

## Quassia amara (Quas.)

Quassia, Picrasma excelsa, amargo, bitterwood

(Clipboard #2)

Quassia amara is a shrub native to South America. It has beautiful red flowers and fruits. Linnaeus named it after the botanist who first described it, the former slave from Surinam, Kwasimukamba, also known as Graman Quacy. He was a healer who supposedly discovered the medicinal properties of its wood and used it as a secret remedy for the cure of malignant fevers endemic to Surinam.

Quassia wood is intensively bitter. Throughout South America, amargo is a tribal remedy for *debility, digestion problems, fevers, liver problems, malaria, snakebite, and back spasms*. It is used to stimulate appetite and the secretion of digestive juices, as well as to expel worms and intestinal parasites.

In French Guyana, the Guyana Patamona use to make infusions with its roots, bark, stems, wood, leaves, flowers or a combination of the same, for the *prevention* and treatment of **malaria and fevers**. It is also used in Guyana as a repellent against mosquitoes. Studies conducted in India reported the efficacy of various extracts of quassia to repel various types of insects including mosquitoes.

A strong decoction, thoroughly sweetened with molasses or sugar, and spread in dishes, apparently effectually destroys flies that eat of it.

In herbal medicine in the United States and Europe, amargo is employed as a bitter tonic for stomach, gallbladder, and other digestive problems (by increasing the flow of bile, digestive juices, and saliva); as a laxative, amebicide, and insecticide; and to expel intestinal worms. Quassia with sulphuric acid has been used as a cure for drunkenness, by destroying the appetite for alcohol.

In the depraved appetite in chlorosis, particularly when there is a *disposition to eating dirt, chalk, etc.*, the Quassia is said to be a very efficacious remedy. As a stomachic, it is, indeed, one of our best remedies; it is said to be especially useful in indigestion arising from intoxication. When administered in combination with some absorbent, it acts with much advantage in the *weakness and languor attending chronic hysteria*. (Eberle)

It has long been employed in the form of an infusion as a bitter tonic and as a clyster for clearing the rectum of pinworms. 100

Since Quassia has long been used for malaria in South America, researchers studied this biological effect as well. Modern research has confirmed its antimalarial (anti-plasmodium) effect.

Various clinical studies conducted with Quassia supported its traditional use as a natural insecticide, resulting to be an effective treatment for **pediculosis** in humans. One of these studies reported an efficacy of 99% in 454 patients with only two topical applications with an interval of one week. In another study realized in double-blind vs. placebo, in 148 children with pediculosis, those treated with quassia extract reported a minor number of new cases, demonstrating a *preventive effect* against lice. In parallel, a water extract of quassia demonstrated to possess a good efficacy as an aphicide.

Only short provings of Quassia have been conducted by homeopaths, namely, Muller who took a single dose of the tincture, Eidherr who took four doses of 30 X and Lembke who took the extract. However, it came to Campardon, an allopath from Paris, to conduct the most extensive proving of Quassine, the bitter principle extracted from Quassia. Quassine was taken in various doses daily for four weeks in seven persons, including Campardon himself.

Campardon wrote that, "**In the seven persons the symptoms were absolutely the same.**" He noticed four clear effects, **increased salivation, increased bile secretion, and increased frequency and more forceful passing of stools and urine.** It was at the same time curative in patients with **frequent urging** associated with **abnormal contraction of the neck of the bladder.** He compared the effect of Quassine on the bladder to the one of ergot on the uterus.

Campardon prescribed Quassine to eighty patients based on the symptomatology he had previously obtained in the proving. He reported early toxic symptoms of Quassine of being consistent, namely, **burning in the throat, nausea, anxiety, vertigo,** etc. He also reported favorable results following its application in 74 of these 80 patients, i.e., in those with **acute or chronic dyspepsia, with general debility, especially during convalescence; in stubborn gastralgia, in severe vomiting during pregnancy, in icterus, biliary calculi and in hepatic colic.** **All these patients had to urinate very often,** and complained of **tenesmus and cystitis of the neck of the bladder.** Quassia also succeeded in affections of the urinary organs, where one of the above symptoms was prominent, as well as in cases of **nephritic colic,** and several cases are reported of **nocturnal enuresis,** though it failed in other cases.

The French homeopath Piedvache wrote, “Proving on healthy persons show that it equally causes difficult digestion with burning in esophagus, intense gastralgia, continual nausea and **bilious vomiting, especially easily in women**, and diarrhea. One of our observations showed in a woman, that *vomiting during pregnancy was always combined with frequent desire to urinate.*”

A dog, affected with the mange, had his hind legs completely paralyzed in consequence of the sores being washed with a decoction of quassia, which disappeared in seven hours.

