

Trillium pendulum (Tril.)

Nodding trillium, Birthroot, Beth Root.

The word “trillium” comes from the fact that this plant has three perfectly formed sepals and petals, while “pendulum” comes from the fact that this plant moves back and forth freely in the wind. Hale wrote, “This is but one of eight species of Trillium, growing in the Northern States. Few of our indigenous plants surpass them in elegance and beauty, and they are all endowed with active medicinal properties. The roots have a somewhat balsamic odor and taste, and produce, when chewed, a sense of heat and irritation, with an increased flow of saliva. The root of the Trillium atropurpureum, or purple species, is generally believed to be the most active.”

It was much used by the people of the First Nations and many of their indications for the use of Trillium have been confirmed to be homeopathic. It was popularly used in parturition for its great efficacy “in expediting the birth of the child.” Hale wrote, “Prof. Lee says, ‘I found it employed extensively for this astringent purpose, among the Chippewa Indians, on Lake Superior. They also believed it to be a certain specific for the bite of the rattlesnake. It seemed to be their favorite remedy in all female complaints, especially those attended with discharges; indeed the evidence in its favor, in cases of vaginal and uterine leucorrhoea, is very strong and satisfactory; also in passive bronchorrhea and hemoptysis.’

“Dr. Stone has made very extensive use of it, in all forms of bleeding, especially from the womb and lungs, and, as he thinks, with great and decided benefit. In the various forms of scrofula and cutaneous diseases, he has also seen great advantage from its use. In popular practice, the Birthroot is used in parturition, and is believed to facilitate the birth of the child, hence its name. [Confirmed]

“Dr. Coe says, ‘Its dynamic influences are chiefly directed towards the mucous surfaces, over which it seems to exercise a special control. Though mostly employed in affections of the uterine system, it is nevertheless, of great utility in the treatment of all diseases involving the mucous membranes. It is decidedly antiseptic, and is useful in correcting a tendency to *putrescency of the fluids, and the fetor of the critical discharges. Slight hemorrhages occurring from wounds, cancerous ulcerations, etc., may be corrected by its local application.*’ ”

With this empirical tradition, homeopathic physicians prescribed Trillium in the first 75 years mostly in cases presenting with hemorrhages. During those years, it was especially used and with great success in complaints of women associated with **excessive flooding**. In 1930, George Royal published a very interesting series of cases illustrating his 43 years of experience with Trillium. Also, around the turn of the

century, a few cases with **pelvic bones instability** were reported. It seems afterwards that Trillium was greatly forgotten until 1996 when Harry van der Zee from the Netherlands helped revived Trillium by reporting many cases with pelvic bones instability.

The study of Trillium provides an extraordinary illustration of the development of our materia medica. In 1869, Gilchrist reported a case that responded wonderfully well to Trillium pendulum. The patient had many very characteristic symptoms, then unknown to belong to Trillium. Twenty-nine years later, one of these symptoms (“*as if whole pelvis would separate into two halves, which was better by a tight bandage about hips*”) was confirmed through another reported cure and from then on new aspects of the genius of Trillium became more apparent and its therapeutic range suddenly grew immensely, as it will be illustrated by reading the cases in the second part of this lecture. We can thus greatly appreciate the far-reaching practical influence of the single observation reported by Gilchrist on all future generations of homeopathic physicians.

This case of Gilchrist also illustrates well first, the importance of publishing interesting cases, and, second, the great importance of studying cured cases, from the oldest to the most recent ones, for providing a wide perspective that greatly helps in better grasping the genius of a remedy. In earlier cases, as in earlier provings, it is usually difficult to know which symptoms will become the major keynotes of a remedy. With many reported cases over a very long period of time the genius of a remedy tends to emerge bright and clear. In this lecture on Trillium, we can witness the emergence of the genius of Trillium over many long years.

Beware that the original proving of Trillium was conducted by Henry Minton and was presented as his inaugural thesis at the Homoeopathic Medical College of Pennsylvania in 1853. Minton didn't precisely identify which species of Trillium he was using, even though he wrote Trillium cernuum. This proving was thus published in Allen's *Encyclopedia* under Trillium cernuum and therefore entered in the repertory under Trillium cernuum. However in his *Handbook*, Allen incorporated the symptoms of Minton's proving of under Trillium pendulum. Similarly, Minton's proving has been integrated in this lecture under Trillium pendulum and is identified under the reference number 26. In Minton's proving, no symptoms were reported belonging to females, as we learn from George Royal that Minton was the only prover.

Cases treated with Trillium atropurpureum and Trillin, “the active principles,” have also been incorporated under Trillium pendulum in this lecture and in the repertory.

More than 430 additions have been made to the repertory from this monograph.

