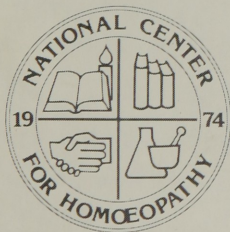


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Lecture Notes

ACONITE.

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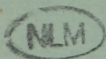
TO THE

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TIMOTHY FIELD ALLEN.



ACONITE.

BY T. F. ALLEN.

ONE who studies cases of poisoning by aconite, or who even reads over a few such cases, is impressed by the remarkable uniformity expressed in the accounts presented to him.

Whether the record be one pointing distinctly toward heart failure, with increasing coldness of the body, increasing feebleness of the heart, ending, finally, in complete collapse, and stoppage of the heart's action (in diastole), or whether he follows the subsequent history of a similar serious condition of affairs, terminating favorably, in a reaction attended by an increased temperature, increased rapidity and force of the action of the heart, he is conscious of a remarkable similarity in the mental characteristics exhibited by all such cases. This similarity shows itself in a dreadful anxiety and fear, with a restless condition of body and mind, which is intolerable. One may read over scores of cases of poisoning and numerous cases of experiments on different people, purposely undertaken to develop the action of the drug, and witness a similar series of symptoms, with almost identical results. It is the first and most prominent feature noticed, as the result of aconite poisoning, either in large or small doses, and it is the key to the understanding, essentially, of the action of aconite.

If the condition be one of heart failure, gradually ending in the death of the patient, or of violent febrile reaction, continuing for many hours, the same mental condition is found—one of restless anxiety, a dread of impending misfortune, even of death, which permits of no rest, generally with excessive thirst, etc., etc.

Unfortunately, cases of poisoning by this drug are not uncommon. They abound in European literature, for the shoots of the plant, coming up in early spring, tempt people to use them as salad, and the bulbous roots, tubercle-like in character, contain a large amount of starch, and are often eaten for the nutriment they contain; indeed, some species of aconite are not at all poisonous, and may be eaten with impunity, while others, especially the blue-flowered species, and the species of East India and Japan, comprise the most deadly, poisonous vegetable substances known. The study of the pharmacology of the different species of aconite is most interesting, with the varying amounts of alkaloids, and the varying effects of each, but chiefly, the blue-flowered species, the *Aconitum Napellus* of Linneus, *Stoerckianum* of Reichenbach, are the ones which chiefly interest us, since they afford the principal sources of the officinal drug called *aconite*, the root of which is chiefly used in medicine, which contains the greatest amount of alkaloid, but which, however, is not the only source of activity of the aconite used in the homœopathic school.

Aconite produces, in addition to the weakness of the heart, the symptoms above briefly noted, paralysis of sensation, commencing in the periphery, and becoming more central as the poison extends. It shows itself in the lips, tongue and mucous membrane of the mouth, especially, as numbness and formication. So distinct and characteristic is this feature of sensory peripheral paralysis that the symptom has been made use of to estimate the value, commercially, of samples of aconite by means of the taste, which is, of course, a very crude, unscientific method, but, in the main, sufficiently accurate to determine the relative value of different samples. The formication and paralysis, commencing at the tongue, lips, and extending to the cheeks and neighboring parts, become quite violent,

and speedily develop into a pain which extends to and involves the whole of the '*trigeminus*,' and gives rise to a distinct neuralgia, involving the branches of this nerve, attended with heat, swelling and pain that also is quite characteristic of the action of aconite.

