stresses Teucrium."

(Elizabeth Wright Hubbard, M.D., Boston, Ten Remedies Indicated in the Treatment of Scarlet Fever and its Complications, The Hahnemannian Monthly vol. 63 (1928), p. 339-356)

## **1929 - A Tissue Remedy - Calcarea Sulphurica and its Relation to the Nosode Pyrogen**

„I wonder how many people, if asked to give the names of the Nine Muses, would remember them, or the Seven Wonders of the World, or even the Seven Labours of Health - but I am sure that every homoeopath would be able to give the twelve Tissue Remedies, so I will not repeat their names here.

The very caption 'Tissue Remedies' is a moot point, because it is not an exact statement. Of course, a tissue remedy means a remedy which appears 'as is' in the tissues of the body. Other remedies than these twelve appear in the tissues of the body, and, moreover, the term 'double salts', which some people apply to them, is not correct either. One of the tissue remedies is Silica, which is silicon dioxide, not a double salt but an oxide, and therefore the term 'tissue salt' is incorrect. I do not know what would be the purist's term for these substances.

Of these twelve, Calcarea Sulphurica is the most questionable. It appears in only one of the tissues of the body, namely the bile, and it does not always appear there, according to Bunge, the physiologist. In the second revision of his book, Dr. Schuessler leaves out Calc. Sulph. entirely and divides its symptoms between Silica and Natrum Phos. Notwithstanding, for general purposes, it is included as one of the twelve tissue remedies. (It would be interesting if our materia medica could have provings of all the substances which compose the body, as remedies. We do have some of the complicated ones. For instance, Lecithin and Cholesterin have partially proved.)

Calc. Sulph. was mentioned long before Schuessler. Hahnemann stressed the importance of a number of the inorganic cell salts, as he called them, proving Calc. Carb., Natrum Mur. and

Kali Mur. Stapf in the *Archives* in 1832 spoke of the great importance of the essential components of the body as homoeopathic remedies, and Hering and von Grauvogl both spoke of these remedies. In 1873 Schuessler brought out his *Physiological Function Remedies*, as he called them, which is perhaps the best title of all for them.

Calc. Sulph. itself is rather imperfectly proved. It was proved by Hering and by Withy in 1847, best by Conant in 1873 (*Transactions* of the A.I.H. for that year), subsequently by an unknown lady, and then by an eclectic physician, very recently. Its presence in the body in bile, if one took stock in the Doctrine of Correspondences, might seem to indicate it as a liver remedy. What there is of the provings shows no particular connection there; but it is an interesting point to hold in mind and to check up when it seems to apply to a case.

The relations of this particular double remedy are very interesting. In Hering it appears as compatible after Kali Mur., Natrum Sulph. and Silica, and compares with Calendula and Hepar Sulph. In one other place I found that it was compatible after Belladonna. These are the only relations given for it officially, although Schuessler himself states that it will antidote Mercury and some of its effects and also, in high potency, that it will relieve the effects of gross poisoning by quinine.

Calc. Sulph., according to some, stands mid-way between Hepar Sulph. and Silica; according to others it is even deeper and should be given after Silica. This of course is chiefly in the realm of boils and pus conditions.

Unfortunately not all our homoeopathic vegetable remedies have been analyzed chemically in order to see what their inorganic constituents are, but some few have been. Of those that have, there are four in which calcium sulphate has been found - Ailanthus, Apocynum, Asafoetida and Phytolacca. That seems a strange four, but you remember how excellent Phytolacca is in boils. That may be due to the amount of calcium sulphate in it; Asafoetida contains 6.2%. That is interesting because Calc. Sulph. also has caries of the bones as well as a more marked mental symptomatology than I had thought before I began to study it, which again may go with the Asafoetida.

Calc. Sulph. is the same as gypsum, plaster of Paris, another form is alabaster. Hepar Sulph. is the sulphide of lime: Calc. Sulph. is the sulphate.

According to Schuessler, the role of Calc. Sulph. in the liver is to destroy the old red blood cells by abstracting water from them, and when Calc. Sulph. is deficient these clogging dead blood cells stay in the organism; when it is doing its work they are thrown out in catarrhal discharges.

Just as a matter of amusement I took the *Kent Repertory* and went through for all the symptoms of Calc. Sulph. which stood in the third or highest degree, under Mind and Generals. I found that in those two sections in the third degree there were twenty symptoms, and in the second degree there were forty symptoms in our entire Mind and Generals. That shows you how slightly proved the remedy is, and how little is known of these two most important departments of it.

It is very interesting in any remedy which has two distinct elements - as this one has, the calcium and the sulphur - to see which is dominant and which recessive, and what symptoms can be hitched up with each side of the combination. In this instance I think the honours go to the sulphur. Of the great mentals and generals, more than two-thirds are like sulphur and only one-third like calcium. Some of the chief mentals are irritability, anxiousness, capriciousness, aversion to company, contradictoriness and obstinacy, fear of death and evil and insanity, and other fears, as well as timidity, a craving for stimulants, and mental irresolution, which is a marked feature, a taciturnity, and also a maliciousness. The number of remedies that have a

real maliciousness mentally are relatively few, and very interesting to think of. Every now and then we get a patient who we know must have that symptom.

The Generals of very are quite interesting. It is both a warm and a cold remedy. In other words, it stands three for heat and two for chilliness in the *Repertory*, and it may swing either way.

One interesting modality in that connection is that it is much better uncovered. This is one of the differentiating points between Calc. Sulph. and Hepar Sulph. because Hepar Sulph. is worse for uncovering. Calc. Sulph., however, has complaints from becoming cold; it also has complaints from washing and complaints from working in water, which you would expect from the Calcarea. It is worse from exertion and particularly averse to motion. It is a lazy, indolent, good-for-nothing remedy in one mental phase. It is also worse from over-heating, and from standing, as you might prognosticate from the Sulphur, worse from the warmth of the bed, and worse from wraps and from a warm room. It has a curious and perfectly definite modality of better from eating, not only at noon, but at all times. It also takes after Sulphur in that it is a great remedy for suppressed perspiration and the evil effects of it. It has a marked craving for acid fruits and pungent vegetables. The symptoms are rather more right-sided than left-sided, although it is not one of the strongly right-sided remedies. One of the main spheres of its action is the respiratory, where it is relatively little known. It has coryza, often inveterate, of the right nostril, slightly acrid and fluid, sometimes alternating, the right nostril being worse in the morning, and the left in the evening, and vice versa, one stopped and one flowing. Also in regard to the respiratory tract, it has one great use which is hard to find in the books but which I have seen demonstrated clinically - it helps close up fistulous openings in the chest after empyema. Calc. Sulph., if the symptoms agree, will do wonders in healing up such a sinus with granulations from the bottom.