Aside from the numerous cases published by Campardon only one other case, the one reported by Burnett, has so far been found in the literature. It is the one of a young man who was having attacks of vomiting every time he attempted to eat and severe pain in what was thought to be the posterior part of the liver but ascribed by Burnett to be the right adrenal gland.

Farrington wrote, “Think of Quassia when other remedies fail in dealing with pinworms.” 47

All the proving and clinical symptoms of Quassine reported by Campardon have been integrated under Quassia in this monograph as well as in the repertory. Prior to this lecture, there were 75 entries of Quassia in the CR 4.5 and 257 CR 2011 repertory and now there are entries 523 in the MMPP CR 4.5 version.

By uncovering the extensive work of Campardon on Quassia, our materia medica has become much richer, almost as if it had really gained a new remedy with many new indications.

(Clipboard #1)

## Genius:

Quassia fits a very particular niche in our homeopathic materia medica. In some ways it looks like Arsenicum album, with the **anxious restlessness** but with the sensitivity of Nux vomica and the debility of China. Like these three remedies, Quassia doesn't have much antipsoric aspects (Arsenicum album barely made it to Hahnemann's antipsoric club).

Quassia will be more often indicated in *sensitive* and *nervous, fearful person* especially characterized by *timidity*, i.e., being **easily embarrassed, impatience**, and particularly *sensitive to noise, pain and touch*.

But above all it will be indicated in any patient presenting with LACK OF APPETITE, SLOW AND DIFFICULT DIGESTION, CONSTIPATION, AND FREQUENT AND SCANTY URINATION.

In fact, whenever we have any combinations of these four symptoms, LACK OF APPETITE WITH SLOW AND DIFFICULT DIGESTION, CONSTIPATION, AND FREQUENT AND SCANTY URINATION, Quassia should be the first remedy to be considered.

It finds one of its main indications in convalescent patients, not recovering well after febrile conditions (influenza, dysentery, rheumatic fever, malaria, other tropical fevers, etc.), intoxication, after any sort of attacks (gallbladder or kidney colic, convulsions) and after surgery, especially when it is associated with LACK OF APPETITE, CONSTIPATION, GREAT WEAKNESS, DEBILITY and anemia.

**Fainting associated with great weakness.**

With the LACK OF APPETITE, THE STATE OF COMPLETE CONSTIPATION, the sensitive personality, with the symptom of refusal to eat, the irregular menses with a light and scanty flow and leucorrhea, Quassia should be considered in young anorexic women.

Another indication for Quassia will be *the sudden urge to urinate with incontinence during the day and enuresis at night.*

Quassia is not yet a fully developed remedy but we can sense its potentiality from the following syndrome: *Homesick* and wanted to return home. She was pale, had stopped eating, was VERY CONSTIPATED and was *hiding to cry*.

We also find *ailments following a fright* under Quassia, as well as *fear of noise, fear of being touched, great anxious restlessness, impatience worse in the evening, night and after midnight.*

**Increased state of physical irritability.**

**Sensitive to noise: cramps in legs but especially in the thighs.**

We find patients responding to Quassia having either its primary or secondary symptoms. For instance, in terms of its primary symptoms it could be any condition with increased secretion of bile, which could be found in patients with bilious vomiting or bilious stools. But Quassia will be as well indicated in cases presenting its secondary symptoms such as atonic dyspepsia (lack of motility and secretions

of the digestive tract), **gray or lightly colored stools, heavily coated tongue and constipation**.

Particular to Quassia are conditions coming in **long-lasting attacks** with **long-lasting consequences**, i.e., WEAKNESS OF THE BLADDER or long-lasting pain in the bladder after passing a stone through the ureter, **debility** and liver pain lasting for several days after gallbladder attacks (also found in the proving), **complete lack of appetite** and **constipation** after a gallbladder attacks, and long-lasting muscle pain after an attack of cramps (convulsions).

**Vomits one or two hours after eating** (only during the period of digestion) is very characteristic of Quassia.

Quassia will also be indicated in cases presenting with **parasites, worms (pinworms)** and **pediculosis**, especially the ones presenting its classic red-flag symptoms, **lack of appetite, slow and difficult digestion, constipation, and frequent and scanty urination**.

