

HOMŒOPATHIC LINKS

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Theme of this issue:

Materia Medica

Plumbum

Bufo

Q Potency



- better while lying on the painful side (K.1065: sciatica, lying on painful side amel.).
- better by bending the leg against the abdomen (K.1064: sciatica, flexing leg on the abdomen amel.).
- worse from the warmth of the bed (K.1066: sciatica, warmth of bed).
- touching aggravates (K.1065: sciatica, touch agg.).

4. Gnaphalium

- sciatica with numbness (K.1065: sciatica, numbness, with).
- the numbness alternates with pain (K.1064: sciatica, alternating with numbness).
- Note:- In case of pain + numbness + diarrhoea: think of Gnaph.
- In case of pain + numbness + haemorrhoids: think of Aesc.

5. Kali-Bichromicum

- pains in small spots (K.1378: pain, small spots).
- the pain can move to another spot (K.1389: pain, wandering; K.1066: sciatica, wandering).
- mostly left-sided (K.1064: sciatica, left).
- worse in hot weather or when the weather conditions are changing (K.1066: sciatica, weather, changing; K.1413: warm wet weather agg.).
- pressure aggravates (K.1065: sciatica, pressure agg.).
- standing aggravates (K.1065: sciatica, standing agg.).
- better while walking (K.1066: sciatica, walking amel.).
- sciatica goes mostly together with weakness.
- Kali-bi. is a chilly remedy.

6. Argentum-nitricum

- pain in the back and sciatica which are better when standing erect (K.898: back, pain, standing amel.; K.907: back, pain, lumbar region, standing amel.).
- worse during stool (K.907: back, pain, lumbar region, stool, during).
- it is a warm-blooded remedy.

7. Kali-Carbonicum

- worse at night between 2 and 4 a.m.
- have to get up at night.
- can't turn in bed, have to get up to do so.
- Kali-c. is a chilly remedy.

M.D. Vassilis Ghegas,
Volume B, Nov. 1987, April 1988, Nov. 1988,
The classical homeopathic lectures.
Edited by Fons Vanden Berghe and
available from Homeo-study,
De Schom 67, B-3600 Genk

Bufo - A wonderful respiratory remedy

Rajesh Shah, Bombay

A detailed and thorough study of a case of Chronic Allergic Bronchitis had led me to prescribe Kali-carb for the patient. To my surprise, Kali-carb did not bring about satisfactory results. Whenever any thoughtful prescription fails, it gives an opportunity to think beyond the fixed norms. Failure in the above case compelled me to investigate the case further to examine remedies close to Kali-carb.

On reviewing the case, some interesting features emerged indicating an unusual remedy. On prescribing the remedy there was dramatic improvement in the patient which lasted for a very long time. The remedy was Bufo.

This case motivated me to study Bufo more deeply, especially its respiratory area. Prior to this study, I had several cases of Bufo where the remedy was selected predominantly on the basis of the mind. I studied the entire respiratory sphere of action of Bufo, and it was revealed that its symptomatology has a great similarity with the symptomatology of Atopic Respiratory disorders and its characteristic features are somewhat close to Kali-carb. The study of Bufo with this new angle taught me lesser known aspects of it, after which I could recognise a great number of patients suffering from cough and dyspnoea presenting indications for Bufo I would have otherwise missed.

I have used Bufo successfully in numerous cases based on the indication given here. It was found useful in helping sub-acute and chronic cases of respiratory disorders, besides its usefulness in acute episodes. The following clinical conditions

are particularly helped with Bufo, whenever indicated:

- (i) Bronchial Asthma (ii) Allergic Laryngitis (iii) Chronic Bronchitis (iv) C.O.P.D.

Indications:

a) Tickling: The key-note indication of Bufo in all the cases I have treated is "Tickling in larynx which excites cough". Patient may or may not come out spontaneously with this symptom. We have to make it a point of carefully asking the patient (without leading them to a desired answer about such a sensation). I usually ask: "How does your cough begin?", "What makes you wake up from sleep?", "Do you get any kind of irritation in the throat before getting the cough?".

(b) Aggravation: 1 to 4am; 3am:

Many medicines have tickling sensation in the throat. Bufo has a tickling sensation in the throat at a specific time, i.e. 1 to 4am. This is very peculiar in Bufo. Hering writes: "Cough provoked towards 3 to 4am by a tickling in the larynx which he feels only at this hour".

Bufo wakes up at around 1 to 4am (especially 3am) with tickling sensation in the throat leading to cough and dyspnoea.

*** Bufo and Kali-carb - A comparison:**

	Kali-carb	Bufo
Cough (Time)	< 3am, 2am < 2 or 3am < 3 to 4am	< 1 to 4am < 3am < 3 to 4am
Sensation	Dryness +++ Tickling Stitching Sticking	Tickling Stinging } with time modality
Dyspnoea: (Time)	< 2 to 3am < 3am	< 3am
Posture	< Lying, while < Lying impossible > Sitting, upright > Rocking	< Lying, while < Lying impossible > Sitting, bent forward > Frequent stool
Clinical	More of dyspnoea	More of cough



Here, it resembles Kali-carb. I had several cases where Kali-carb had failed with such a time modality and Bufo had been used successfully later. Kali-carb has dryness in the larynx at 3am.