Genius:

There are two known very strong characteristic aspects to the genius of Trillium, namely the **sensation throughout the body, of feeling loose or falling apart which is associated with the need to be bound**, and the tendency for **exsanguinous hemorrhages**. The **peculiar sensation of looseness is experienced especially around the pelvic, low back and hips areas, and is often associated with the feeling that the pelvic organs were falling out.**

In 1869, Gilchrist gave a hint to the first aspect of the genius of Trillium in the conclusion of his observation, “The wanting of something to hold the parts together seemed to be supplied by the medicine, causing a sensation of a support being put around the parts.” So far this symptom has been limited to the pelvic bones and lower extremities but it is likely a general symptom and should be considered in other patients with joint instability or the sensation of looseness.

After taking Trillium, Gilchrist’s patient experienced “a crowding sensation in all the veins, all over the body, a sort of tightening up of the parts, particularly the legs and ankles, which before seemed all falling loose.”

There are other variations of this key sensation as in the following symptoms, sensation as though the hips and back were falling to pieces or intense sacral backache as if the **sacroiliac joints were falling apart**, whole pelvis would separate into two halves and all three are **made better by tight bandages**; pain as if eyeballs were too large and would fall out of their sockets; sensation as if the right hip were being forced off the body, relieved by lying on the right side with something under the hip; sensation of goneness in the abdominal wall with a want of support, bearing down sensation and prolapse of uterus or uterine dislocation **worse standing and walking, ameliorated by supportive measures.**

Boger reported a case with a large pedunculated uterine fibroid who was experiencing distensive pain in the pelvis, a sensation as though the sacrum were separated, as if the bones were being forcibly spread.

With the pelvic bones instability, namely in the sacro-iliac joints and symphysis pubis, there is pain that is worse from prolonged activity and there is the desire to be bound tightly which ameliorates.

Trillium is especially suitable in flabby, heavy, thick-set (can also be delicate), dark-skinned, plethoric, mentally depressed and apprehensive women with a tendency to flatulence, rumbling, constipation alternating

with bloody-mucousy diarrhea, hemorrhoids, infertility, uterine displacements or fibroids who invariably flow profusely with their menses, tends to suffer from bearing down pain and have miscarriages between the third and fifth months of pregnancy characterized by profuse bleeding, as well as after parturition and who become pale, anemic, weak, faint and anxious consequent to hemorrhaging.

Trillium is one of our main hemorrhagic medicines. The hemorrhages are often characterized by flooding (exsanguinous or fatal) with fainting, great weakness and anemia (Ipecac).

Profuse hemorrhage from all mucous surfaces and wounds, especially from the uterus, kidneys and nose.

Discharges, such as menses, hemorrhages, lochia, leucorrhea, expectoration, etc., are profuse and often excessive to the point that the uterine bleeding will endanger the person's life.

Trillium will tend to become exsanguinated from too profuse bleeding which be will accompanied by faint feeling, dizziness, noises and obstruction in the ears, blurring or dimness of vision, general weakness, sinking at the stomach, coldness of the extremities and rapid and feeble pulse, palpitation and aggravation from motion and being up on their feet and amelioration from lying down and quiet.

The blood can be bright red, profuse and prolonged, or dark and clotted. When the patient is very quiet, resting on the back or side, the blood would clot in the uterus or vagina, or both, and is dark. If the patient is on her feet, the quantity is greater and the color either bright or pale red without clots.

Hemorrhages tends to be sudden, copious and prolonged; they are either active, coming out in gushes, worse from the least movement, or passive, being a continuous ooze for days, weeks and months.

The menses are frequent, protracted, profuse and exhausting; the flow can be too free and coming in gushes, preceded or accompanied by dark clots.

Menorrhagia characterized by long-continued and profuse bleeding, and even excessive, with fibroid tumors, fainting, with fresh or dark and clotted blood; for several weeks duration; at menopause; with displaced

uterus, great bearing-down feeling in pelvis when walking and standing, backache, sore pains in vaginal and uterine regions, copious discharge of yellowish, stringy leucorrhea, constipation, with a feeling as if hips and small of back were falling in pieces and a desire to bind them up tightly; face pale and anxious, extremities cold, no pain, flabby subjects, much fetor; worse from the least movement.

Flooding with dilated os during miscarriage and before or after normal delivery.

Threatening miscarriage between the third and fifth month of pregnancy, with severe pains, profuse hemorrhage and dilated os uteri.
Lochia too profuse, protracted and bloody.

Uterine displacement, including prolapse, with consequent menorrhagia, worse after being active for a day, after house-cleaning, and before menses.

Infertility with uterine fibroids and menorrhagia.