The pains of Quassia are very often **drawing** in nature throughout the body. It also has **sharp, sticking pain**, in the stomach, liver, spleen and abdomen and **burning pain in the throat, esophagus, stomach** and **intestines**.

Quassia is especially susceptible to develop **right sided frontal HA**.

It tends to **wants to only eat soup**.

It also tends to *want to only drink water with an aversion to food in general but especially meat*.

Quassia should also be considered in cases with pica, as well in cases with **hypersalivation**, especially profuse drooling in sleep, and in cases with **vomiting in pregnancy**.

It tends to present with dullness of the mind, *especially for work requiring rigorous reasoning* (inaptitude for logical thinking).

Two very unusual symptoms found under Quassia are the sensation as if the stomach were *full of hot water, and the distension of the abdomen with the formation of lumps under the skin, as if there were like knots*.

(Clipboard #3)

## Mind:

Impatient, nervous, wants to continually change place, despite a general fatigue.

Campardon

**Extreme restlessness at night with stomach pain.** Campardon

**Restless impatience.** Campardon

*A noise louder than expected, disturb the entire organism, general fatigue, with the desire to change place, restlessness, intense thirst, no appetite and feeling full.*

Campardon

*Trembles with fear of being touched.* Campardon

*Enuresis for the last 4-5 years following a fright.* Campardon

Two young lymphatic women had so *frequent and noisy borborygmus that they refused to be out in society.* Campardon

*Extreme lassitude, agitation.* Campardon

Restlessness in the evening. Campardon

Awoke with great anxiety and solicitude, without cause, at one AM; was unable to sleep; felt wide awake, with manifold thoughts in his brain; on attempting to read, could only stare at the book on account of anxious thoughts running through his mind; about 3 o'clock he rose and dressed, and attempted to write, but was so absent-minded that he could not find words to express himself; the next day he was unable to perform any mental labor, not on account of disinclination to work, but from absence of thought. 36

An anxious mood returned on going to sleep, but disappeared in the night (third day). 36

A rather strong noise causes general severe trembling, though he paid no attention to it. Campardon

Low *whining complaining* tone. 62

*Despair* from being unable to keep food down. *Refuses to eat.* Campardon

*Homesick and wanted to return home.* She was **pale**, had **stopped eating**, was **very constipated** and was *hiding to cry.* Campardon

Nursing infant refused to nurse, falls asleep on the breast or plays with the nipple. Campardon

Crying with abdominal pain. Campardon

**Weakness and languor attending chronic hysteria.** Eberle

(Clipboard #4)

## Head:

Pain and heaviness in the forehead, with at times dullness of the head. 36

The head becomes dull; he cannot follow a train of thoughts without being fatigued; vertigo, but not steadily. Campardon

**Heaviness of the head, requiring a certain effort to begin work and to follow rigorous reasoning.** Campardon

Trying to understand reasoning creates a *painful fatigue*. Campardon

Awakes with nausea and slight headache. Campardon

**Right-sided frontal** headache. Campardon

A peculiar sensation in the head, as if the senses would vanish, followed by *excessive weakness*, great heat, copious hot perspiration, with great hunger, followed by coldness of the extremities, with a sensation of internal coldness; the whole attack lasted about two hours; when it was not possible to satisfy the hunger, the weakness increased, copious perspiration broke out over the whole body, followed after a long time by gradual relief. 36

Constant dullness of the head (second day). 36

Dullness of the head with vertigo. Campardon

Intermittent vertigo. *If someone moves*, a veil appears before the eye with nausea.

Campardon

**Vertigo of gastric origin.** Campardon

Objects appear to be turning when they are steadily looked at. Campardon

Slight drawing in the left side of the head and face. 36

**Pediculosis.** 908

(Clipboard #5)

**Eyes:**

When moving about sight becomes dim and nausea sets in. Campardon

**Amblyopia and amaurosis.** 10

**Face:**

**Pale face and weak.** Campardon

Dirty color of the skin of his face. 62

*Dark circles under her eyes.* Campardon

**Mouth:**

Mouth dry with right sided headache. Campardon

Tongue dry or with brown sticky coating. 72

Heavily coated tongue, *lack of appetite with slow, difficult* and painful digestion, **constipation, and scanty and frequent urination.** Campardon

**Profuse salivation.** Campardon

*Drooling during sleep at night.* Campardon

**Throat:**

**Burning throat and esophagus.** Campardon

**Difficult digestion with burning in esophagus.** Piedvache

Very painful constriction of the throat, with the feeling that a drop of water would not even go through. Campardon