But, without entering into any detailed account of the varying symptomatology of the drug, as developed in different parts and organs of the body, we may enter into a discussion of the febrile condition which aconite produces. It seems certain that, though this febrile condition, with rapid pulse, rise of temperature, is preceded, early in the *aconite disease*, by chilliness, these chilly feelings are apt to be transient, and not to persist for any great length of time. They also, like the fever, are attended by the same mental characteristics, of a restless anxiety, which is so profoundly characteristic of our drug. The chills are generally transient, and rapidly alternate with conditions of fever. Even within a few hours, or even within a few minutes, a rapid alternation of chill and fever may be observed, followed by outbreaks of perspiration, following which there may be a renewal of the chilly creeps and febrile condition. But, through all these varying phases of chill, fever and sweat, the patient is unaccountably and intolerably restless and anxious, fearing every moment will be his last. It is noticed also, even at the beginning, with the earliest symptoms of aconite, that these rapid alternations of febrile conditions are coincident with rapid alternations of other symptoms, for example, the state of the pupil, which will alternately dilate and contract within a few minutes.

But the point to which we wish to call attention, in connection with this phase of the aconite disease, is that, from the pronounced and unvarying effects of aconite, it is properly concluded that aconite is useful in conditions of fever, with similar characteristics, that is, with fever

characterized by rapid alternations of chill or fever or sweat ; finally, by long continued conditions of febrile excitement, attended by high temperature, and especially by excessive mental anxiety. It has not been found useful for any form of febrile excitement, associated with a quiet, sensible condition of mind, or an apathetic condition of body.

This condition of febrile excitement of aconite finds its parallel, chiefly, in the early onset of acute inflammatory diseases, in which the patient is attacked, as it were, with a perfect storm of chill and fever. When the fever does not seem to have localized itself, as in the prodromal stage of any inflammatory disease, a patient may be chilly or may be very feverish, always very restless, generally very anxious and thirsty. The physician is scarcely able to determine what organ is or will be affected by the inflammatory process. But, after some hours, the whole aspect of the case changes. The inflammation seems to have become localized, a definite lesion results, and the physician can determine, perhaps, that the lung is being involved, or that some other organ is becoming inflamed. As this condition develops, and the disease fairly localizes itself, the temperature may be higher, but the prodromal storm has passed. The patient suffers no longer from his undefined distress or mental anxiety, and the disease seems definitely to have developed, and the inflammatory process to have been fully declared. It is then that the patient is not chilly, may have a higher temperature, but is not restless, is really more ill than at first, but does not feel so himself. The stage for aconite, however, has passed. The indications for another remedy, such as iodine or bryonia (if there be pain), or some other drug, may be indicated. But aconite is no longer the appropriate remedy. Thus it happens that we are apt to say, that, in a stage of exudation, or of true inflammation with exudation, aconite is no longer required.

Aconite thus seems to be indicated rather in the *prodromal* stage of inflammatory affections than in the stage of true inflammation (that is, of inflammation with exudation). While this is doubtless true of inflammation with exudation consisting of plastic lymph, and is certainly true of an exudation with serous effusion, and especially of an inflammation attended by purulent infiltration, nevertheless, it is most assuredly true that, a stage of exudation of any kind having been reached, aconite ceases to be the wholly appropriate remedy, and it also seems as though the mental state of the patient might be taken as an index of the applicability of aconite.

This is so characteristic of aconite that we may here fearlessly give a challenge to any skeptical practitioner, who wishes to convince himself of the truth of homœopathy, to make the following experiments :

1. Purchase an *imported tincture of aconite*, that is to say, a tincture prepared from the fresh green root, the only preparation at all admissible, for aconite must be prepared from the fresh green root, and must never have been dried, lest some of the qualities of the juice become impaired, and the virtues of the tincture lost. So, get some fresh green tincture of aconite ; then, having taken any number of vials, I would recommend that the experiment be made with thirty or less small vials, say half ounce. Fill each vial half full of alcohol, then add two or three drops of the tincture to the first vial and shake it well, and mark this *one*. Add two or three drops of this to the second vial, and mark that *two* shake. Then, two or three drops of No. 2 to a third vial, and mark 3, and so on successively, adding two or three drops of each vial to a fresh vial, half full of alcohol, marking them with consecutive numbers, as far as you choose. I would recommend beginning the experiment by using from a vial marked 10 or 11. Now, select from your practice