There is an interesting thing in regard to Calc. Sulph. in hare lip and cleft palate. Duncan, in his little book *Acid and Alkaline Children*, speaks of a number of cases in which women have borne hare lip and cleft palate children; one case had had four and another eight, in all of whom it had been present. Duncan got to thinking about it, wondering what he could do. He had had these women on what he thought were their constitutional remedies, and still the babies kept coming with hare lips and cleft palates. Finally he went back to embryology and found that that abnormality occurs prior to the third month in gestation; he found it was a bone deficiency, and decided that it must be a lack of some of the calciums. The question was, which one.

In the particular case he then had in hand the mother was very clearly a Sulphur patient. He thought he would try Calc. Sulph., empirically for the mother at her next pregnancy, to see what he could do in the way of obviating hare lip. He gave her Calc. Sulph. over seven months of pregnancy. She bore her fifth baby, the first who had not had the condition. He repeated it in three other cases while the baby was in utero, and each child was born with no hare lip. There are many possibilities of a slip betwixt that cup and lip, but it is an interesting field, and the whole subject of possible prescribing for the development of a child in utero is opened up by it.

Another great sphere is in women's diseases, in bringing back suppressed leucorrhoea, in getting rid of menstrual difficulties and in fibroid tumours of the uterus. But the greatest sphere of Calc. Sulph., probably, is upon the skin. Where wounds do not heal, where bruises are neglected, where boils keep coming in crops, where there are abscesses, often painless, in the anal region; where there are fistulae of any kind, Calc. Sulph. is one of the remedies to be particularly considered.

Let us consider Calc. Sulph.'s relation to some of the nosodes. It is given in some of the books, notably in Kent's, as one of the great remedies for those cases where the seemingly

indicated remedy does not act, for those cases which need to be followed up with a deeper influence, and is classed with Tuberculinum and Psorinum. The particular nosode to which I want to point out certain resemblances is Pyrogen. At first sight I did not know myself how I could do it, because they are so different in so many ways. but as you go through, comparing the two, you do see certain striking similarities in usefulness.

Calc. Sulph., for instance, is one of the rare remedies which has hilarity in its mental makeup - it is quite refreshing to see one that is not despondent - particularly toward twilight, at 6 p.m.; Pyrogen too, in its first stages, together with loquacity, has great gaiety.

Moreover, of course, Pyrogen has the tendency to septic abscesses, and is a magnificent remedy for crops of boils which can be traced back to prodromes of blood poisoning in the past; also in peritonitis, if one has the temerity to prescribe before sending for the surgeon, Pyrogen will often be called for; as will Calc. Sulph., where there has been a vent for the pus and where it keeps forming and coming in large quantities long beyond the time when healing should be present.

There are also certain respiratory analogies between Pyrogen and Calc. Sulph. For instance, they both have lung abscess and some of the many symptoms agree fairly well. Pyrogen has a strange keynote 'as if the heart pumped cold water', whereas Calc. Sulph. has 'as if the bronchial tubes were pumped full of hot water'. They also have in common a slight symptom of the head - the sensation of a cap on the head.

A word about Pyrogen. It ought to be called the Briareus of remedies (he was the gentleman who had a hundred hands); your Pyrogen patient will lie terribly sick and feel as though he had hands all over the bed. It has been called the Aconite of typhoid; it is Baptisia with a very high fever; it follows Rhus Tox. often and carries through its work in other cases where there is great rattling of the chest; it may follow Antimonium Tartaricum.

Think of these two remedies when you find cases in the spheres of the respiratory or gynaecological or dermatological diseases which have any of these symptoms.

### DISCUSSION.

Dr. Stearns: I am interested in the reference to the presence of *Calcareea sulph.* in *Phytolacca*. Recently I had an experience with a young man who has had sinusitis for three years and been under constant treatment of a specialist, and his right side was bothering him so much he had a constant discharge of pus, he had the sinus open it was still discharging; he had no appetite, he lost a great deal of weight and he was a pretty sick young man. I worked out his remedy in a special test, and quite a number came through, so I questioned him as to his first symptoms. He started with a right-sided sore throat, he couldn't remember much except it hurt him very much. I asked about the modality, cold drinks or warm drinks. He said he could remember liking cold drinks. Then I read over the throat symptoms of *Phytolacca* and he at once popped on one. He said, "That is just the way I felt." I gave him that. He came back in a week. He had gained four pounds that week, his appetite had come back, but about the third day the left side of his face began to swell, the roof of the mouth swelled, he was in great pain. He went to his nose man, who punctured the antrum and got a lot of pus out, and that was the end of the trouble. He has been perfectly well from that time on, excepting a slight recurrence about four or five weeks after when he had a little earache and I made this same experiment again, and he got another potency, one dose and that was really the end of the case.

Dr. Clark: I had a patient who came three or four months after a pneumonia and said he had had a discharge on the left side for the last three months. On injecting the solution to take an x-ray of it, it came out through his mouth, showing an opening in the bronchus and clean through the chest. It was one of the first times that I had given *Calcareea sulph.*; he wanted to be outdoors, he wanted to be in the air, he wanted everything cool, contrary to *Hepar sulph.*

which I ordinarily would have thought of in that suppurative condition. I gave him *Calcarea sulph.* 6M, three of four times, then waited. In three days and a half that sinus was healed up, the sputum that he was expectorating had stopped, and his temperature which had been 99 1-2 was normal and he was practically well.

Dr. Odds: May I say a word that does not directly apply, but may be useful? The paper recalled to my attention that Boericke and Tafel are making up for me a complete set other the elements. You may want to get them.

