Homoeopathic Treatment of Intermittent Fevers

Douglas James S
HOMOEOPATHIC TREATMENT

of

INTERMITTENT FEVERS.

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PREFACE.

A brief statement of the reasons which have induced the publication of the following work may be deemed necessary:

There is no disease, perhaps, in the treatment of which the young practitioner has so much need of a pocket monograph at the bed-side as Intermittent Fever. The excellent work of Bœnninghausen, at the time of its publication, supplied the desideratum, except that its form was inconvenient as a pocket book; but, since its publication, a large number of new and most important remedies have been added to the Materia Medica. The multiplied applications of such indispensable remedies as Chininum sulph., Cimex lec., Cinchoninum sulph., Crotalus, Eupatorium perf., Elaterium, Ferrum acet., Gummi gut., Laurocerasus, Lobelia infl., Podophyllum pelt., Rhus rad., &c., are not found in that work.

The writer of this first supplied these
deficiencies in Boenninghausen's work with a pen for his own convenience. But this required so many interlineations on almost every page, with so many written leaves pasted in, that it was obscure and inconvenient. An intimate study of that work, and a familiarity with the various forms of Intermittent Fevers in the West, convinced him that, besides the numerous necessary additions, considerable improvement might be made in the arrangement of the work, so as to render it more simple, and thus facilitate the investigation of individual cases. With the deficiencies supplied, and the plan simplified, it will be, as Boenninghausen's work once was, a useful book for daily reference to the young physician, and valuable to those families at a distance from a homoeopathic physician in the country, who are obliged to depend upon their own resources.

J. S. DOUGLAS.
INTRODUCTION.

A few general remarks, in addition to the particulars contained in the following work, may be of service to the young practitioner.

Few, if any, diseases require a more careful study, in order to treat each individual case successfully, than Intermittent Fever. There are so many elements in the different stages of the paroxysm, and in the apyrexia, that each case constitutes a considerable study of itself.

The symptoms which are generally to be considered of most importance, are, perhaps, those which occur during the paroxysm; and of these the character of the chills, heat and thirst, claim precedence; then the sweat and other concomitant symptoms, and those of the apyrexia. But in cases in which the apyrexial period is marked by coated tongue, bilious symptoms, loss of appetite, and general feeling
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of illness, the symptoms of the apyrexia are more important than those of the paroxysm, and the remedy should be chosen chiefly in reference to these.

No disease is perhaps more efficient in arousing latent psora in the system than Intermittent Fever; and where well-selected remedies fail to effect a cure, it may be attributed to this cause, and the appropriate anti-psorics administered.

In cases where the disease has been prolonged by the injudicious use of the Peruvian Bark, Quinine in any of its mixtures, as Cholagogue, &c., reference should be had to this fact in the choice of a remedy. The most prominent among these remedies will be Arn., Ars., Bell., Calc., Eupat., Ferrum, Ipec., Lach., Staph., Sulph., Verat.

Some high authorities recommend commencing the treatment of many cases of the Intermittents with a few doses of Ipec., to be followed by Nux or other appropriate remedies. This practice is quite prevalent in the West. Not a few experienced practitioners commence the treatment of almost every case with Ipec., and assert, that in a great proportion of cases no other remedy
is found necessary. I believe nearly all agree that it puts the system in a better condition for the action of other remedies.

When should the remedies be given? Hartmann says, immediately after the paroxysm, and repeated before its next invasion. Others repeat every three, four, or six hours during the whole apyrexia, and others still continue them, without interruption, during the paroxysm also.

My own more general practice, when giving such articles as Ars., Chin., &c., has been to give them every three to six hours, according to the length of the apyrexia, and only during the apyrexia, giving a dose of Acon. at or before the commencement of the paroxysms. On the other hand, when I have been giving Bry., Bell., Lach., Nux, Puls., &c., I have continued them through both the paroxysm and apyrexia. But my own experience does not enable me to decide in favor of either of these methods to the exclusion of the others.

Are high or low attenuations best adapted to Intermittents?

Here, again, there is not a unanimity of opinion among practitioners. Some that we know seldom give attenuations lower
than from the one-hundredth to one-thousandth or even two-thousandth, with a success satisfactory to themselves. Others believe that the lower attenuations and pretty large doses are peculiarly appropriate in this disease, the medicine being given in the apyrexia when the system is comparatively free from diseased action, and therefore less susceptible to medicinal influence than in an active state of disease.

We have usually employed from the twelfth to the thirtieth. In some cases of high susceptibility and a good deal of disorder during the apyrexia, we believe the higher may be preferable. On the other hand, in unsusceptible habits and with nearly a feeling of health during the apyrexia, we believe the low attenuations, even the 1st, 2d, or 3d, and in considerable doses, will be often found the most efficacious.

We illustrate, by an example, the manner in which this work is to be used, in any particular case.

The following case I did not see, but the symptoms were thus reported from the country. The paroxysms had been several times arrested by Quinine, but soon returned. There is thirst several hours before
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the chill, which comes on in the morning, and is accompanied with severe shaking, pain of the head and limbs, continued thirst. About the termination of the chill there is nausea and bilious vomiting.

The hot stage, which continues from 6 to 8 hours, is attended with dry, burning heat, continued pain of head and limbs, restlessness, but somewhat diminished thirst. Sweat slight during the apyrexia, he complains of pain in the limbs. By turning to Chap. 1, there will be found a long catalogue of remedies corresponding to the chill and heat in this case.

There being no peculiarity of the sweat, Chap. 2 need not be consulted. By turning to Chap. 3, there will be found, of this long catalogue, only the following corresponding to the thirst before and during the chill, viz.: Arn., Caps., Chin., Eupat., Lob., Nux, Puls. Turning now to Chap. 4, it will be found, that of these, only the following correspond to the pain of the head, back and limbs during the chill, viz.: Caps., Eupat. Of these only Eupat. corresponds to the vomiting of bile during the paroxysm. Looking at Chap. 5, we find this to agree also with the time and type.