Constipation and hemorrhoids with uterine fibroids; constipation worse before the menses.

Trillium tends to **worse from prolonged activity**, such as too long a walk or ride, **worse standing and walking**, and tends to be aggravated by cold, cold weather, *before* menses and sudden or violent emotions, or unwelcome news and tends to be better from resting, in warm weather, and from hot applications.

The Trillium patients can vomit or faint with pain but more importantly they will tend have **fainting and dizziness with hemorrhages, worse rising or sitting up.**

Dizziness is worse the days after the menorrhagia.

Trillium can have no pain with its complaints or can experienced severe, sharp intense pains.

Other very characteristic symptoms without known verification are repugnance to conversation, blue vision, craving for ice water, and the desire to bend forward with headaches and abdominal pains.

(Clipboard #2)

It is important to be able to quickly differentiate Trillium from Ipecac in cases presenting with profuse uterine hemorrhages, as both remedies can have rapidly fatal hemorrhages.

Both tend to have frequent, profuse and protracted menses.

Both can experience profuse and continuous menorrhagia with threatening miscarriage, and during or after delivery or miscarriage.

In both, hemorrhages can be sudden, active with gushes of bright red blood with clots that are worse from the slightest motion.

Both can become anxious, anemic, pale, dizzy, faint and weak with hemorrhages.

Both can experience nausea and a sinking feeling in the stomach with hemorrhages.

Both can be flabby and have the tendency for indigestion.

However, Ipecac will tend to experience more intense nausea, pressing pain and distention in the pit of the stomach, cold perspiration in the extremities, and heat in the abdomen (specifically with postpartum hemorrhages).

Periodicity is very remarkable in Ipecac.

The Ipecac person tends to be more sensitive, capricious, unsocial, easily offended and of having repulsive moods.

Trillium tends to have that loose or falling apart feeling, with the desire to be tightly bound.

Trillium tends to experience pelvic and backache with hemorrhages.

Summary of the Genius:

Trillium is especially suitable in flabby, heavy, thick-set (can also be delicate), dark-skinned, plethoric, mentally depressed and apprehensive women with a tendency to flatulence, rumbling, constipation alternating with bloody-mucousy diarrhea, hemorrhoids, infertility, uterine displacements or fibroids who invariably flow profusely with their menses, tends to suffer from bearing down pain and have miscarriages between the third and fifth months of pregnancy characterized by profuse bleeding, as well as after parturition and who become pale, anemic, weak, faint and anxious consequent to hemorrhaging.

Sensation of looseness or falling apart throughout the body, but especially around the pelvic, low back and hips areas and particularly related to pregnancy or parturition. This sensation can be experienced as pain, which is characterized by outward pressure or expansive pain.

Trillium is one of our main hemorrhagic medicines, characterized by exsanguinous hemorrhages.

Discharges, such as menses, hemorrhages, lochia, leucorrhea, expectoration, etc., are profuse and often excessive to the point that the uterine bleeding will endanger the person's life.

(Clipboard #3)

Mind:

Melancholy, with sadness. 26

Marked melancholia. ∞ Menorrhagia 114

Repugnance to conversation. 26

Ill-humored, irritable, disposed to get angry at trifling things. 26

Afraid that he is going to be sick; great anguish; agitation and tossing about, impossibility of keeping still. 26

Easily moved to tears or laughter. 34

Precocity in children. 815*Depressed and apprehensive.* 114

Anticipation, worse before examination. 815

Head:

Vertigo while walking, as if she would fall forward. 73

Faintness when sitting up. 114

Pain in the left temporal fossa, increased by the least noise. 26

Pain in the forehead, *which causes one to bend forward*, by which the pains are somewhat mitigated, but they return with all their severity on resuming the erect position. 26

Headache increased by the least noise, and walking or coughing. 26

Left frontal headache. Wright. THMSSNY 1882; 17: 119.

After apoplexy. 908

Eye:

Pain in the eyeballs; sensation as though they were too large and would fall from their sockets. 26

Blur before the eyes; everything *looks bluish.* 26**Ear:**

Flooding with fainting, pain, dim sight, palpitation, obstruction and noises in the ears. 103

Ringing with menorrhagia. 114

Face:

Sallow face; yellow saddle across the nose. 26

Sallow face with white [pale] lips and tongue. 34

Nose:

Profuse epistaxis, passive. 8

Mouth:

Greasy feeling over the tongue and gums. 26

Very offensive taste in the mouth, especially on rising in the morning. 26

Profuse flow of saliva. 26

Bleeding from gums and mouth or from cavity after extraction of tooth. 8

Bleeding after tooth extraction. 72

(Clipboard #4)

Stomach:

Disgust for everything except *cold water*. 26

Continual inclination to drink ice-water. 26

Crampy pains, pinchings, and gnawing, with fullness in the stomach. 26

The pains in the stomach manifest themselves mostly after meals and in the morning.
26

Dyspeptic symptoms, *chiefly produced by the use of meat*, particularly at night.
Gilchrist 34

Sinking in stomach with hemorrhage. 8

Hematemesis, with erosion of the mucous coat of the stomach. 8

Heat and burning stomach rising up in esophagus. 8

[Trillium has many symptoms compatible with the ones of stomach ulcers.]

