



The
**MATERIA
MEDICA**
of the
NOSODES
with
Provings of the X-Ray

H.C. Allen

Author of Therapeutics of Fevers, Keynotes and Characteristics
and Boenninghausen's Repertory (Slips).

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IN MEMORIAM
MATERIA MEDICA

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BY

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Author of THERAPEUTICS OF FEVERS, KEYNOTES AND CHARACTER-
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PUBLISHERS' PREFACE.

It is with deep regret that the publishers are compelled to offer a preface of their own to this great work instead of one by the author, which intervening death prevented.

An outline of the history of this book, so far as we know it, may be of interest here, and indeed is needed. We have no means of knowing when the work was started, but, judging from the manuscript, it must have been many years ago, for much of the manuscript is old, and bears evidence of frequent revision and correction; of the work of a painstaking and conscientious author.

Close towards the end of the year 1908 Dr. Allen wrote us that his work was completed, the manuscript had received its final revision, and was ready for the compositor. The contracts were made, the manuscript was sent to the compositor. Several pages of the first section, *Adrenalin*, were set up and submitted to the author for style of type, and arrangement, passed on by him as being satisfactory, the compositors were told to go ahead with the work, and then when all this was finished, word came of Dr. Allen's death. This threw the responsibility of seeing the work through the press, and the proof reading, on us. How well this work has been performed the reader can judge for himself. We believe it is good work.

Concerning the character of this book, *Nosodes*, it may be said that Dr. Allen first, last and all the time, regarded these drugs as homœopathic, and not as isopathic, remedies; that they were to be proved as homœopathic remedies and prescribed according to the totality of the symptoms. The pre-

liminary remarks, preceding the drugs treated in this book, tell all that we know concerning the source of the provings.

Dr. Allen placed great store by this, his final work, which he, we believe, considered his greatest.

THE PUBLISHERS

Philadelphia, Pa., Jan. 14, 1910.

It is with deep regret that the publishers are compelled to state that the manuscript of this book was not in their hands until the year 1908. Dr. Allen wrote us close towards the end of the year 1908 that his work was completed and was ready for the printer. The manuscript was sent to the printer and the proof was made. Several pages of the new section, however, were set up and submitted to the author for his approval. The author passed on by him as being satisfactory. The compositor was told to go ahead with the work and then when all this finished work came of Dr. Allen's death. This threw the responsibility of seeing the work through the press and the proof reading on us. How well this work has been done is shown by the fact that it has been published without a single error. Concerning the treatment of the book we are glad to say that Dr. Allen first set and all the time regarded these drugs as homeopathic, and not as isopathic remedies; that they were to be proved as homeopathic remedies and prescribed according to the totality of the symptoms. The man-

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Materia Medica of the Nosodes.

ADRENALIN (Sarcodé).

Extract of super-renal bodies. Its chemical formula is $C_3H_3A_2O_3$ and it forms shining prismatic crystals, which melt at a temperature of $207c.$; it is most soluble in warm water. It has a bitter taste, which leaves a sensation of numbness on the tip of the tongue. In dilute acids it possesses a marked affinity for oxygen, and when exposed to the air it changes into oxyadrenalin which is poisonous, though not possessing the properties of Adrenalin. It is to this chemical change that constantly occurs in the tissues that the evanescent effect of the drug is due.

A number of cases of Addison's disease have been cured, and others arrested in their course, by Adrenalin. The most of these cases have occurred in the practice of other schools, and with large doses of the crude drug. Very few have been reported in the homœopathic school, in fact, Raue says he has been unable to find an authenticated case of this disease cured, in our literature. As yet we have but one proving, made in 1904 by students of the New York Homœopathic College, under the direction of Dr. V. L. Getman and the following provers: M. W. Macduffie, W. G. LaField, G. H. Clapp, J. B. G. Custis, Jr., G. C. Birdsall, and R. C. Miller. The day-books of provers are omitted.

MIND.—Despondent and nervous; lack of interest in anything; no ambition; disinclination for mental work; absence of "grit."

Aversion to mental work, cannot concentrate thoughts.

HEAD.—Hot headache in left side, extending to right, < by reading and in morning, with a feeling as though the eyes were strained.

Frontal headache, supraorbital, with congested nose and eyes.

Burning heat in head, feeling as though he wanted to open eyes wide.

Headache extending all over head but $<$ on left side and over eyes across forehead.

Awoke with headache over eyes and left side of head as though he wanted to open the eyes wide and press on them.