Dr. Wright: I might point out that two of the symptoms Dr. Stearns says his *Phytolacca* case had, are also *Calcarea* symptoms, the swelling of the right side and the palate. I was very much interested in Dr. Clark's case, and I think it is quite striking that another case so similar to the one which I saw should have been healed up that way.

Chairman Underhill: I think many times we don't remember the breadth and depth of action of nosodes and double salts. In speaking of *Ferrum phos.* Kent said: "It cannot be less than the *Ferrum* and the *Phosphoric acid* that compose it," and a similar statement can undoubtedly be made of all the other double salts. Dr. Wright called your attention to the strong resemblance between *Calcarea sulph.* and *Pyrogen* in the tendency to form abscesses and general septic states, *Pyrogen* being more violent in the manifestations.

Dr. Thacher is his paper on *Tuberculinum* which he prepared for this bureau points out that *Calcarea phos.* and *Tuberculinum* are very similar indeed."

(Elizabeth Wright Hubbard, M.D., A Tissue Remedy - *Calcarea Sulphurica* and Its Relation to the Nosode *Pyrogen*, The Homoeopathic Recorder vol. 44 (1929), p. 533-540)

### 1938 - Results with Unusual Remedies

"Case 1. Insomnia. Elderly woman with nervous prostration, unable to get to sleep until seven o'clock in the morning, week in, week out; restless, sensitive to noise, mentally over-excited, lively and gay during the night with occasional twitchings, has tried all sorts of sedatives without success.

I compared *Scutellaria*, *Valerian* and *Cypripedium* and gave one dose of the latter in 1M, and placebo each night. The patient slept ten hours the first night, only a occasional night until 2 a.m. for six weeks, then return of insomnia. Repeated *Cypripedium* 1 M one dose; sleeping well since.

Case 2. Headache. Violent headaches, as if the patient would go crazy, with loquacity, sensation as if the temples were in a vice, and as if the skull opened and shut, or as if waves in the head, changing to penetrating pain on motion, numbness of the vertex.

*Carboneum sulphuratum* 200c, one dose, with almost immediate relief. This patient's chronic remedy was Sulphur. Return of similar headache again yielded to *Carbo Sulph.* and has not returned since.

Case 3. Heart trouble. Frail, delicate, exquisite lady of sixty with a weak heart. Electrocardiograph showed bundle branch block. Apprehensive, drowsy; sensation as if the heart stopped with faintness; relief in the cold air and from lying. Sore feeling in the abdomen with heart distress.

*Convallaria* 10M, one dose. Relief of symptoms and gradual increase of strength.

The prescription was almost an intuitive one, *Crataegus* and *China Sulph.* having been given before without marked improvement. She resembled Lily of the Valley (*Convallaria*).

Case 4. Facial neuralgia. Acute swelling and redness of one side of the face with swollen gland under the chin, pain and tightness of the occiput and neck, worse putting the head back,

extreme sensitiveness of the bones of the nose to touch, dryness of the mouth and throat, no sweat.

Cinnabaris 1M, one dose. Face normal in a couple of hours and relief by nightfall of all symptoms, which had been severe for several days.

Case 5. Varicose ulcer. Stout German woman with a varicose ulcer over the lower right shin, shallow, black, offensive, her one complaint 'terrible burning'.

Anthracinum 50M, one dose. Burning relieved within the hour and ulcer healed in a few days and did not return, although she had had it months and had even had a small haemorrhage from it.

Her chronic case came out to Graphites, which has since been given her. She has lost twenty pounds and walks miles, and stands all day at her work without recurrence.

Case 6. Acute sinus trouble. Young woman with a history of pneumonia and pleurisy came for sudden obstructive coryza, constant blowing of her nose but nothing comes, pain at the nose root with stuffed feeling, dry, harassing night cough, sensation as if floating in the air. Sticta Pulmonaria 10M, one dose. Next morning patient reported first good night's sleep in a week and nose almost cleared."

Case 7. Mammary tumour. Middle-aged woman with almond-sized tumour in her right breast near the nipple, stitching pains shooting inward, chill after stool, burning vesicles on the right side of the tongue.

Phellandrium Aquaticum 10M, one dose. Symptoms swiftly cleared and lump gone in three weeks. No return in two years.

Case 8. Heart trouble. Middle-aged man, hypochondriac, palpitation on first lying down, choking sensation in morning, heart troubles him whenever he thinks about it, excessive weakness, must lie down, feeling as if the heart were temporarily paralyzed, burning sensation in the lower throat.

Oxalic Acid 10M, one dose. Relief of heart symptoms and extreme prostration, more cheerful outlook.

The range of remedies a prescriber uses is sometimes hackneyed. However, especially in acute prescribing, repertorization of three or four symptoms of a more-or-less peculiar or keynote character may bring you to a relatively unusual remedy which will fit the case. Go over your prescriptions for the last year or for any month and see what the gamut is, and what remedies have frequently repeated. Meteorological conditions also influence the remedies indicated. I have often noticed that a certain remedy or group of remedies will be called for on the same day. Constant study of the less familiar remedies will widen the scope of our usefulness.

## DISCUSSION

Dr. Grace Stevens: I am much interested in the point about finding indications for the same remedy several times in succession. I have noticed that a number of times and I have heard other people speak of it. I am sure it is not necessarily because you have the remedy in mind.

Dr. Grimmer: There are three more of us who have confirmed the same observation, that many days we prescribe the same remedy, on cases which occur close together.

Dr. Hubbard: Do you three wise men give any reason for that?

Dr. Grimmer: Well, I have a theory - you may accept it for what it is worth. I believe the astrological conditions that prevail at any given time bring people with similar complaints to the doctor at that time.

Dr. Hayes: There is one point which I think should not be forgotten or overlooked: that a little repertorization of peculiar and unusual symptoms, rare symptoms, many of them, will turn up the unusual remedy.

Dr. Hubbard: I am glad you brought that out, because when one uses the expression 'keynote remedies', I felt a little worried lest I gave it because of the keynote, which I practically never do; but it is perhaps fair to use some of the keynotes as a basis for repertorization with a few symptoms.