(c) Other sensations:

Besides the tickling sensation in throat, Bufo patient may also present other sensations like stitching, sticking, stinging or burning which might excite the cough. Such sensations are often experienced at about 3am or in the evening hours. Needless to say, such irritating sensations as described above strongly indicate respiratory disorder of atopic origin.

(d) Better by clear bowels:

Clearing of bowels by frequent stools or diarrhoea ameliorates the cough in

Bufo. I have seen this modality in only one patient of Bufo. This reminds us of Pothos foetidus where dyspnoea is better by passing of stool.

(e) Type of cough:

Bufo has paroxysmal or violent cough (Violent cough with vomiting: Hering). It also has deep, hacking or hollow type of cough.

Cough and dyspnoea totality of Bufo:

The repertorial Cough and Dyspnoea totality of Bufo is as follows:

(a) Cough:

(i) Night, 1 to 4am (ii) Night, 3am (iii) Night, 3 to 4am (iv) Tickling in the larynx, from (v) Tickling in the larynx, from, 3 to 4am (vi) Sticking in the larynx, from, 1 to 4am (vii) Stinging or burning in the larynx, from (viii) Stitching in the larynx, from, evening (ix) Hacking, violent, hollow, hoarse, deep, dry (x) Agg: eating, motion, excitement, getting feet cold (xi) Amel: diarrhoea, frequent stool.

(b) Dyspnoea:

* Sensation: difficult, anxious, impeded

* Modality: (i) Agg: midnight, after, 3am (ii) Agg: lying down, impossible (iii) Agg: ascending (iv) Amel: Sitting bent forward.

On examination: Respiration stertorous. Sterterous, puffing expiration. Panting, rattling, Whistling.

Cases

Two examples from many cases treated successfully with Bufo.

Case 1

Mr. Y.G. Male 33 years.

First seen on 4.8.1989. Chronic Backache: Cervical and Lumbosacral pain. Recurrent Bronchitis: for 15 years. Frequency: Once in 2-3 months, lasting for 2-3 weeks. ("More at 4am." patient said spontaneously.)

Back: Dull aching pain < Morning, on waking up, < Writing, > Lying down, > Stretching the limbs ++

Face: Puffiness under eyes. Thermal state: Hot. Appetite: Good; Thirst: Average. No significant food preference. Perspiration: Profuse, > Air conditioned room. Obesity. Sleep: Good; Dreams: Not remembered. Family set up: Self + Wife + Son (10) + Son (5).

Mind: He is an industrialist. Ambitious and bright, highly successful in business. Cool tempered. Does not get tense easily. Cheerful. Humble. Firm on his views.

Mild. Not much social. Happy family life. No sexual discontent.

4.8.1989: - Swelling under eyelids, Backache > lying on back, Cough < 3-4am, Perspiration, profuse.

Prescription, Kali-carb 1M / 1 dose

13.9.1989: - Backache: Better, Cough: Started since 3 days

Totality:

Cough: Sudden < 3am, sudden

Dry < 4am

Paroxysmal < Talking

Has to wake up > Salivation

from sleep due to > Swallowing

cough excited by < Laughing

tickling sensation in the throat.

Prescription Bufo-200 tds/ 5 days

(The patient was prescribed Kali-carb-1M, III doses, on telephone, which did not help him.)

30.9.1989: Cough > within 2 days (Usually such an episode would take 3 weeks to resolve)

Prescription: Placebo

3.11.1989: Better, L.S. Backache: > 80%, Neck-pain S.Q. (Patient having short neck)

27.9.1990: He was asymptomatic (except neck pain), Having cough, again for last 3 days with similar modalities.

Prescription Bufo-200 tds/ 3 days.

3.11.1990: Cough was instantly better, No complaints.

No prescription needed.

15.11.1991: Has had no episode of bronchitis in the last year. No further prescription needed.

Case 2

Mr. S.R. Male, 30 years, first seen on 13.4.1990. Past History: first episode of Bronchial Asthma in 1986.

Chief complaints: Relapse of Bronchial Asthma since 26.1.1990. Now, about 70% under control with Betnesol and Asthalin, which he has to take several times a day. He could hardly attend to his work since then. Modality:

Cough and difficulty in breathing, < Pollen, < 2.30 to 3am. (Wakes with irritation and itching in the throat and strangulated feeling in the chest), > Fan, > Air conditioner.

Patient had responded partly to Lachesis.

29.11.1990: Cough and dyspnoea for 4 days. Patient is on Deltacort (t.d.s.) and Asthalin. One of the most severe episodes of asthma in his life. Cough: Hard, Deep, Spasmodic, Violent. Irritation in the

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throat waking him up from sleep at 3-4 am, and he starts coughing, leading to dyspnoea. Expectoration: Thick, yellow, hard. Modality: < Talking, < Eating, < 3 to 4 am, < 10 to 12 (Noon), < Day and night.

