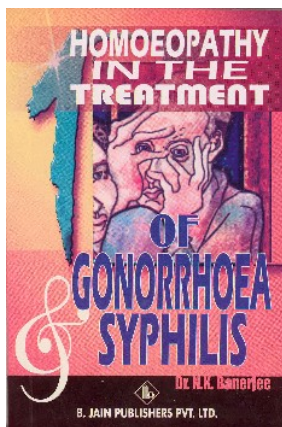


N. K. Banerjee
Homeopathy in the treatment of Gonorrhoea and
Syphilis

Leseprobe

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von [N. K. Banerjee](#)



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CHAPTER I

GONORRHOEA

GONORRHOEA—By Gonorrhoea is meant inflammation of the mucous membrane of the urethra with purulent discharge caused by contact of a discharge containing the specific virus called the gonococcus. In 1879, Albert Neisser discovered the germ, gonococcus. Prior to this discovery, mankind was in the dark as to the cause of this dreadful scourge which from the following points of view may be rightly regarded as far more serious than its so-called elder sister, Syphilis.

MORE DREADFUL THAN SYPHILIS—Gonorrhoea is far more serious than Syphilis, especially for the following reasons:

- (1) It is hundred times as obstinate as Syphilis.
- (2) Even when the best treatment is resorted to from the very beginning, it sometimes fails to satisfactorily respond to it.
- (3) After the disappearance of the discharge (under any non-homoeopathic treatment), the disease is in 90% of cases not cured, but remains latent not only locally but constitutionally and what is called a sycotic constitution is established, of which not only the patient but also his non-homoeopathic physician remain quite in the dark.

How CONTRACTED—Gonorrhoea is generally contracted by sexual intercourse with a person affected with the disease. It is also transmitted by such mediums as water, towels, sponges, nozzles of douches, taps, etc. contaminated by a discharge.

MYSTERY IN ESCAPING FROM INFECTION—As a rule few people would escape infection after indulging in an impure connection with a person having a gonorrhoeal discharge on. But it has been observed by practitioners and also by the author of this treatise that some persons escape infection apparently in a mysterious way. In a particular case under his treatment, he managed to elicit the information that two out of four culprits illicitly connected with an infected person for a period of nearly one month went scot-free. The patient whom he treated was perfectly confident of her virginity, particularly when he found himself immune from any symptom of the disease for nearly four weeks. Why should there be such mysterious escaping from an attack in two cases and an abnormally long period be taken in catching the contagion in the case cited ?

THE REASONS FOR SUCH APPARENT ANOMALY—Susceptibility to infection greatly varies with different persons. This is due to the psoric taint developed in different degrees in different individuals. It may also be due to different degrees of natural sensitiveness of the mucous membrane lining the urethra as pointed out by

CHAPTER XIV

ACQUIRED SYPHILIS—TERTIARY STAGE

After the disappearance of the Secondary lesions, if the system is not *completely free* from the infection of the *Spirochates* by energetic treatment, there occurs after an indefinite lapse of time a third outbreak, known as the Tertiary Syphilis, in which, not only the SKIN, but also the BONES, VISCERA and the deeper STRUCTURES of the body, as also the NERVOUS SYSTEM suffer severely. No hard and fast line can be drawn between this Stage and its previous one. Its manifestations, which usually set in late (after 6 months to 2, 3 or even many years), may however in exceptional cases, exhibit themselves even before the proper healing of the Primary Sore, conjoined with the symptoms of the Secondary Stage.

According to BAHR, the Tertiary symptoms set in when the case has been abused by *Mercury*. He considered them as *Mercurio-syphilitic* or purely *Mercurial*.

The special manifestations of this Stage are

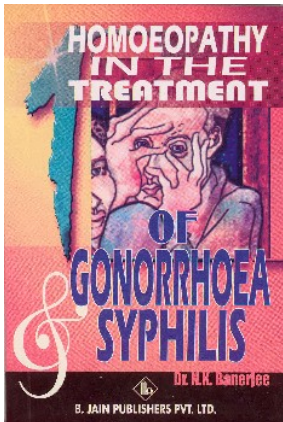
- Late Syphilides ;**
- Nodes and Gummata ;**
- Amyloid Degenerations ;**
- Bone Lesions and**
- Arterio-Sclerosis.**

This Stage like its previous one may however be absent. After the healing of the Primary Sore, the

Sulphur.—In *unhealthy patients* it is very efficacious in *completing the cure*, when the best-selected remedies fail. An *intermediate remedy* for Chancres in *broken-down constitutions*, where the condition assumes a bad type and where the *base of the ulcer is covered with lardaceous secretion, with discharge of fetid ichor ; torpid ulcers* in cachectic individuals. *Esp.* useful in *superficial ulcers*, with raised edges. Syphilitic Cachexia, complicated with obstinate affections of the skin, attended with bleeding of gums, salivation, rheumatic pains in limbs, small ulcerations on the legs and disturbance of the functions of liver and stomach.

Syphilinum.—Its symptoms correspor.; to all the varied manifestations of Syphilis, in all its Stages, including those of Latent and Congenital Syphilis. It nearly always *benefits patients with history of Chancres, treated other-wise than by Homoeopathic means*, unless some other remedy is clearly indicated or when the best-selected remedy fails to relieve or permanently improve the Syphilitic affections, whatever may be their nature or the organ affected to. With these, the reader is referred to the text-book on Materia Medica, for its special indications, which are too numerous to mention in this Caption. •

Thuja.—*Esp.* suitable when the case is *complicated with Gonorrhoea*. Chancres, with splinter-like sticking pains. Whitish Chancres, with hard edges. Flat, itching Chancres, with red edges and unclean bottoms. Red



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240 Seiten, kart.
erschienen 2001



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