

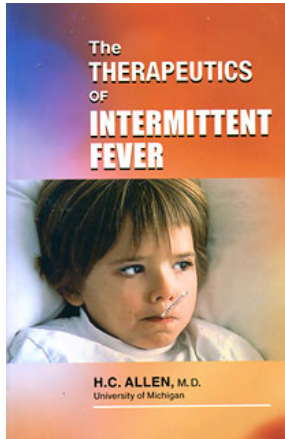
Henry C. Allen

The Therapeutics of Intermittent Fever

Leseprobe

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von [Henry C. Allen](#)



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INTERMITTENT FEVER.

"After he has found all the existing and appreciable symptoms of the disease, the physician has found the disease itself—he has a complete idea of it, and knows all he need know to cure it"—

Hahnemann's a Medicine of Experience.

THE CAUSE.

A PHYSICIAN is rarely to be met with who cannot at once and with apparent certainty, formulate a *theory* for the *cause* of intermittent fever. This universal knowledge is only equaled by the variety of theories entertained, and the failures inseparable from the attempt to treat *the theory of the cause*, and the *name of the disease*, instead of the totality of the symptoms—subjective and objective—presented by the patient. The natural result of this attempt to follow the teachings and practice of Allopathy, is the charge, so often made by our medical brethren of the opposite school, that "Homoeopaths are not honest in their practice;" and this charge has been more frequently based upon what they have seen of our treatment of this disease, than of all other diseases combined. Allopathy affirms that Intermittent Fever cannot be cured without Quinine, because Quinine is the antidote of "Marsh Miasm," which is the *cause* of intermittent fever; and many homoeopaths—departing from the law of cure, and neglecting their *Materia Medica*—honestly cherish a similar delusion.

The object of this work is to deal with therapeutic facts, not with speculative theories. The author has no theory to advance; and none to disprove except such as interfere with the successful homoeopathic treatment of this *bete noir* of our profession. As yet we are unable to offer an intelligent explanation of the *cause* of sporadic or epidemic intermittent fever, that will bear the test of scientific investigation. Hahnemann's *onefact* is worth more at the bedside than all the theories that have ever been advanced.

The following is a brief notice of some of the prevailing theories and the treatment based upon them:

"Intermittent fever is a necrosis. Its phenomena, as chill and heat are distinct; their origin must also be distinct. The heat is due to the action on the sympathetic system; the chill to the spinal system."—*Lord, on Int. Fever.*

"We believe intermittent fever is a neurosis, whose seat is especially in the-ganglionic system, and therefore only nerve remedies, and particularly such as act on the vaso-motor part, can cure."—*Wurmb and Caspar on Int. Fever.*

"Acute cases must always be treated by cerebro-spinal remedies; chronic cases by organic remedies."—*Burt's Characteristics.*

"Ague remedies may be divided into two classes, viz.: Quinine, Gelsemium, Eucalyptus, Nux vomica, Arsenic, and Cedron, which have the power of destroying protozoa, infusoria, and cryptogamic fungi; and Eupatorium, Cornus, Salicine, Arnica, Natrum mur. and Hydrastis which have not that power, yet correspond to the periodicity of the paroxysm."—*Hale's Therapeutics*, p. 609.

Bartlett, Salisbury, and others who maintain the cryptogamic theory, have many followers in our school; and here Carbolic acid, Salicylic acid, Sulphite of Soda, etc., must be used to destroy the germs.

Grauvogl's theory of splenic congestion and constitutional divisions, has many advocates. But it requires a Grauvogl to detect the constitution, and splenic congestion; or a Lord, or Wurmb and Caspar, to select the cerebro-spinal or sympathetic remedy; or a Burt, Hughes, Hale, or Kafka to classify the remedies.

THE MALARIAL THEORY,

(MARSH MIASM),

Is, however, most generally accepted. The evidence advanced in its support is the prevailing occurrence of epidemics, where this poison presumably exists. It is supposed to be the result of decaying vegetable and other organic matter, and is found along rivers with low, swampy, alluvial shores, subject to frequent overflow; near bodies of stagnant water; in the neighborhood of recently dug canals, cellars, or freshly plowed virgin soil; near marshes, particularly on leeward side of prevailing winds. It is confined near the earth, seems to spread in a horizontal direction; and its progress may be cut off by walls, hedges, *high banks*, and dense forests. Unlike the poison of Diphtheria,

REPERTORY.

TYPE.

Anticipating: Ant. t. **Ars.** Bell. **Bry.** **Chin. s.** **Cinch.** Eup.
perf. *Gamb.* Ign. **Natr. m.** **Nux v.**

—, every day, two hours: Cham.

—, —other day: **Natr. m.** **Nux v.**

—, —, —, one hour: **Ars.**

—, —, —, several hours: Ant. t.

—, one to three hours, each attack: **Chin. s.**

—, two to three hours, each attack: **Cinch.**

—, rarely: Bell. Ign. Mer.

—, or postponing: **Bry.** *Gamb.* **Ign.**

—, converted into a regular: Alston.

Apoplectic: Laur. **Nux v.** **Op.**

Autumnal: *JEsc.* Bap. **Bry.** Carb. ac. *Cinch.* **Colch.** **Natr. m.**
Verat.