any patient you choose, attacked in the way I have mentioned, with a chill, rise of temperature, extreme restless anxiety and thirst, a full, hard pulse, a person threatened with some inflammatory affection, such as pneumonia. Put a few drops from the vial marked 10 into half a tumbler of water, and administer to the patient a teaspoonful every half hour for a few times, say half a dozen. You will surely have the following result: the restlessness, the anxiety, the tossing about will be relieved, probably in thirty minutes, or, at least, within a short time, and the effect of the aconite will be shown in the fall of temperature, the diminished distress of the patient, perhaps the entire removal of the source of his discomfort and of the whole threatened inflammatory affection. Should it happen that two or three doses fail to produce this result, add some of the vials marked Nos. 3, 4 or 5, but, should you get the results noted, you might try further experiments with higher numbers, as far up as 30, for such results have been noted, even with the 30th dilution.

This experiment can be tried by any one, and will be a sure test of homœopathy as exemplified in the adaptation of the symptoms of aconite poisoning to the cure of similar affections occurring in the sick. I, myself, have witnessed results from one single teaspoonful of the desired or appropriate dilution, which probably will vary, according to the susceptibility of the individual, some individuals being more susceptible to the higher dilutions, others requiring lower dilutions, even as far down as the 1st or 2d. But it is probable that an appropriate dilution will show its effects even after the first teaspoonful in water, and probably within thirty minutes. The patient will become more quiet, perspiration will break out, and then, *if the remedy be suspended immediately and no more administered*, the patient will continue to improve until he

recovers. It will be advisable, as my experience has plainly shown, when the first perspiration shall be observed, to suspend entirely the medicine; otherwise the additional doses will cause a suspension of perspiration, and a renewal of the febrile symptoms, which had already commenced to disappear. My own habit in practice is to stop the medicine just so soon as the improvement appears, and this will be found advisable by those trying this experiment.

We cannot cease calling attention to the inflammatory affections produced and cured by aconite, without directing the attention of the reader to a few of the most frequently observed conditions indicating this drug in a very characteristic manner.

One of these is an affection of the heart, not infrequently met with in practice, which is quite obviously similar to a condition produced by aconite poisoning, namely, heart failure. By this we mean extreme weakness of the heart's action, with tendency to diminution of rapidity of the pulse, a general fall of temperature, even to collapse. A very characteristic instance of this occurred in a man who recently had returned from the army. He had been subjected to great fatigue, had been through some very trying experiences in engagements "at the front," and had been sent home in a state of complete exhaustion. He was said to be suffering from dilatation of the heart walls, by some thought to be aneurismal in character, by others said to be associated with aneurismal dilatation of the aorta. He had suffered from great præcordial distress; had been thought to be suffering from acute inflammation of the aorta. Be that as it may, the man's condition was pitiable. His heart's action was very unsteady, and extremely feeble. When first seen, his extremities were cold, and his mental condition was very distressing. He seemed to be in a condition bordering upon

terror. He had entirely "lost his nerve," so to speak; he was dreadfully apprehensive of approaching death, concerning which he talked almost constantly, and he was sure would speedily occur, which, indeed, was the case. No remedies seemed to have had the slightest effect on him, at least they had not relieved this mental anguish. This case is instanced only to illustrate the relief which aconite will sometimes give in similar and hopeless cases, though it seems to be powerless to cure. Certain it was that a few doses of aconite, of the 7th dilution, in water afforded speedy and marked relief, and enabled the man to die peacefully, in the midst of his family, but was unavailing to do more. In cases of acute inflammation of the membranes of the heart, in endocarditis, and sometimes in the early stage of pericarditis, and even in the distress attending attacks of angina pectoris, with terrible anxiety, and sharp pains extending from the præcordial region, down the left arm, and even to the right side of the body, this remedy has been found to afford very marked and prompt relief.