Dr. Harry B. Baker: Speaking of that case treated with *Sticta Pulmonaria*, about ten years ago we had a run of influenza cases, with that heavy feeling at the root of the nose. I have not seen it since then at all. One thing I have noticed is that cases of epidemics seem to call for different remedies in different parts of the country, even parts more or less in the same latitude. In the epidemic of 1918 I remember seeing some of the men use *Arsenicum*. In the fall of 1918 I believe we gave but one remedy and that was *Gelsemium*. We did not have to give anything else.

Dr. Underhill, Jr.: There is such a thing as intuition, which we all possess latently and which is developed in some people. Many consider intuition to be something we should rise above, but it is really a higher attribute of mind, perhaps, than ordinary reasoning. Some of the most brilliant prescriptions I have ever made have come about this way - chronic cases which have been extremely puzzling and in which I failed to achieve success for a considerable time. I have gotten right down and plugged on them and still did not see daylight. Then, after having almost given up in despair, I have seen the patient and perhaps just touched him, or listened to the heart, or touched the pulse, and the remedy would pop into my mind right out of the blue. It is nearly always correct if I go through that particular sequence, but if I have not worked on it, it does not amount to anything.

Dr. Hubbard: I had a case this past winter I was particularly anxious to cure. Those are always the ones I have trouble with. I repertorized her with the utmost faithful care, and never in the repertory study (and I re-studied her three times) did she come anywhere near the remedy I was itching to give her. I had never given her the remedy I was itching to give her, which is *Aurum*, and why I wanted to give her *Aurum* I can hardly even tell you except to me she has been *Aurum*. She has not done well on the many I felt justified in giving her, but I could not give her *Aurum* on just a hunch, do you think?

Dr. Underhill: I would think so.

Dr. Hubbard: But it does not come out, even eighth or ninth.

Dr. Grimmer: Are any of the metals present at all?

Dr. Hubbard: She will not admit to them at all, and I think now they are not present. But she is a Russian, and I feel that somewhere in her background they were definitely there.

Dr. Grimmer: I would not hesitate to give it to her with those antecedents.

Dr. Moore: I think some of us practice by intuition without knowing it. I had done a cataract extraction on a trance medium. I was doing a dressing and she said, 'Someone comes in with you every day'. I asked for a description and she gave an excellent description of an uncle of mine who was a surgeon, dead a while before, and I said, 'What does that man do?' She said, 'He tells you what to do'. So, in the practice of medicine, all I have to do is be there. Somebody tells me what to do. It is easy."

(Elizabeth Wright Hubbard, M.D., Results with Unusual Remedies, The Pacific Coast Journal of Homeopathy vol. 49 (1938), p. 435-440)

## 1940 - Homoeopathy as an Instrument of Precision

“Modern medicine is proud of its instruments of precision; but as with many inventions, these often supplant the use of our natural faculties. An instrument, according to the dictionary, is a furtherance, an agency, a means to an end, and comes from the Latin *instruere*, meaning to *prepare*, from the same root as instruct. A secondary meaning is that of tool, which is really an extension of the human hand. The old-fashioned physicians could smell diphtheria or scarlet fever or typhoid upon entering the house, and even today many of us know the odour of cancer and of approaching death. But even those doctors whose senses are keenly alive, and who combine vivid perceptions with the assiduous use of modern scientific technique, are at a loss for a large part of the time, and feel that their work in therapeutics is vague and only partially satisfactory.

Conventional medicine (and much of so-called homoeopathy) give drugs on the basis of diagnosis or pathology or organs affected, or at best on what we call common symptoms, such as vomiting, purging and so on. Its practitioners are oblivious to the fine distinctions between the cases of similar classification. The secret of precision is in *individualization* and not in trying to put the parts in place of the whole. The homoeopath who is worthy of the name knows that only by being an artist can you arrive at exactitude. To give Bryonia for pneumonia, Rhus Tox. for rheumatism, Sulphur for eczema or Nux Vomica for indigestion, is not real homoeopathy. The more exact the similarity between the patient's symptoms and the single remedy given, the fuller and more salient the totality of the symptoms elicited, the more swift and brilliant the cure, because of the precision of the prescription.

Over and above all usual medical lore, the homoeopathic specialist has unusual and specific knowledge: of general symptoms pertaining to the patient himself as a whole; of aggravations and ameliorations as applied to each complaint; of discharges, those most revealing vents of the inner man; of repercussing suppressions and their devious sequelae. In chronic work he elicits the health trends from childhood, and even in the parents. From this welter of detail he arrives at a totality of the symptoms. This does not mean that he retains for final analysis every least item, although in confused cases a careful compilation is needed as a background. Then follows elimination and emphasis - the evaluation of symptoms. The final choice of remedy may be based on a mere five or six striking points which characterize the person in different spheres, in somewhat the way that a caricaturist, in half a dozen lines, shows up the inner and outer nature of his subject. Many fine prescribers claim that their grasp of a similar remedy is intuitive, but probably in addition to a sixth sense, they are using a vast unconscious store of wisdom, information and experience. The editing of our case-taking is perhaps the most important point in homoeopathy - to be able to sense what is germane, what is primordial and what is poignant in a case.

Doctors need to study botany, zoology and mineralogy, learning to enter into a substance, take on its life, pulse with its currents, read the signatures and correspondences, and keep unsealed the eye of an ancient knowledge. The signs are there that he who runs may read, but he must run, not halt or stumble. As an illustration, let us take the octopus in the aquarium with its apparent apathy, its swift rages making murky the whole ambience with its ink; its womb-like shape; its flabby, sucking tentacles. What a compelling entity of Sepia!

The true homoeopath may not merely be accurate with the most common hundred or so remedies, but must enlarge his knowledge systematically by daily study of the materia medica in myriad books and magazines. He must search into remedy relationships and let his mind play of the free association principle. How revealing to realize that Opium, Chelidonium and Sanguinaria are of the same family, or that Apis is the animal counterpart of Natrum Muriaticum!

It must be remembered that where medicine depends upon mechanical aids, whose perfection is fallible in direct ratio to the fallibility of the interpreter of the data, precision is impossible.