Changing: *Elat.* Eup. perf. **Ign.** Meny. **Puis.**

—, frequently: *Elat.* Ign. *Puis.*

—, no two attacks alike: *Puis.*

—, after abuse of quinine: Arn. **Ars.** *Elat.* **Eup.** perf. Ign. *Ipec.*

Congestive: Apis. **Arn.** Bell. **Cac.** *Camph.* *Elat.* Hyos. **Nux v.**
Op. **Verat.**

Day, every, at precisely same hour: Anac. *Ang.* **Aran.** **Cac.** **Ced.**

Gels. *Sabad.* Stan, (see Psor.) *Spig.*

—, at different times of: Eup. purp.

—, every other: Ant. c. **Aran.** **Ced.** *Chin. s.* *Cinch.* *Natr. m.*

—, —, —, in evening: **Lye.**

—, —, —, seven: *Amm. in.* Canth. *Cinch.* *Lye.* Meny. Plant.

—, —, —, fourteen: *Amm. m.* **Ars.** Calc. *Chin. s.* *Cinch.* **Lach.** Plant.
Puis.

—, —, —, twenty-one: *Chin. s.* Mag. c.

Endemic: **Ars.** **Ced.** *Chin. s.* *Cinch.* Eup. perf. **Gels.** *Nux v.*

Epidemic: Ant. t. **Arn.** **Ars.** Bap. **Bry.** *Chin. s.* **Colch.** *Elat.* *Eup.*
perf. *Ipec.* **Natr. m.** Phel. Rhus. Verat.

Noon, after: Alum. Anac. Ant. c. Arg. *Arn.* **Ars.** Bap. Bar. *Bor.* Bry. Chel. Chin. s. Cic. Cina. Cocc. Croc. Dig. Eup. perf. Gels. Graph. Kali b. Lach. **Lye.** Mercurialis. *Natr. m.* Nitr. ac. *Nux v.* Op. Petr. Phos. ac. Phos. **Puis.** *Ran. b.* Rob. Sabad. Samb. Sarr. Sil. Staph. Sulf. Thuja.

Paroxysm returning at:

—1 A.M.: **Ars.** Canth. Puis. Sil.

—2 A.M.: **Ars.** Canth. Hep. Lach. Puis. Sil.

—3 A.M.: Amm. m. Canth. Ced. Led. *Natr. m.* Sil. **Thuja.**

—4 A.M.: *Alum.* Amm. m. *Arn.* **Ced.** Con. *Natr. m.* Sil.

—5 A.M.: *Bov.* *Cinch.* Con. Dros. *Natr. m.* *Polyp.* Sep. Sil.

—6 A.M.: *Arn.* *Bov.* Dros. Graph. *Hep.* *Natr. m.* *Nux v.* Sil. Stram.

Verat.

—7. A.M. : *Bov.* Dros. **Eup. perf.** Fer. Graph. *Hep.* *Natr. m.* *Nux m.* *Nux v.* **Pod.** Sil. Stram.

—7 to 9 A.M.: **Eup. perf.** *Natr. m.* *Pod.*

—7 to 9 A.M., one day, 12 M. next day: **Eup. perf.**

—8 **A.M.:** *Bov.* Cocc. Dros. **Eup. perf.** *Lye.* Mez. *Natr. m.* *Pod.* Puis. Sulf.

—8 to 9 A.M. : *Asaf.* *Eup. perf.*

—9 A.M.: Alston. Ant. t. **Eup. perf.** *Ipec.* Kali c. *Lye.* Mag. c. Mez. *Natr. m.* Phos. ac. Sep. Staph. Sulf.

—9 to 11 A.M.: *Alston.* **Natr. m.** *Polyp.* *Stan.*

—10 A.M.: Alston. *Ars.* Bap. Cac. Carb. v. Chin. s. Colch. *Eup. perf.* Led. **Natr. m.** Petr. Phos. ac. *Polyp.* Rhus. Sep. Sil. **Stan.** Sulf. Thuja.

—10.30 A.M.: Cac. Caps. *Lob.* *Natr. m.*

—10 to 11 A.M.: *Ars.* **Natr. m.** *Nux v.*

—10 to 2 P.M.: Mer. Sulf.

—3 P.M.: Sil. Sulf.

—11 A.M.: *Bap.* **Cac.** Carb. v. Cham. *Chin. s.* Hyos. *Ipec.* *Lob.* **Natr. m.** *Nux v.* Op. *Polyp.* Puis. *Sep.* Sil. Sulf.

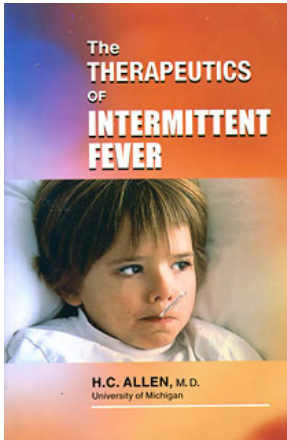
—11 A.M., one day, 4 P.M. next: Calc.

—11 A.M. to 12 M.: Kali c. Kobalt.

—11 A.M. to 4 P.M. : Gels. ,

—11 A.M. and 4 P.M. : **Cac.**

—12 M.: *Ant. c.* Elat. Elaps. *Eup. perf.* Fer. *Kali. c.* *Lach.* *Lob.* Mer. *Nux v.* *Sil.* Sulf.



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