In the onset of pulmonary inflammations, especially of pneumonia, before hepatization has taken place, while the patient is suffering from general distress in the chest, with chills, a high fever, but before the pneumonic process has become established, with the restless anxiety which so commonly attends this stage of pneumonia, we find in aconite a much-needed and extremely useful remedy. But, so soon as hepatization shall have taken place, the patient has become less restless, even though he may still be very feverish, the utility of aconite has probably passed and may give place to the remedy next in order, perhaps bryonia, perhaps iodine, or some other remedy dependent upon the peculiar symptoms of this stage of the disease.

But in no affection has the usefulness of aconite been more brilliantly demonstrated than in a form of acute

laryngitis, commonly known as "membraneous croup." We have repeatedly witnessed its marvellous action in the first stage, arresting and entirely removing an attack which threatened the most serious consequences. We have seen the little sufferer, with the peculiar cough, with a high fever, restlessness, anxious tossing-about, characteristic of the early stage of this form of laryngitis, become quiet after a single dose of aconite, the breathing become less difficult, and the child drop to sleep, apparently from exhaustion, break into a gentle perspiration, and wake after a few hours, to all appearances, well, with no vestige of the threatened trouble remaining. We have seen this result accomplished not only in the so-called spasmodic croup, but in cases where the epiglottis was swollen and inflamed, and a tough, creamy exudation had made its appearance lower down in the larynx, with extremely difficult breathing, drawing-in of the pit of the throat, after the croup-kettle, with lime water, and a whole lot of other truck had signally failed to give the slightest relief, that one or two doses of aconite would afford almost instant relief, and in other cases a complete cure, no further doses of aconite being required after the patient dropped asleep.

It is surprising that physicians will often allow their prejudices to stand in the way of administering a single remedy like this, because it savors of being homœopathic.

In a recent instance a variety of applications had been used for several hours, and the child growing worse, with symptoms of increasing stenosis of the larynx, apparently suffering from sheer exhaustion, trying to get a little rest, but unable to do so, on account of the distress on breathing, with a hot skin, the stage for aconite long since past, the case becoming apparently desperate, it was found necessary to give *iodine*, which was done in the first dilution, after which the patient fell asleep, had a restful night, and the next morning was playing about the room.

I instance this to show that iodine frequently follows *aconite*, and that should *aconite* fail to relieve only the restlessness and the fever and all symptoms of the stage of exudation and stenosis simply remain, then iodine should be administered, for it has been found clinically that iodine is quite as well indicated in the febrile stage as *aconite*; *aconite is not a remedy for fever or inflammation per se*, but only for the anxious restlessness which is apt to accompany the febrile stage, and when the anxious restlessness shall have subsided the indications for *aconite* have ceased. Then, if fever remain, with symptoms of exudation or infiltration, iodine should be given, and, under such conditions, its action is equally brilliant with that of *aconite* in its peculiar sphere.

It is interesting to observe, in this connection, that bromine differs widely from iodine, but that bromine frequently follows iodine, as regards the indications for its application. *Bromine* is quite clearly indicated by a tendency to spasm, especially to a spasmodic cough, as in croup, but these conditions are not accompanied by fever. Indeed, *bromine* is indicated rather in a much later stage of the disease, after the febrile symptoms have subsided. For example, we were once called upon to prescribe for a child who was "suffering from croup." This child had been sick seven or eight days, and was fighting for its life still. It was lying limp, across the shoulder of its mother, almost pulseless, and cold, with blue-cyanotic hue, wholly unable to swallow even a little milk, or to nurse, as it could not spare the time from the necessity of breathing to take even a swallow of nourishment. It did not seem that the child could live an hour; its condition was really desperate. It had a loose laryngeal rattle, with at times a hoarse bark, with extreme difficulty of respiration; it had been treated with all sorts of remedies, from tartar emetic to hot steam, and, while it seemed as

though nothing could be done, we hastily took out from our case a little vial of *bromine*. This vial of *bromine* was filled with pellets which from long disuse had become quite dry and discolored from age. At the same time a few pellets were put upon the child's tongue, and a messenger was dispatched to our office to get some fresh bromine, which we always prefer to use in the dilution, freshly prepared. Before the messenger had time to return, the child was breathing easier, had taken a little nourishment, and had fallen asleep. The baby was not disturbed, and on waking up was so much improved in breathing that no further bromine was administered.