The best instrument of precision that I have ever encountered is true homoeopathy in skilful and devoted hands. Consider the following examples:

Miss X., fifty-ish, with double pneumonia when first seen, lying rigidly still, rusty sputum, temperature of 40° C, marked herpes on the lips and below the nose, stitching pain in the chest on breathing, hard cough, thirst for great quantities of ice water. Bryonia 10M, one dose followed by placebo. Temperature descends by lysis on the third day, but the patient complained of a lumbosacral backache which bothered her much more than the pneumonia. No characteristic symptoms were forthcoming. Aesculus and Kali Carb. were tried in succession, with temporary but not lasting relief.

Finally she said how strange it was that the backache was much more severe after urinating (urine negative). On repertorizing in Kent only one remedy had this peculiar symptom: Syphilinum. In looking for corroborative symptoms I noticed corneal scars, and the patient said she had had keratitis and iritis for some years before. She had certain characteristics of the syphilitic miasm and the backache was troubling her most from dark to dawn. Syphilinum 1M, one dose, produced a two-hour violent aggravation followed by swift and permanent relief.

Mrs Y., also at the mid-century. A history of mucous colitis and liver trouble; complained of spasmodic abdominal colic or gripes. Worse on the left side, preferred heat to cold, and liked pressure through did not double up. Colocynth was of no avail. Mag. Phos. relieved temporarily but the attacks returned. No diarrhoea, very few symptoms. Finally she said, "In these attacks I feel as though my stomach hits my backbone." I asked her to try stretching during the pain and she found it agreeable. Wassermann and blood count negative. Stools tended to be in little black balls. Plumbum 1M, one dose, produced rapid improvement and the colics, which had been coming every day or two for four months, did not recur within five weeks.

Mrs. Z., senile dementia, healthy-looking, rosy cheeks, blonde, terribly restless and loquacious, singing, scolding, alternating with laughing and hilarity, incontinence of urine and faeces, marked destructiveness, would tear up sheets and towels; family said she had been a spoiled beauty all her life. Cuprum 50M, one dose, greatly improved both the mental and excretory phases.

These are simple, everyday instances of the power of precision in homoeopathy, but the results could certainly not be achieved without sedatives in regular medicine. Homoeopathy is arduous, but its rewards can be reaped for both the patient and the prescriber, especially if he or she will remember the sentence by the French aviator Saint-Exupéry: 'Perfection in its finality is not when nothing can be added, but when nothing can be taken away.' "

(Elizabeth Wright Hubbard, M.D., Homoeopathy as in Instrument of Precision, The Homoeopathic Recorder vol. 55 (1940), p. 33-37)

### **1948 - The Run of the Mill**

"A young couple stepped tentatively into my office. The wife looked like a 13<sup>th</sup> century Madonna, thin and worn, holding in her arms a little, pallid, slant-eyed boy of about a year and a half. The father wept quietly as he told me that several clinics and specialists had pronounced their little boy a Down's syndrome baby and had said that nothing could be offered but custodial care in some institution. They had heard of homoeopathy and asked me if I thought anything at all could be done for him.

The child was thin and pasty-looking, his mouth open, drooling slightly, with a sort of snorting snuffle every few breaths; his head shape was within the limits of normal and his ears were normal. He had no teeth. He could neither stand nor sit without support, nor creep, and his head would wobble if he got off balance. The fingers of his hands were spread widely

apart and back, and had spatulate tips. He was totally unable to grasp anything. The mother said he could neither drink from a cup or suck at a bottle; she fed him with a spoon. When I picked him up the musculature of his back and limbs was pitifully flabby, like a rag doll. He seemed perfectly formed except for the typical mongoloid eye-casings. He did not smile or reach for bright jewellery; he frequently put his head back and rolled his eyes toward the ceiling and then flopped his head down on his chest. The parents begged me not to give them a ray of hope if there was none. A more inexpressive and hopeless trio I have seen rarely. The child had had no colds or childhood disease, no eruption, convulsion, fright or accident.

What to do? All I could see was triple grief. I asked the mother to tell me about her pregnancy and labour. She had experienced a deep grief in the early months of her pregnancy, no nausea, easy labour, no instruments needed. This was the second child, the elder one being, they said, well and normal. No history of syphilis, convulsions or insanity in the family. Laboratory work under the previous doctors was all negative, including Wassermann, blood count, etc.

The boy received one dose of Natrum Mur. 10M on the tongue, which he made no effort either to swallow or spit. I explained to the parents what homoeopathic remedies can often do in mental handicap and asked them to give me a try for at least three months, seeing the child every fortnight. I told them I might take several years to get much of anywhere.

Two weeks later the child looked almost rosy and had a gleam of intelligence. The muscles of the back had better tone, he rolled his head and eyes less. He had begun to have a thick catarrh and almost a wheeze. The mother volunteered that he could now roll in bed and that he had taken to doing the queerest thing, sleeping with his little behind, as she called his buttocks, up in the air. The father was not present this time and I asked the mother if she had at any time had a sudden, creamy, profuse discharge from her womb. She said, "Why, yes, the year before this boy was born; but it was soon cleared up at the clinic." Medorhinum 1M, one dose.

Two weeks later when I picked the baby up he grasped my hair. The snuffles and snorting were entirely gone, he had cut two teeth without trouble, could sit alone and was trying to pull himself up in his pen. He had a curious symptom of protruding the tongue between the lips and there was a gurgling sound when he drank. The mother told me he had been exposed to chickenpox and I found a few small spots on the abdomen. He had a short, concussive cough. I explained to her that it would do him good to have the chickenpox and have it thoroughly, but that he would need a remedy to help the vitality bring it well out, and gave him Cuprum 1M, one dose.

He skipped the next visit because he blossomed out with a strong chickenpox rash. He himself seemed bright and better than he had been during the illness. When he returned at the end of a month he had gained three pounds, no longer stuck out his tongue, grasped my finger so tightly I could hardly extricate it and clutched the paper weight and pencils on my desk, and was beginning to make sounds such as 'Dada' (he was by this time two years old). He felt far heavier than before, now had occipital head sweat with sour odour and was starting to cut two more teeth. Calc. Carb. 10M was given, on which he is still riding and gradually improving.