It seems as if the throat were closed and deglutition painful or impossible, which is not the case. Campardon

Circular burning at the top of the esophagus and constriction of the throat with painful swallowing. Campardon

Intense burning of the throat and esophagus which is better while and after eating. Campardon

(Clipboard #6)

**Stomach:**

Increased appetite with increased strength. Digestion of food was more complete, despite the larger than usual intake of food. Campardon

Diminished appetite. Campardon

Eats only soup, which she vomits one or two hours later. Campardon

*Want to drink only water; aversion to food, especially meat.* Campardon

Nausea with dimness of vision when moving about. Campardon

Woke up around midnight with waves of nausea, getting progressively more frequent and more intense and at one AM, after much retching, there is profuse vomiting of yellow brown bile and without any food, leaving afterwards *extreme bitterness* in the mouth. Bilious stool and vertigo. Campardon

Burning throughout the digestive tract, heaviness in the stomach, sore throat with heaviness of the head, requiring a certain effort to begin work and to follow rigorous reasoning. Campardon

Awakes with nausea and slight headache; burning all through the digestive tract, but especially at the commencement of the esophagus. Campardon

Painful contraction of the stomach, extending to the abdomen. Campardon

Bilious vomiting, especially in women. Campardon

Indigestion arising from intoxication. Eberle

Atonic dyspepsia, with gas and acidity. 72

Woke up at 11 pm with nausea and mild headache, especially on the right side. Campardon

Heartburn and gastralgia. 72

Regurgitation of food. 72

Vomiting comes on whenever he attempts to eat. 62

Vomiting from the third month of pregnancy. Campardon

Vomiting one hour after eating, and never outside of the period of digestion. Campardon

Great inclination to qualmishness. 36

Gastric catarrh and liver complaint with diarrhea and dropsy. 1016

Drawing pain in the stomach, accompanied by a *sensation as if the stomach were full of hot water*. 36

Depraved appetite in chlorosis, particularly when there is a *disposition to eating dirt, chalk, etc.*, the quassia is said to be a very efficacious remedy. Eberle  
*Destroying the appetite for alcohol*. 908

(Clipboard A)

## Abdomen:

**Increased secretion of bile.** Campardon

Slight drawing pains in both hypochondria, with a sensation as if the abdomen were empty and retracted to the spinal column; pain somewhat aggravated by deep breathing; these symptoms recurred three times during the day, lasted from twenty to thirty minutes, and were accompanied by a sensation as though he would have a stool (first day). 36

Very *acute sticking* in the hepatic region; *the acute pain lasted only the first day, but for several days the pain was full, and only disappeared after twelve days*. 36

**Gallbladder colic** followed by **complete absence of stools for eight days and no appetite.** Campardon

**Gallstones expulsion.** Campardon

**Liver enlargement.** Campardon

Abdomen hard and distended (second day). 36

*Sticking* pains in the abdomen, between the umbilicus and stomach, frequently recurring and lasting several days (soon). 36

A peculiar beating through the abdomen, extending into the extremities, with *general nervous troubles* (second day). 36

**Vomiting, diarrhea, scanty urination or chronic, obstinate constipation from deficiency of bile.** 11

Pain in right intercostal muscles above the liver. Pressure and stitches in liver, and sympathetically in spleen. 72

**Dyspepsia after infectious diseases; especially grip, dysentery.** 72

Severe pain at the back of the liver coming on with vomiting at any time, any day and in any weather; these attacks average about one a week and the pain once on will last from one to three days. As the attack comes on he swells and seems very tight in the girth. 62

Liver enlargement, up to the nipple. 62

**Ascites.** Campardon

Cirrhosis of liver with ascites. 72

**Pinworms.** 47

**Constipation** (cured). Campardon

**Forceful expulsion of stools.** Campardon

**Loose diarrheic stools** (cured.) Campardon

**Normalization of bowel movements.** Campardon

**Yellow and highly bilious stools.** Campardon

Frequent, very bilious liquid stools but scanty. Campardon

Stools at first hard, with great effort, afterwards pasty, once very thin. 36

**Gray stools** *among a large quantity of bile.* Campardon

(Clipboard B)

**Bladder:**

Burning at the meatus of urethra. Campardon

**Very frequent urging to urine.** Campardon

**Double and even triple increase in the quantities of urine which is ejected with greater force and more quickly.** Campardon