This, and similar instances to the above, have led us to the conclusion that the dilution and potentization of bromine seems a possibility, and that freshly prepared and potentized bromine does not lose the medicinal power of the original drug; *that the potential activity of bromine may be preserved, without chemical change from bromine to hydrobromic acid.* This, however, is a pharmaceutical problem, and an experiment in potentization which should be cautiously and repeatedly observed before being declared even a probability.

The action of aconite in neuralgic affections, is extremely interesting. We have seen in cases of poisoning that it affects chiefly the "trigeminus" of the face. In this case it is always associated with a feeling of heat, more or less diffused, spreading over the face, with waves of pain shooting through the nerves, spreading up to the forehead and over the scalp. The feeling of heat which accompanies the facial neuralgia of aconite is usually very marked, and sometimes, but not always, attended by numbness and formication in the affected parts. These symptoms of neuralgia are always associated with a peculiar mental distress, so characteristic of all cases of poisoning by aconite.

In inflammation of the nerves (various forms of neuritis), especially from taking cold, with sharp, acute, sometimes shooting pains, usually with burning and numbness, sometimes with stinging along the tract of the nerve, always with extreme restlessness and anxiety, the peculiar mental conditions which prevail when aconite is indicated, it has been found of great value. The pains, wherever they occur, are generally intolerable, being sharp, tearing, cutting, apt to be accompanied by numbness and formication, and generally also by heat, and always by a mental distress, characteristic of aconite.

We might devote much space to a detailed account of the various diseases indicating this drug. Enough, however, has been cited to enable the greatest skeptic to verify the conditions above given. These are very simple and very brief, and may always be relied upon: NEVER GIVE ACONITE FOR FEVER; *it should not be used as an anti-pyretic.* It is equally efficacious when used for weak heart, as when used for conditions of a hard bounding pulse. Follow closely the indications furnished by the cases of poisoning and experiments on the healthy. Make your experiments with the dilutions, as above indicated, using always a fresh imported tincture as the basis of your dilutions, never buy a cheap, inferior article, and you will be convinced of the truth of homœopathy, and possibly of the higher dilutions, though the latter may be problematical and wholly unessential.