Prescription. Bufo-200 t.d.s. /5 days.

3.12.1990: Cough: 50% better. Dyspnoea: 90% better.

Bufo-1000 tds/ 1 day

10.12.1990: Cough: 80%, better within a day. Dyspnoea better. Deltacort and asthalin stopped for 7 days. Patient said: "There was instant relief, I could sleep very well the same night". Rx: Sac Lac.

8.5.1991: has been well for the last 5 months. Now has a cough and a cold with dyspnoea. Rx: Bufo-200 III doses

Nov. 1991: No complaints, no medicine.

Bufo was found useful for the above cases without the usual presenting mental features. About 18 cases have been studied carefully.

Sex affinity? Another observation made in cases treated with Bufo is that most patients (14 out of 18) were male. This observation may indicate a male-affinity in Bufo or it may be just a coincidence.

Feedback: Let me request the readers to incorporate this valuable remedy in the armamentarium. I would be obliged to receive reports on the response to Bufo whenever used in practice.

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Dr. Rajesh Shah has been involved in homeopathic education and research since 1985 and is Honorary Homeopathic Consultant with Mumbadevi Homeopathic Hospital and Hon. Visiting Lecturer at CMP Homeopathic Medical College, Bombay. He is the founder president of "The Foundation for Homeopathic Research" in Bombay. For the last 3 years he is teaching internationally, giving seminars in England, Scotland, Belgium, Holland and other parts of Europe. He has introduced two original approaches towards a better application of the Materia Medica, namely, "The Concept of Facets" and "The Phenomenological Approach". His book titled "My Experiences with Ferrum metallicum" was published in 1992 and is reviewed in this issue.

Bufo

The Toad - its Materia Medica

Sandra M. Chase, USA

The history of the use of the toad in medicine dates back many centuries to the valuable remedy called "Senso" by the ancient Chinese doctors who used it. Hering says of Bufo "Toads belong to the most poisonous reptiles. In olden times being looked upon as horrible things, they were given in horrible diseases". This is an extract from a fascinating article discussing the source, history and materia medica of Bufo. The information was gathered from classical homeopaths, literature and from modern herpetology experts.

*Round about the cauldron go;
In the poison'd entrails throw.-
Toad that under coldstone,
days and nights has thirty-one
Swelter'd venom sleeping got,
Boil thou first i' the charmed pot.
Double, Double toil and trouble
Fire, burn; and cauldron bubble.*

Macbeth, Act IV Scene 1

Materia Medica, simply and yet, not so simply, is a conglomeration of symptoms associated with a homeopathic remedy. In the consideration of symptoms, there can be several kinds: pathological symptoms, those from a poisoning; cured symptoms, those from cured cases. Those symptoms that are produced repeatedly in provings in the healthy, corroborated in physiology and pathology, confirmed in clinical experience and verified by cure of the similarly sick may be termed characteristic. Hering used a scheme of sensations, localities or tissues, conditions or modalities, and concomitants in which he taught that the characteristics may be found in one or more, stating that "three points of rest, according to mathematics, begin enough to support any object, we may assume that three characteristics should be sufficient to make a cure very probable." (2)

Allen's Encyclopaedia incorporates, first, symptoms from provings, second, effects from poisonings, accidental or deliberate, and, third, symptoms observed in the sick after the administration of the drug, plus a very few symptoms repeatedly clinically observed, yet never seen in a probing. (6) Hering's Guiding Symptoms is composed entirely of cured symptoms. (2) These two texts, plus Hahnemann's

Materia Medica Pura are the seminal texts for homeopathic materia medica. Bufo is not contained in the latter.

Allen, Hering, Cowperthwaite, Farrington, Lilienthal, Clarke, Bloomingston, and Kent, who are the authors that I consulted, agree on the predilection of Bufo for cases of epilepsy.

Kent pronounces Bufo a wonderful medicine which profoundly affects the mind and especially the intellect, saying that its greatest use will be seen in nervous conditions, throbbing, jerking, and spasmodic condition of muscles, ulceration of the skin and of the mucus membranes, most particularly in patients deteriorating in the mind to a state of *mental weakness or imbecility*. (15)



Cowperthwaite expands its sphere of particular influence to include malignant pustules, indurations of the breasts, possibly cancerous, additional cutaneous diseases, and softening of the brain. (13)

Clarke adds to these the clinical indications of buboes, cancer, carbuncles, caries, chorea, dropsy, heart ailments, impotence, intermittents, meningitis, panaritium, pemphigus, phlegmasia alba dolens, plague, pardagra, self-abuse, stammering, suppuration, and whitlow. (4)

Not counting conditions of aggravation and amelioration, Allen's Encyclopaedia lists 737 symptoms over 14 1/2 pages. (6) Hering's Guiding Symptoms presents just over 11 pages of symptoms, but most of those symptoms marked with the heavy bar, indicative of symptoms verified by cures, are associated with cases in