

Henry C. Allen

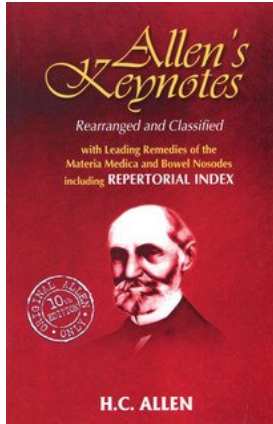
Allen's Keynotes Rearranged and Classified

Reading excerpt

[Allen's Keynotes Rearranged and Classified](#)

of [Henry C. Allen](#)

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ABROTANUM

Southernwood

Cotmpositae

Constitution

- Marasmus of children with marked emaciation, especially of legs (Iod., Sanic, Tub.); the skin is flabby and hangs loose in folds (of neck, Nat-m., Sanic).

Mental Generals

Child is ill-natured, irritable, cross and despondent; violent, inhuman, would like to do something cruel.

Physical Generals

- Ravenous hunger; losing flesh while eating well (Iod., Nat-m., Sanic, Tub.).

Head

- In marasmus, head weak, cannot hold it up (Aeth.).

Face

Face old, pale, wrinkled (Op.).

Gastro-intestinal System

Alternate constipation and diarrhea; lienteria.

Extremities

- Painful contractions of the limbs from cramps or following colic.

Rheumatism: For the excessive pain before the swelling commences; **from suddenly checked diarrhea or other secretions**; alternates with hemorrhoids, with dysentery.

Gout: Joints stiff, swollen, with pricking sensation; wrists and ankle joints painful and inflamed.

Very lame and sore all over.

Marasmus of lower extremities only.

Fever

Great weakness and prostration and a kind of hectic fever with children; unable to stand.

Skin

Itching chilblains (Agar.).

Relation

After Hepar in furuncle; after Acon. and Bry. in pleurisy, when a pressing sensation remains in affected side impeding respiration.

ACETICUM ACIDUM

Glacial Acetic Acid

$C_4H_3O_3$

Constitution

Adapted to pale, lean persons with lax, flabby muscles; *face pale, waxy* (Ferr.).

Marasmus and other wasting diseases of children (Abrot., Iod., Sanic, Tub.).

Physical Generals

- Hemorrhage: From every mucous outlet, nose, throat, lungs, stomach, bowels, uterus (Ferr., Mill.); metrorrhagia; vicarious; traumatic epistaxis (Arn.).
- *Great prostration; after injuries* (Sul-ac.); *after surgical shock; after anesthetics.*

Thirst: Intense, burning, insatiable even for large quantities in dropsy, diabetes, chronic diarrhea; **but no thirst in fever.**

THE BOWEL NOSODES

By John Paterson M.B., Ch.B., D.P.H. (Camb.) EF. Horn.

INTRODUCTION

The name of one of your illustrious countrymen, Louis Pasteur, will forever be remembered as the founder of the science of bacteriology. It was he who first isolated and identified a specific germ and related it to a definite clinical entity (disease). Following upon his discoveries, medical science concentrated on the laboratory technique for the isolation and identification of a specific germ for each known disease, and the Koch postulates were accepted as the standard of declaring any germ capable of pathogenesis - of having power to cause disease. The motto of the medical profession is still *Tolle Causam*, find and cause, and today there are many who consider that germs are the only cause of disease and are working to discover the specific germ of virus for well known clinical entities.

It must now be accepted as a scientific fact that specific germs, in many cases of disease, can be isolated and identified, but is it a true conclusion that the specific germ is always the cause of the disease? The subject is too great to be dealt with in all its aspects in this short session, but a little time must be given to consider the general question, namely the role of the Bacterium in nature because one's opinion on this must determine the value one places on the use of bacterial products—vaccines or nosodes—in the treatment of disease. As the subject of this paper deals with the intestinal flora, I propose to limit my remarks to consideration of the role played by the *B. Coli* and coliform organisms found in the intestinal tract.

Read to the Rhodanienne Homoeopathic Society at the Meeting of the International Homoeopathic League council, August, 1949.

INDICATIONS FOR THE USE OF THE BOWEL NOSODES IN DISEASE

My remarks will be addressed, on this occasion, to those doctors who have no means of obtaining bacteriological reports on stool culture, but who may wish to try out the use of these nosodes in their practice.

I suggest that we divide the cases to be considered into two groups:

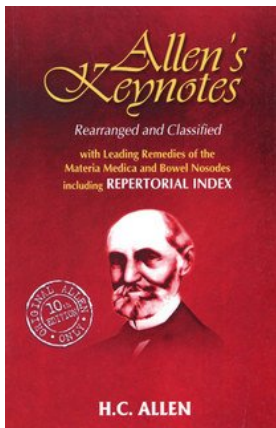
1. *New case.* A patient who has not received homoeopathic treatment.
2. *Old case.* A patient who has been under homoeopathic treatment but who may be responding to the treatment given.

In using the bowel nosodes it must always be remembered that they are deep-acting remedies and they cover the totality of symptoms from the highest level, the "mentals", to the lowest level of "gross pathology" and that they also cover the life history of a patient from earliest childhood to adult life or old age.

The "taking of the case history" is therefore of great importance in the choice of the nosode for a particular case, and attention must be given to the "past" as well as the "present" symptoms.

New Case

Where this is a definite symptom picture which points to a remedy, this should be given, and not a nosode. In many cases, however, the choice may lie within a number of possible remedies and it is in this difficulty that one may use the list of remedies and the associated bowel nosode. If, for example, *Sulphur*, *Calcarea carbonica*, *Graphites* were among the list of possible remedies, reference to the table would show that the nosode *Morgan Pure* (Paterson) was related to each of these and could be considered to cover the totality of the symptoms. In practice this is found to be so and proves the bowel nosodes to be deep and broad acting remedies.



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