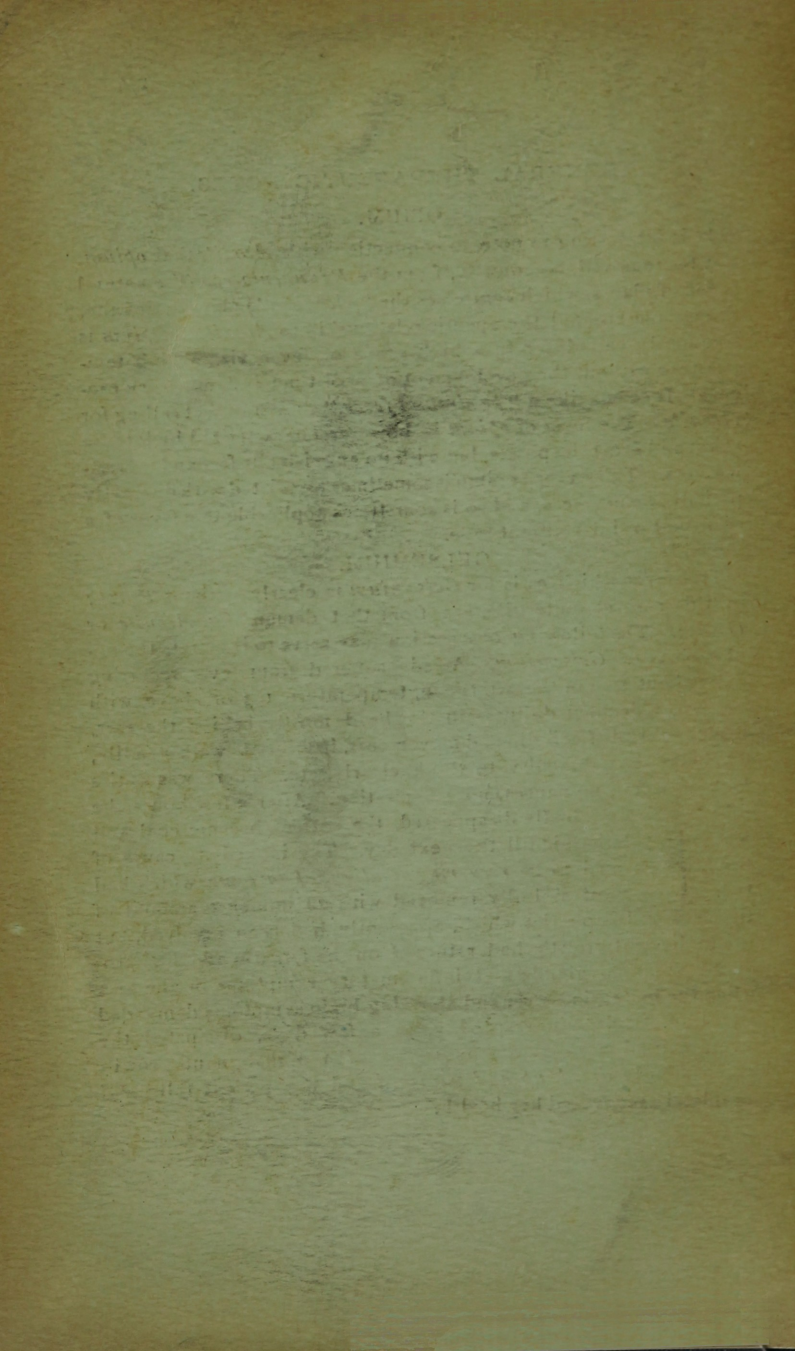
GENERAL THERAPEUTIC NOTES.

OPIUM.

It is interesting to note, in connection with *Aconite* that *opium*, not far removed, botanically, from the *Ranunculaceae* (the natural order of plants, which comprises the "*Aconites*") shows a definite, though unexpected, therapeutic relationship to *Aconite*. *Opium* is frequently called for in a high grade of fever, viz., a high temperature without the development of a distinct inflammatory process. It seems like a "*prodromal fever*," similar to that calling for *Aconite*. The fever of *opium* is, however, characterized by intense thirst and great sleepiness, but with no anguish nor fear and no restlessness. The fever of *opium* is sometimes associated with distinctly periodic recurrences, and so is sometimes applicable to a fever of a remittent or intermittent type.

GELSEMIUM.

THE fever which calls for *Gelsemium* is clearly without *thirst*; in this respect quite different from that demanding *Aconite* or *Opium*. The following observation may serve to illustrate the applicability of *Gelsemium*. A lady suffered from fever recurring daily about two in the afternoon, temperature 103 or above, with vertigo, a decided dullness in the head, mostly behind the ears, loss of control of coördinated movements, inability to walk steadily, an increasing difficulty to think clearly, etc. There was entire lack of thirst, no nausea, no perspiration. After a few hours the febrile stage gradually disappeared, the patient became cool and was simply lethargic till the next day. The immediate cause of the fever seemed to be *recurring, malignant sarcoma* which had twice been most skilfully removed with an immense amount of tissue, with lymphatics which, apparently, had been involved, but the malignant growth had returned on the forearm and had produced enlarged glands and inflammatory symptoms in the arm when the increasing fever and alarming brain symptoms demanded attention. *Gelsemium* speedily, in a few days, dissipated the fever, caused a rapid disappearance of the malignant growth which simply *dried up and vanished* and the patient fully and completely recovered her health.



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