**Frequent and sudden urging to urinate, to the point that if urination is not attended to, they felt urination running into their clothes.**

Campardon

Sharp pain while passing urine, a burning feeling; pain persists for an hour after each passage. **Urinary frequency with long drop-by-drop passages.** Campardon

During the day when the desire is felt, and the girl obeys it immediately, some drops escape in her clothing; excessive vesical tenesmus, urine flows drop by drop. Cured case. Campardon

**Abnormal contraction of the bladder.** Campardon

*Enuresis for the last 4-5 years following a fright.* Campardon

*Urgency with drops escaping whenever she doesn't attend to it right away.* Campardon

Despite all her straining, **urine only comes drop by drop, slowly and great difficulty.** It can take easily 10 minutes on the toilet, and on rising a few more drops come out. Campardon

**Inflammation of the neck of the bladder, with or following metritis.** Campardon

**Frequent, slow and difficult urination.** Campardon

**Bladder paresis.** Campardon

**Bilirubinuria.** Campardon

**Calculi in the ureter or bladder.** Campardon

**Sand in the bladder.** Campardon

Violent kidney colic with *vomiting.* Campardon

Nephritis with oliguria (less than three ounces in a day) and **albuminuria.** Campardon

**Urine smelling like asparagus.** Campardon

Diminished secretion of urine, and we find here the same signs of nephritis as in Belladonna: bloody urine, suppression of urine. Piedvache  
Secretion of urine increased, solid constituents diminished; sp. gr. in the morning, 1007 and 1009; during the day 1001 and 1004. 36

(Clipboard C)

## Female:

**Irregular menses, *light and scanty flow*, and leucorrhoea.** Campardon  
Masturbation with enuresis. Campardon

## Chest:

Hoarseness, perhaps to be ascribed to a change in the weather. 36  
Spasmodic cough, like whooping cough; rapid sinking of strength. 1016

## Back:

Slight drawing pains in the cervical muscles (after 3 grains). 36  
Sensation of coldness over back. 72  
**Back spasms.** 908

## Extremities:

Involuntary movements of the arms and legs in women endowed with *extreme susceptibility*. 10  
**Trembles with cramps in legs but especially *the thighs*, worse from the *slightest noise and touch*.** Campardon  
Drawing pain in the calves (half an hour after 1 grain). 36  
**Jerking of limbs in *nervous women*.** Campardon  
Cold extremities, with sensation of internal coldness. 72  
Paralysis of lower limbs. 908

## Temperature:

Sensation of coldness running over the back, with constant inclination to yawn and desire to stretch out the feet. 36  
**Malarial and other tropical febrile diseases.** 908

## Skin:

**Jaundice**, dark yellow like mahogany. Campardon

## Generalities:

**Increased strength and greater than normal capacity for work.** Campardon  
**General fatigue with impatience and restlessness.** Campardon  
**Extreme lassitude, agitation.** Campardon

**Extreme tiredness, loss of appetite, heavy head and pain in the stomach.**

Campardon

**Debility with fainting spells.** Campardon

Facility by which they were excited by reflex action: (one prover) while asleep, *opening of a door awakened him and he was immediately attacked by terrible painful cramps in the left thigh and leg.* Quieting down he again fell asleep, when the same noise produced a still stronger attack. Contraction of both lower extremities and clonic intermittent contractions; partial fibrillary contractions when the muscle is in repose. The *least noise, the least touch,* suffices to produce or to aggravate these convulsions. *The legs remained painful for several days.* Campardon

The second prover was attacked at night by very painful contractures of the legs, and the thighs were especially agitated by clonic convulsions; in fact they continually trembled all through the night, aggravated by **the least noise**, and reproduced when they seemed to stop. The muscles remained painful the whole next morning, with *extreme fear to have them touched.* Campardon

*Symptoms of the proving persisted for more than a month after cessation of the taking the drug, especially the increased salivation, diuresis and the absence of constipation, and provers remained hypersensitive to it for more than six months afterwards.* Campardon

**Parasites and lice.** 908

General discomfort (second day). 36

**Debility.** 908

**During the convalescence from any serious chloro-anemia.** Campardon

**Effects of snakebites.** 908

Prostration, with hunger. 72

*Incredibly emaciated* after rheumatic fever. Campardon

Emaciation with much reduced in health and strength with liver pain (adrenal gland problem). 62

(Clipboard D)