I have had occasion to do the mother's chronic case. Her remedy was Sulphur. I should judge the father's to be Natrum Mur. How far along toward normality will homoeopathy be able to bring this child?

Little Miss P., aged three, walked stiff-legged into my office, holding to the nurse with both hands. She had never spoken. She had her quota of teeth but was very under-nourished. She would sit all day on the floor in the corner, not playing with any of her toys. I was unable to see either the father or the mother. Apparently she had been a normal infant until her daddy, to whom she was devoted, was called into the army, and she did not improve when he

returned a few months ago. First class clinics had pronounced her as 'one of those spastics', although her neurological examination was negative. No history of injury or polio.

Natrum Mur. 10M, one dose. The nurse called back two days later and said she could not understand it, that Miss P. had started to use three of four words, like 'mama' and 'spoon', and was walking less stiffly and even alone for two or three steps. When she returned in a month she walked about the office picking up things, and played with the handles of the desk. Three months have elapsed, she is gaining weight and making steady progress. No further remedy as yet.

Summoned in the middle of the night to a hotel, I found a boy of four with tense thigh muscles. He was unable to turn in bed, and screamed if you touched the thighs, though otherwise lethargic and drowsy. He had a fever of 103° F and some rigidity of the neck. He had recently returned from the West and had been, apparently, perfectly well when he went to bed that night. Throat, chest, and abdomen were negative; no twitchings or convulsions; no particular perspiration; stool and urine had been normal the day before. No history of wetting or unusual emotion. The arms could be moved freely and were not tender. The joints were normal.

Gelsemium 1M was given, hot packs to the thighs ordered continuously through the night, and a homoeopathic paediatrician, who is especially interested in poliomyelitis, summoned. He confirmed the diagnosis of acute polio. By the time he arrived there were fibrillary muscle twitchings and the child had urging to stool and urine, but could not pass either.

Nux vomica 30c, three doses, two hours apart. After about four hours the twitchings and strainings ceased, the muscle tenderness and spasm relaxed, and three days later the child was taken in a taxi to a paediatrician's office for a check-up. He has been active and in excellent health the six months since then and has neither wasting nor any other sequel.

An emergency call to a suburb revealed a boy of fourteen with a temperature of 105° F, lying half on his right side, with a pillow under his left ankle and knee. On entering the room the sour odour, typical of the sweat of rheumatic fever, was strongly perceptible. The left ankle and knee were swollen but not red, exquisitely tender, and the parents said that since calling me, Master B. had complained of pain in the left hip. The bed was a mess, though all the rest of the house was immaculate. The mother apologized, saying the boy kept moving and wriggling as he could not endure the pain lying still, yet the change of position brought only momentary relief. He was frightened and crying. His pulse was 130, heart racing but no murmurs. The inner throat appeared normal and the family denied any recent sore throat or cold. However the boy said, 'I didn't tell you, Mummy, but three weeks ago I had a sore throat and the glands hurt here on the left of the neck.' An electric heating pad was around the boy's knee and a hot water bottle propped against his ankle.

No time needed to repertorize this case. I asked done question, 'What time of day are you worst?' 'In the evening', responded his father and mother together, 'after midnight he seems to quiet down.' You know the remedy: Rhus Tox. 10M.

The next day the fever was 102° F at its highest, no more pains in the joints. Temperature normal the next day, pulse in the 90's. The boy was kept in bed as a precautionary measure for three weeks, during which time there was no more fever or sweat, no heart murmur and no discomfort. He has looked and felt better since this illness than ever before.

These few cases are routine to any homoeopath, yet they show how beautifully even 'run of the mill' prescribing can help the children fortunate enough to have homoeopathic treatment."

(Elizabeth Wright-Hubbard, M.D., *The Run of the Mill*, *The Homoeopathic Recorder* Vol. 63 (1948), p. 171-175)

## 1957 - Precision Prescribing in Acute Cases

“Man of 72 with history of empyema and rib resection five years ago has a bronchial cold with fine moist râles in the left lower posterior chest. No fever. Slight cough. Shallow breathing. Boring pain in left side of the chest. Stitch catches him on breathing in.

Boring pain in side of chest (Kent, page 852): Bismuth, Bromium, Ferrum, Muriatic Acid, Senega. Left side (Kent, page 852): Mercurius Iod. Flavus, Senega. Stitching pain on inspiring (Kent, page 862): Muriatic Acid, Senega.

*Prescription:* Senega 1M, one dose.

*Result:* Pain and cough gone next day, chest clear of râles.

A lady of 68, depressed in morning, complained of stinging pain in the ankle and constriction of the right wrist.

Stinging pain in ankle (Kent, page 1096): Agaricus, Berberis, Euphrasia, Kreosotum, Laurocerasus, Mancinella, Natrum Carb., Platinum, Pulsatilla, Sulphur, Zinc.

Constriction of the right wrist (Kent, page 965): Cocculus, Mancinella, Silica.

Sadness in the morning (Kent, page 75): Mancinella.

*Prescription:* Mancinella 10M, one dose.

*Result:* Relief of pain by next day; felt surprisingly cheerful.

A young man of 20 has had neuralgia around the left ear daily for two years, so severe he gets drunk to stop it. Specialists in two major cities were unable to relieve him, even with strong sedation.

Suicidal (Kent, page 85). Thoughts of death (Kent, page 17). Desires company (Kent, page 12). Guilt feeling (Kent, page 6). Sensation of falling or sinking through bed (Kent, page 99-101). Aggravation dry weather (Kent, page 1357). Pain in left ear (Kent, page 303). Ailments from anticipated pleasure (Kent, page 60). Cold foot sweat (Kent, page 1183). Ingrowing toenails (Kent, page 1019).

*Discussion:* Only one remedy runs through all twelve symptoms. The runner-up was Sulphur with 8 and the remedy given was Causticum 10M, one dose.

Note that 11 of the 12 symptoms apply to the man and not the ear; however in Hering, under Causticum, we read “non-suppurative seventh nerve pain in the ears.”

*Result:* Slight pain for two or three hours after the dose, none whatever for the next three months, at which time slight recurrence. Causticum 10M, one dose. No further pain to date (two months).

