

**THE HOMŒOPATHIC  
THERAPEUTICS  
OF DIPHTHERIA**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649353521

The Homœopathic Therapeutics of Diphtheria by C. M. Boger

Except for use in any review, the reproduction or utilisation of this work in whole or in part in any form by any electronic, mechanical or other means, now known or hereafter invented, including xerography, photocopying and recording, or in any information storage or retrieval system, is forbidden without the permission of the publisher, Trieste Publishing Pty Ltd, PO Box 1576 Collingwood, Victoria 3066 Australia.

All rights reserved.

Edited by Trieste Publishing Pty Ltd.  
Cover @ 2017

This book is sold subject to the condition that it shall not, by way of trade or otherwise, be lent, re-sold, hired out, or otherwise circulated without the publisher's prior consent in any form or binding or cover other than that in which it is published and without a similar condition including this condition being imposed on the subsequent purchaser.

[www.triestepublishing.com](http://www.triestepublishing.com)

**C. M. BOGER**

**THE HOMŒOPATHIC  
THERAPEUTICS  
OF DIPHTHERIA**



THE  
Homœopathic Therapeutics  
OF  
DIPHTHERIA.

BY  
C. M. BOGER, M. D.,

Member of the International Hahnemannian Association.

---

LANCASTER, PA.:  
T. B. & H. B. COCHRAN.  
1898.

---

COPYRIGHTED 1898,  
BY  
C. M. BOGER, M. D.

---

---

T. B. & H. B. COCHRAN, PRINTERS,  
LANCASTER, PA.

---

© 17209 E.S.

## PREFACE.

---

The urgent need for a manual giving a "bird's eye," view as it were, of the Homœopathic Therapeutics of Diphtheria as enunciated by our best practitioners has been the incentive leading to this compilation.

In this connection it may be profitable to refer briefly to a few points that will greatly aid the physician in successfully combating so great a scourge.

The first of these is

### THE CHOICE OF THE SIMILIMUM.

All sicknesses present two classes of manifestations, those by which they are determined or named, *i. e.*, the diagnostic symptoms; and those peculiar to individuals and cases, often seemingly having no bearing upon the illness, hence called idiosyncratic symptoms. In weighing their value for the purpose of deciding upon the choice of a remedy, the latter are almost exclusively to be considered, while the diagnostic symptoms take a secondary place; this is well illustrated by the following case:

At noon on November 24th I saw Charles C., æt. 4, and found the following symptoms: Convulsive wing like motion of the alæ nasi with every inspiration; breathing impeded, quick and with effort, the evidences of narrowing of the laryngeal lumen were positive.

On falling to sleep is aroused by suffocation.

A number of small patches of membrane on the right tonsil.

Face and neck bloated.

Pain in larynx when coughing.

Lips cracked in the right commissure.

Continually picks and bores the nose.

A diagnosis of laryngeal diphtheria was made, and Spongia 40m. was prescribed; up to seven o'clock in the evening all the symptoms grew progressively worse.

This showed that the wrong remedy had been selected. I now did what should have been done in the first place; carefully wrote down the symptoms in tabulated form, placing the most characteristically diagnostic symptoms at the head and the idiosyncratic ones toward the foot of the page; this arrangement demonstrated at once that the prescription had been based on diagnostic symptoms; hence the failure, and that the idiosyncratic indications pointed to *Arum-triphyllum*, which was now administered in the 200th of Dunham every hour; in two hours the patient felt easier and began to expectorate a watery fluid which seemed to come from the throat, gradually increasing in quantity until 3 P.M. of



the next day, when he coughed up a number of pieces of membrane, bloody at the margin, with much mucus; from this time on the recovery was rapid and perfect.

Another point demanding careful consideration is

#### THE REPETITION OF THE DOSE.

In this connection it may be well to hear the voice of the fathers of Homœopathy. Bœnninghausen says (*Repertorium* vol. 1, P. X.):

“In conclusion it may not be useless to call to memory in an abridged form what my worthy friend Dr. J. Aegidi says in the *Archive of Homœopathy* (XII, 1., 121), which coincides entirely with my own experience.” After the administration of the carefully selected (according to the similarity of the symptoms) remedy, as early at the latest as after the lapse of eight days (in acute sicknesses, often already after a few hours), one of two events certainly follows, either

- A. The state of the illness is changed, or
- B. It remains the same.

A change in the sick condition embraces three events, either

- 1st. The condition is ameliorated
- 2d. It is aggravated, or,
- 3d. The sickness alters its symptom complex.

In the first case one sees the medicine's beneficial action penetrating deeply, and it were,

therefore, hasty not to await the fullest extent of the amelioration. Here at least haste is useless, mostly harmful, and only then, when the improvement comes to a visible standstill, is it advisable to give a second, third or fourth dose of the same remedy, especially, however, only as long as a lessening but not essentially changed symptom complex still points to it.

In the second event we see the state of the sickness becoming worse; particularly do the characteristic symptoms heighten their intensity without changing or transposing themselves; the so-called Homœopathic aggravation. Here the remedy has overcome the affection in its essence and for a while nothing further is to be done, unless perhaps entirely too important complaints make the application of a proper antidote necessary, which on most occasions is found in a second and if possible still smaller dose of the same medicine.

The third instance concerns an alteration of the symptom complex, and is evidence when this happens that the remedy was not fittingly chosen and must be exchanged for a suitable one as soon as possible.

When notwithstanding the carefully chosen remedy and the patient's faultless diet the sick condition on the contrary is not at all changed, as in the case mentioned under B, the cause usually lies in a want of receptivity which we must seek to remove either by repeated small

doses or by the medicines hereinafter recommended for deficient reaction.

By following these rules we have the pleasure of assisting the sick to recovery in an incomparably shorter time than has commonly been possible under the former evil treatment where the physician lacked a fixed rule of practice.

These are words of golden import to the Homœopathician and can be closely followed with profit; cases of diphtheria showing no change after a lapse of six or eight hours are an evidence that either

The similimum has not been chosen,

The patient shows a deficient reaction, or,

The dose has not been repeated frequently enough.

We should not flatter ourselves that we have cured cases running from six days to two weeks, the similimum does not act in that way, such recoveries show but slight aid from our efforts.

The question of local applications will not seriously trouble the physician able with an accurately selected remedy often to wipe out the whole process in a few days. The question of antitoxin admits of the same reply, to which we add the words of our immortal Hahnemann, which are also a fitting rebuke to the antidotalists who are indeed twin brothers to the antitoxin advocates:

“The newly wise write boldly, Sulphur sickness is cured by Sp. Sulphur x, China sickness by China x, Mercurial sickness by Merc. x, etc.;