**Cases:**

1- A seventeen-year-old wet nurse became *homesick* and wanted to return home. She was **pale**, had **stopped eating**, was **very constipated** and was *hiding to cry*. The one month-old infant developed *diarrhea within two days. He refused to nurse, falls asleep on the breast or plays with the nipple.* She was given 25 mg of Quassine before each meal. By the eighth day, she was better and had stopped crying. After the

third day her appetite returned and her digestion was easy. The *milk returned* and the diarrhea had stopped in the infant. On the fifteen day, all is fine, her breasts are full and the milk is profuse. We can now suppose that Quassine has the same effects on the mammary gland as it has on the salivary glands, the kidneys and the liver. Campardon

2- Mrs. P, 40, had an acute inflammation of the uterus with a peri-uterine abscess. The abscess was opened and pus came out for more than a month. Within two-three days following the operation, *she quickly became weak*: there is no fever; **no appetite; constipated; frequent fainting spells; urine is scanty and difficult to pass**; pain throughout the urethra after urination. She received various liquid preparations containing iron, quinine and gentian [digestive tonic]. The patient continued to worsen.

On the fifteen day after the operation, she developed a fever around eight PM in the evening. She became restless at night. Quinine sulfate was not tolerated at all.

At the beginning of the third week, I prescribed 25 mg of Quassive to be taken before a morning soup and before every meal afterwards. A quick and frank recovery followed. Within one week, the function of the bowels and bladder had returned in full force. Campardon

3- Mrs. P., 25, developed rheumatic fever three months ago which put her in a **worrying state of weakness**. Fever stopped ten days ago. She is *incredibly emaciated*. She developed *bedsores* on her sacrum. She has **no appetite, is constipated** and vomits parts of what is ingested. She is *desperate as she is unable to swallow any food*. Within two hours of ingesting a light broth, she is in crisis. Her entire abdomen is painful to *the point of crying*. Her abdomen distends with the *formation of lumps under the skin, like knots*. She can't find any relief, even from chloral or morphine injections. Within three-and-half to four hours after a light broth symptoms disappear until the ingestion of another soup. She is now *refusing to ingest anything*. Within half-hour after an enema of laudanum and peptone, she developed another crisis. **She fainted** during this visit. I prescribed 30 mg of Quassine before her evening soup. Within two hours, she develops distension and pain with the knots and contraction of the bowels but much less intense than usual. She slept better that night. The next day I prescribed the same dose before each soup to which I added meat broth. Knots, borborygmus followed but almost no pain this time. Vomiting stopped and functions returned to normal. She is rapidly convalescent and eight days after the first dose of Quassine, she is able to digest all types of foods and all her strength was returning. Campardon

4- Two young lymphatic women had so *frequent and noisy borborygmus that they refused to be out in society*. Both of them were **constipated, had frequent and**

**scanty urination; irregular menses, light and scanty flow, leucorrhoea and want to drink only water; aversion to food, especially meat.** In the first one the borborygmus were gone after five days of taking 50 mg of Quassine before the evening meal. The other couldn't take 50 mg. She developed **burning throat, heaviness of her stomach, great tiredness, general heaviness, right frontal headache.** She was then given 25 mg before lunch. By the fifteenth-day the borborygmus were gone. Campardon

5- Mrs. B., 25, five months pregnant. In her previous pregnancy four years ago, she began vomiting towards the third month and it lasted until the eighth month. Nothing would affect the vomiting for the better. This time, the vomiting appeared at the same time in this second pregnancy. She is **pale and weak. Complete constipation, no appetite, urinary frequency but passing only drops.** Burning at the meatus of urethra. No fever. Large varices on the external labia. No swelling of the feet. One hour after a meal she easily vomit what had been ingested and doesn't vomit outside of digestion time. 25 mg of Quassine was prescribed before each meal for the first eight days and 50 mg afterwards. She vomited only once on the fourth day and only three times the second week of treatment. All vomiting ceased by the third week. She took the remedy for six weeks in total. In three other cases, similar results were obtained. Campardon