Woman of 48 has abdominal distension “like a drum”, cannot pass the gas. Cold knees in bed, tight spasm of the anus, arthritis of the right hand - finger.

Cold knees (Kent, page 961): Apis, Carbo Veg., China, Colchicum, Ignatia, Lachesis, Mercurius, Natrum Mur., Nitric Acid, Phosphorus, Pulsatilla, Selenium, Sepia, Silica, Veratrum Alb.

Spasm of the anus (Kent, page 632): Causticum, Colchicum, Serratia, Tabacum.

Tympanites of the abdomen (Kent, page 545): Carbo Veg., China, Colchicum, Lachesis, Mercurius, Phosphorus, Sepia, Silica.

Arthritis of the finger (Kent, page 1060): Colchicum, Nitric Acid, Sepia, Silica.

*Prescription:* Obviously Colchicum 1M, one dose.

*Result:* Rapid relief of distension, anal spasm and cold knees. Fingers painless in about a week.

Woman of 30 has intestinal virus. Abdominal cramps better doubling up, worse pressure. Diarrhoea brown, scanty, odour of bad meat, watery. Itching anus after stool. Vertigo worse motion. Nausea from odours. Boils on the buttocks. Temple headache. Hoarse. Exhausted and chilly.

Cramps better bending forward (Kent, page 575): Aconite, Causticum, China, Colchicum, Colocynth, Kali Carb., Lachesis, Mag. Phos., Plumbum, Rhus Tox., Stannum, Phosphorus. Scanty diarrhoea (Kent, page 641): Aconite, China, Colchicum, Colocynth, Kali Carb., Plumbum, Stannum.

Itching anus (Kent, page 622): Kali Carb.

Vertigo worse motion (Kent, page 101): China, Phosphorus.

Nausea from odours (Kent, page 508): Colchicum.

Boils on the buttocks (Kent, page 168): China, Kali Carb., Plumbum, Rhus Tox., Stannum.

Diarrhoea, odour of meat (Kent, page 640): China, Rhus tox.

Diarrhoea, watery (Kent, page 643): China, Colchicum, Colocynth., Lachesis, Phosphorus.

Exhausted from diarrhoea (Kent, page 1416): China, Phosphorus.

*Prescription:* China Off. 200c, one dose every two hours for three doses.

*Result:* Diarrhoea stopped before the third dose, and the patient recovered brilliantly.

Lady of 74 has had hypertension for many years. Sudden loss of power of the right arm and leg, with thick speech. Face and tongue drawn, blood pressure 230/140. Pupils sluggish, fibrillating heart. History of having a bowel complex. Rectal condylomata. Terror of the night; anguish and anxiety from sunset on; inability to sleep; hot, not chilly.

*Discussion:* one symptom, the terror of the night, was so overwhelming that combined with the sleeplessness and rectal difficulty, after trying two or three other remedies, without success, the repertory was thrown to the winds. The patient was given Syphilinum and peace reigned.”

(Elizabeth Wright Hubbard, M.D., Precision Prescribing in Acute Cases, The Homoeopathic Recorder vol. 72 (1957), p. 97-100)

### **1958 - A nosode saves the day**

"An infant, 9 months old, "always healthy", suddenly developed fever of 103° F. and drowsiness; wouldn't eat, little response, lying quiet, color rosy, occasional strange cry (piercing, single, brief). Upper eyelids swollen almost closed and reddish. No thirst, refused liquids. No twitching eye movements or apparent pain. Bowels moved. Urine sufficient. No throat or ear abnormalities. Pupils sluggish, equal. No abdominal tenderness. No vomiting. Rx *Apis mellifica* 10M, 1 dose.

Six hours later, fever 101° F., lids less swollen, no cry, limbs flaccid, slight rigidity of nape of neck; no Kernig or other signs. Pediatrician called, who confirmed diagnosis of probable meningitis and rushed the baby to the hospital.

Parents finally recalled child had a sniffly cold three days before onset. Eye grounds negative. Lumbar puncture revealed typical haemorrhagic influenzal meningitis. Aureomycin and Chloromycetin given by pediatrician, oxygen tent, intravenous feeding and fluid by ankle vein. Child unconscious, didn't know the parents, went from bad to worse.

City Health Department meningitis specialist called in consultation, confirmed diagnosis and took very dim view of survival. Baby began to twitch on right arm and leg. Now restless legs. Vomited twice, projectile. Pediatrician and staff gave T. W. a couple of hours to live, said they could go nothing more.

I asked permission to give the child a homoeopathic dose and the pediatrician said "nothing can harm, hinder or help, so go ahead if it will make you feel any better." Remembering that the baby's mother had tuberculosis in her family background and knowing its power over stubborn meningitis, I put one powder of *Tuberculinum bovinum* 200. on the little tongue, while two nurses and a couple of internes looked scornful and despairing. Within a quarter hour, while we watched, his color and breathing were better and restlessness stopped. One interne said, "It would be better if he didn't get well. He'd be never be right. On looking up the statistics last night I found 98% of those who live are blind." But next day he followed me with his eyes, though he still couldn't turn his head, and his neck was much less rigid. He improved steadily, moving all limbs freely, though his back was still weak. Temperature 99,2 F. In a week he was home, seeing, hearing, moving, sleeping, recognizing, playing, eating and drinking. He has recovered totally and is now (4 months later) walking and beginning to talk.

When you are scraping the bottom of the barrel think of one of the nosodes! Should it have been given first?"

(Elizabeth Wright Hubbard, M.D., New York, A nosode saves the day, The Homoeopathic Recorder vol. 74 (1958), p. 56-57)

### **1958 - Nosodes may save the day in acute cases**

"A great many skillful homoeopathic physicians, especially those who use the lower potencies, are not addicted to the employment of the nosodes. Those, who specialize in chronic constitutional prescribing find them invaluable. One of our greatest prescribers, when reperiocizing any case, made a point of determining not only the four of five most similar remedies, but also which of the miasmatic nosodes had the greatest bearing on the whole history. He even classified the polychrests in their relationship to Hahnemann's three miasms.