Dull pain all over head, sometimes right-sided, sometimes left-sided, but always extending to eyes, causing a feeling as though he wanted to open the eyes wide.

Severe pain $>$ by pressure on the eyes.

Headache with nausea and heat in face, without redness, $<$ in the evening, but reappears as soon as pressure is removed.

Headache extending to the ears. All headaches are $<$ in the afternoon or evening; in the evening they appear about 7 P. M. and last until relieved by walk in the open air or sleep.

If headache appears in the afternoon the time is 3 P. M., always $>$ by walk in the open air, and somewhat relieved by eating and sleeping, but not so completely as by walk in the open air.

When the headache is worse it is also $>$ by pressure on the eyes and opening the eyes wide, and is $<$ by mental labor and indoors.

Dull headache over eyes; fulness in head.

Neuralgic headache; pains start from base of brain, go forward over the head to front and sides; pains are first shooting and seem to be just under the scalp, appear at 11 A. M. and last until 3 or 4 P. M., and disappear by eating, in open air, $<$ in close, warm room.

Brain feels swollen as though it were too large for skull.

Congestion of brain during the day.

Dull aching in the eyeballs with the headache, $>$ by pressure and by rubbing the eyes.

Headache coming on at 11 A. M., lasting until 12:30 at night, $>$ by eating.

Fulness of the head in the afternoon and evening.

Flushes of heat in the evening over face and head, but face was only slightly red.

Dull feeling in the head from 3 to 6 P. M.

Frontal headache.

EYES.—Strained feeling; congested; feeling as though he wanted to open them wide or press upon them.

Pain in the right eye.

Pressure on the eyes and opening them wide > the headache.

Hyperemia of the conjunctiva dissipated almost immediately when used locally; thus rendering operations possible.

Aching in eyeballs, > by pressure and rubbing.

EARS.—Aching in the left ear accompanies the headache; sharp pain in both ears at times.

Itching and tickling in right ear, > by boring into ear with finger.

NOSE.—Congested, full feeling in nose.

Gelatinous mucus drops from the posterior nares, difficult to detach.

On going out into the cold air had a copious, watery nasal discharge, < on right side; when indoors, the nose felt full and stopped up.

Slight stuffiness in the nose, with full feeling at the root of the nose.

FACE.—Feels flushed but is not red.

Flushes of heat over face and head; flushed throughout evening.

MOUTH.—Bad taste on waking.

Mouth filled with dark brown mucus, which has nasty taste.

Tongue coated white, red edge and tip.

Tongue clean anteriorly; mouth dry.

Tongue coated white at times posteriorly.

THROAT.—Much hemming and hawking to clear throat.

Vocal cords inflamed; laryngeal catarrh, profuse secretion from the pharyngeal glands of whitish gelatinous mucus which was difficult to loosen.

Right side swollen and sore, red and inflamed, < by swallowing.

STOMACH.—Belching after meals.

Appetite increased.

Sensation of nausea as though he would vomit.

Pain in stomach passing from right to left, coming and going suddenly.

Nausea before meals, though appetite is good when he once began to eat.

Appetite increased; ravenous hunger.

Less thirst than usual.

first at times for large quantities, increased in the evening.

ABDOMEN.—Rumbling in the intestines; borborygmus.

STOOL.—Passage of foul flatus.

Stool loose, brown, semi-solid, passed quickly, with fetid odor.

Sudden spluttering diarrhea; all over in a minute, followed with burning in anus.

URINE.—Strong odor, hot and scalding; frequent, profuse, pale.

Burning before and during micturition.

Sudden urgent desire to urinate.

Amount of urine decreased, solids increased.

Crystals of sodium oxalate increased while sodium urate appeared during the proving, and was very prominent, no casts.

Pus corpuscles which were present at the beginning disappeared; no epithelia.

Hematuria with severe pain in the renal region; cured.

Urine more frequent than usual.

Male.—Spermatozoa present (in the urine?) at the beginning and during the first part of the proving, totally disappeared.

Sexual desire increased, without erections.

Erections; lascivious dreams all night causing waking from sleep.

Emissions in early morning without any bad effects.

RESPIRATORY.—Cough, from irritation in supra sternal fossa.

Expectoration of gelatinous mucus, which is hard to detach.

Increase of respiratory movements, soon followed by suffocation and death from paralysis of medulla and pneumogastric (crude drugs).

BACK.—Pain especially on the left side; better by sitting up straight or lying straight.