6- Mrs. S., 60, strong and robust appearance, has been sick for two years. She has tried many liver treatments. She has been worse in the last two months. **Jaundice, dark yellow like mahogany.** The sclera is yellow. **No stools are passed even with enema.** Once out of random *gray matter* came out with an enema. There is a high level of bilirubin in the urine. Slower pulse, 64-66. **She only eats soup, which she vomit one or two hours after eating.** From the time she eats to when she vomits she is *restless*, feels slightly warm, pulse goes up to 70, and has headaches. All these symptoms disappear *after vomiting*. Her liver is enlarged two fingers beyond the costal border. Percussion of this area is painful with lack of elasticity. 25 mg of Quassine in the evening. She doesn't vomit the following morning. 25 mg is prescribed morning and night on that second day and she felt better by the evening and asked for milk. Vomiting returns and she is not better for the next two days. On the morning of the fifth day she is given 25 mg before taking her broth. The next day she was able to ingest a greater amount of broth and without disgust. She was given two more doses. The next day, she passed a large quantity of discolored *gray matter among a large quantity of bile.* She progressively improved afterwards and continued taking the remedy for the next two months at home in the country. She comes back five months later with another attack of jaundice, which goes away quickly. Campardon

7- Mrs. L., 50, has been suffering with **gallbladder colic** for the last two years. Following each attack *she doesn't pass another stools for eight days*. **Only gray matter** is passed with enema. She vomits any purgative. After an attack, she experience **great malaise, lack of appetite** and **nausea**. She is prescribed 50 mg of Quassine to be taken before each meal. On the second day she passed a large quantity of gray matter. Nausea disappeared. On the third day she passed two bilious diarrheic stools and her appetite returned. Her yellow complexion diminished. Diarrhea on the sixth day. The patient recovered quickly. She had two more attacks which resolved quickly with the same medicament. Campardon

8- Mr. G, 45, has had **gallbladder colic** for many years. He consults me ***after being in bed for three days following his last attack*** [debility after an attack]. He is **jaundiced, including his sclera**. The liver area is sensitive. There is no fever. 50 mg of Quassine before each meal. Stools return with regularity after the second day, yellow and bilious. I see him one month later completely cured. Campardon

9- G. G., 60, cook, has had three **gallbladder colic attacks** in the last year. He comes after the third one, which lasted five days. ***He is not recovering***. He is mildly **yellow**, has had no stool, **bilirubin** is present in the urine, he has nausea and has **complete absence of appetite**. The liver area is painful to percussion and provide a dull sound. The liver is enlarged two fingers beyond the costal margin. 50 mg of Quassine morning and night. Stools return, at first pale then normal in color. Appetite returned on the third day. He takes Quassine for eight days at first, and again after the third month he takes Quassine for two weeks every other month. He has had no more crises in the following 18 months. Campardon

10- Mr. M. J., 74, has had recurrent bloody urine for the last three years. This thin man with rigid fiber is very active and walks a lot. It is always after having *walked too much* that he notices the blood.

Last June, he consulted me for persistent bloody urination that had been occurring for the last few days. It began with a *long blackish blood clot* similar to a leech, following which the urine has been only like a dark red blackish mud. He has **urinary frequency with passage of only a few drop** of bloody urine. What is most bothersome is the constant **tenesmus felt at the neck of the bladder** which prevents any activity. On the first day, he is prescribed two doses of 60 mg of Quassine.

By the following day, the frequency and urgency is less. However, the tenesmus lasts a few minutes after urination. Two more doses of 60 mg of Quassine are prescribed. On the third day, he barely experienced any discomfort before urinating. He urinated four times during the day and twice at night, without urgency

or pain. However, the blood is still profuse. On the fifth day, urination is normal, painless, normal quantity and frequency, but the blood is still present.

I have him continued the same dosage of Quassine for eight more days, as the blood is still present I added ergotine to the treatment. By the eighteenth day from his first visit, all is normal, clear and profuse urination without any pain or blood. [The blood is likely gone after the ergotine]. Campardon

11- Mrs. D. has chronic bladder catarrh with sharp pain while passing urine, a burning feeling; pain persists for an hour after each passage. **Urinary frequency with long drop-by-drop passages.** Quassine two 40 mg doses per day. By the fifth day, all pain and tenesmus are gone but the catarrh persists. Urination is easy and relatively copious. She was treated for only fifteen days (the catarrh was still present). Campardon

12- Miss F, 14, lymphatic, tall, nice line, began menstruating one year ago. She has had *enuresis for the last 4-5 years following a fright*. Everything was tried, electricity, hydrotherapy, iron, bromide, camphor, potassium, belladonna, etc. During the day, she has *urgency with drops escaping whenever she doesn't attend to it right away*. Despite all her straining, **urine only comes drop by drop, slowly and great difficulty**. It can take easily 10 minutes on the toilet, and *on rising a few more drops come out*. She urinates only two or three times a day. Once in bed, she falls asleep. Her mother wakes her up twice every night to bring her to the toilet. Only drops are then passed. She falls back to sleep and wakes in the morning with the bed flooded. She is not aware when she passes the urine in her sleep, contrary to most other children with enuresis. She wakes at her usual time without knowing the exact time of the enuresis. Menses are fine, **slightly pale** and without pain. She is **always constipated**.