The usual practice among experienced homoeopaths is to use a nosode when the case is, as it were stuck - to put it in order and bring out clearer symptoms for a deep remedy in one of the three kingdoms, mineral, vegetable or animal. Many use occasional doses of the suitable nosode as in intercurrent, to dynamize the vital force or to reach deeper into the inherited weakness.

It is startling even to the veteran prescriber to find how effective a nosode may be in acute cases. Let us begin with some examples of the least used of the four main nosodes: Syphilinum.

A woman of 74, fibrillating heart, blood pressure 230/140, suddenly suffered a cerebrovascular accident with loss of speech, inability to write, complete constipation, deviation of the tongue to the right, inability to focus the eyes and complete inability to sleep, with terror of the night. Dreadful anxiety from sunset until morning. Uncontrollable restlessness at night only. Upon examination the patient was found to have old rectal condylomata. Arsenicum 1M did nothing for her. On sitting watching her the next day I was struck by the retroussé nose, the narrow palate arch, the peculiar small ears and stubby hands which point to the syphilitic miasm; remembering the formidable night aggravation, sleeplessness and rectal difficulties of Syphilinum, one dose of the CM potency was given, following which peaceful nights and steady progress in speech clarity and mobility took place.

A woman of 88, cancer of the colon, pessimistic, restless, talking of guilt and suicide, unable to sleep even under sedation. Violent linear pains, worse at night. Syphilinum 10M, one dose, made her a pleasant, resigned, painless patient.

A cerebral palsy child, aged 7, brought to me for asthma, previously treated with antihistamines, antibiotics and sedatives, without avail. The child grimaced, was constantly restless, speech un-understandable, a look of pent-up anger, severe asthmatic attacks mainly at night. Unable to eat or sleep. History of several gamma-globulins to protect her against measles. The father who brought the child in shared the stigmata with his daughter. Syphilinum 1M, one dose, brilliant relief, eating, sleeping, no wheezing, marked improvement in speech and gait.

A woman of 72, immobilized for a broken hip, suffered excruciating pain at night only with what she called piles. Complete rectal spasm preventing any bowels evacuation. Rectal examination showed condylomata as large as walnuts in a ring around the anus, ulcerated. Patient deeply depressed, has tried all sorts of medication for rectal relief. Syphilinum 200c, three doses, shrank the swelling, relieved the pain, permitted comfortable evacuations and a cheery patient who could sleep without sedation.

A woman of 47, history of severe asthma for many years, very thin, attacks always at night, active and well by day. No symptoms other than the asthma, except that the attacks were concomitant with linear headaches and often with a linear pain vertically in the front of the chest. Syphilinum 200c, one dose, gave her the best winter in years.

A child aged 9, vomiting headache, found to be connected with the ingestion of milk. Allergy specialist found her violently allergic to milk, which she loved. Family history of tuberculosis. Restless, whining, delicate girl with many stomach aches. Relief of headache in the wind. Tuberculinum Bovinum 10M. After this the daily headaches were completely absent for four months and the child was gradually enabled to drink milk.

A woman of 43, eczema of the palms of the hands since six years of age, violently aggravated in the last two months. A concert pianist who must fulfil a longstanding public engagement and could not even practice because of the swelling, stiffness and dripping oozing of her hands. The patient had an alabaster complexion, heart-sharped face, sloping shoulders, always wanting to travel, have something new and change things around. Her husband said she had always had an extreme terror of dogs. Tuberculinum Bovinum 200c. Patient reported that after two or three days of aggravation her hands became almost normal and usable. She was able to play her concert. After several months there was a slight recurrence and she wrote for another dose.

A man of 52, suddenly discovered blood in his urine. Fever of 101° F, great weakness and restlessness. On examination there was some tenderness over the left kidney. He was excessively thin, although he ate well, and had a scar of an empyema rib resection of twenty years before. A jolly, cheery man, refusing to believe that he was ill or should stay in bed. Strict bland diet, two quarts of pure spring water a day and one dose of Tuberculinum Bovinum 1M. As a result, his urine became free of blood and pus within two days, and after three days there was no more fever or kidney tenderness. He was gaining weight and back at work.

A plump, apparently health baby of nine months who had very severe colics. Bowels normal, abdomen distended with gas during the colic. History of gonorrhoea in the father. During pain the infant turns onto his stomach and draws up his knees in the knee-chest position. The usual physician had not been able to affect the colic. After one dose of Medorrhinum 10M there was peace in the household.

A woman of 35, opera singer, a Brunhilde type with bushy vital hair, stricken with acute arthritis, particularly in the fingers, ankles and toes. Unable to rehearse or perform, fever of 102° F. History of leucorrhoea recently stopped by local treatment. Joints and pain worse by

day, comfortable nights. Relief in wet weather. Medorrhinum 10M brought back the leucorrhoea and relieved the joints within three days.

A woman of 37, actress. Recently overweight although she diets. Cysts of both ovaries following a trichinomas infection suppressed four years before. Told she must have a hysterectomy. Craves salt and sweets. Craves ice. Hot drinks have nauseated her for ten years. Fear of the ocean, even though a champion fresh water swimmer. Has lain in the knee-chest position to sleep all her life. Medorrhinum 10M. Two months later the gynaecologist could not find the ovarian cysts. She has subsequently had a baby.

A boy of 11, asthma and hay fever for years. Characteristic relief of asthma from lying flat. Chilly, sleeps with the windows shut and a towel over his head. Psorinum 10M brought back a forgotten rash from years before and he is now a runner without asthma or hay fever.

A child of 4, chronic running ears for the last two years. Foetid odour like a chicken house. Child never looks clean though loves its bath. Father had asthma in his youth. Child is sensitive to thunderstorms. Psorinum 10M cleared the ears permanently within a week.

Hahnemann's names for the miasms may be unfortunate, but his observation of the profound dyscrasias were salient and invaluable. Read the small philosophic volume of Hahnemann's *Chronic Diseases* and J. H. Allen's two precious volumes of *Psora* and *Sycosis*, then study H. C. Allen's *Materia Medica of the Nosodes*, and become nosode-conscious in acute as well as in chronic prescribing."

(Elizabeth Wright Hubbard, M.D., New York, Nosodes may save the day in acute cases, *The Homoeopathic Recorder* vol. 74 (1958), p. 22-25)