Four 40 mg pills of Quassine are prescribed, one before breakfast and before supper. On the fourth evening she passed a large quantity of urine before bed and has had no enuresis ever since, now six months afterward. Campardon

13- Miss M., 8, a scrawny child with all the signs of scrofula, **lean**, blepharitis. She has been waking up at night in the last two months with urinary urgency. Despite her mother's haste, she wets her bed every night. During the day, her need to urinate is so urgent that by the time she loosens her clothes her pants are wet. *Her face, with dark circles under her eyes*, looking down and her emaciation makes me think that the child has bad habits. The mother confirms that she has been aware of it for a long time. On examination, I confirm my suspicions.

Quassine, 20 mg to be taken before breakfast and dinner. Precautions are taken in order that the child doesn't masturbate in bed. She comes back eight days later. She has had no enuresis and she can wait to urinate during the day. Campardon

14- Mr. V., 45, strong constitution, had her first kidney colic in August 1881. Following this attack, she followed a regime for the next five months. She interrupted her regime in January and she developed another attack in February. Last July she had another attack with violent pain that lasted three days. The bladder remains sensitive. She has difficulty to urinate, drop-by-drop. She has urinary frequency. Quassine, 50 mg before each meal. The next day she passed a phosphate calculus followed by a large quantity of sand. Campardon

15- Mr. B. has pain during urination. One month ago he had violent kidney colic with vomiting which kept him in bed. **Ever since he has the bladder problem, with difficult and painful drop-by-drop urination**. Urine examination reveals a large quantity of gravel sediment and little calculi. Quassine, 50 mg before each meal. By the third day, urination is normal with a large quantity of uric sands. Campardon

16- In a case of nephritis with oliguria (less than three ounces of urine per day) and albuminuria, Quassine 100 mg per day and the urine became progressively more abundant to 100 ounces per day. Campardon

17- It is difficult to conceive of anything outside of one's own self and one's own experience and hence it comes to pass that I have never been quite able to realize that Quassia has any worthwhile action on the liver. *Und Doch* [And yet].

Very early in 1895 a gentlemen sent me a young man from Hampstead who had been in vain operated on in University College Hospital and thence discharged as incurable. Incurable at twenty years of age!

This young man informed me that he left University College Hospital quite lately and showed me a long scar in the right axillary line where an incision would have enabled an exploration of the right kidney region, gall bladder and back of liver, which no doubt was the object of the operation. He himself stated that it was for stone in the right kidney but on reaching the kidney no stone could be found and so the wound was stitched up, and as soon as it had healed-up, the patient was discharged as incurable.

The patient complained of attacks of severe pain at the back of the liver—just where the fresh scar is seen—coming on with vomiting at any time, any day and in any weather; these attacks average about one a week and the pain once on will last from one to three days. He has been subject to these attacks for five years and has had to give up all work for long and is now much reduced in health and strength. **The vomiting comes on whenever he attempts to eat**. As the attack comes on he **swells and seems very tight in the girth**. In the perpendicular the **hepatic dullness goes right up to the nipple**. I put the patient at first on Hydrastis canadensis, then on Urtica urens, then on Chelidonium majus with the sole difference

that under the Chelidonium the dull percussion note of the liver in the mammary line was a trifle less.

On April 9<sup>th</sup>, I ordered Quassia tincture (Φ), five drops in water every four hours.

23d. There is a very great improvement and the young man has quite a different look. *His low whining complaining tone* having given way to a much greater mental and physical alertness, only one attack of pain. Repeat.

May 7th. There have been two attacks of pain, but very much less severe and he feels much stronger.

To take Quassia in five drop doses three times a day.

May 21st. Attacks are much less in severity and less frequent. Patient has put on **flesh**, the previous **dirty color of the skin of his face** has gone and given place to a clean, healthy looking face. Repeat.

Remains under treatment so I am not able to say whether the Quassia is the real remedy in the case; but, assuming that it does no more than it has already accomplished, at any rate its record in the case is better than that of my allopathic friends at University College Hospital. So far as I see at present it is a case of neither liver nor kidney merely; but of the right suprarenal capsule, but into this dark continent we will now not penetrate. Burnett. *The Greater Diseases of the Liver*. 1891.

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