Abdomen:

Swelling of the abdomen, as in ascites, accompanied by a sensation as though the whole contents of the abdomen were drawn back against the vertebral column. 26

Flabby condition of the abdominal parietes, with a sensation of goneness, a want of support in front, accompanied at intervals of a few moments by short, sharp, lancinating pains, which extend from before backward, *causing one to bend forward.*
26

Much flatulence, with grumbling in the abdomen. 26

Stools:

Dysentery, passages are almost pure blood. 25

Diarrhea, with painless evacuations, slightly tinged with blood. 26

Constipation succeeded by thin, watery, and *very offensive* diarrhea. 26

Chronic diarrhea of bloody mucus. 8

Constipation: dry hard stool. 8

Bowels constipated just before and during the menses. 114

(Clipboard #5)

Urinary organs:

Sharp cutting pains in the urethra when urinating. 26

Urine copious and with a strong disagreeable odor. 26

Hematuria, passive. 8

Chronic catarrh of bladder. 8

Frequent desire to urinate during menses. 34

Dribbling of urine after labor. 72

Diabetes. 8

“I have used it frequently in diabetes, and from the advantages derived from its use, we think much reliance can be placed upon it in that disease.” (Dr. Jones, Eclectic.)

25

Male:

Itching of the genitals, *aggravated by scratching*. 26

Female:

Continuous menstrual flow soon after the beginning of the menarche. Hawkes. HJO 1902; 24: 65.

Tendency to rush of blood to the head, rheumatic pains, mostly felt in the back of the head, with a sticking cramp-like pain in the left side of the nape of the neck, pains finally settling in the small of the back and hips, impeding motion. Immediately preceding the menstrual discharge, **there is a sensation of distension in the pelvic region**, with shortness of breath, and continuous throbbing of heart which seems to jar the whole frame. 34

Expansive pain, a sensation as though the sacrum were separated, as if the bones were being forcibly spread in a case with a large pedunculated uterine fibroid. 111

Menses frequently brought on by over-exertion, too long a walk, or ride; all the symptoms aggravated by *cold, and in cold weather. Sudden or violent emotion, or unwelcome news* will bring on the flow at any time without the usual premonitory symptoms. In such events, the heart throbs violently, the blood rushes to the head, burning hot, then subsides, and in a few hours the flow comes on. In addition to this, she had many dyspeptic symptoms, chiefly produced by the use of meat, particularly at night. 34

Extreme weakness and prostration, the patient at the end of a week not being able to sit up. *Turning in bed, or rising up, brings on an increased flow*. 34

The blood was of a bright red, with occasional *dark clots*, and accompanied by a *frequent desire to urinate*. 34

Menses come on after overexertion, too long a ride, etc., profuse flow. 8

Profuse flow every two weeks, lasting a week or longer, yellow and thick leucorrhoea between periods. 8

Obliged to be in bed from 13 to 15-days out of the 28. [Metrorrhagia] 114

Menses come too soon, the flow being too free and coming in gushes, protracted and profuse, preceded or accompanied by clots. 908

Profuse and exhausting menses. 908

Displaced uterus with consequent menorrhagia, profuse flow. 8

Gushing of bright-red blood from uterus, *at least movement*, later blood pale from anemia, at times dark clots, frequent desire to urinate. 8

Long-continued, profuse menorrhagia, frequent fresh or dark and clotted, and the subject weak, anemic or hemorrhagic. 908

Great bearing-down feeling in pelvis when walking and standing, backache, sore pains in vaginal and uterine regions, copious discharge of yellowish, stringy leucorrhoea, constipation, menstruation inclined to menorrhagia, monthly flow lingers several days longer than usual. 8

Sallow face with white lips and tongue, tossing in bed from evening until after midnight, with a feeling as if hips and small of back were falling in pieces and a desire to bind them up tightly. ∞ Metrorrhagia 8

Excessive flooding with fainting, face pale and anxious, extremities cold, no pain, flabby subjects. 8

Passive internal uterine hemorrhages, with occasional clots and much fetor. 8

Hemorrhages from fibroid tumors. 85

Leucorrhoea: bloody, with great prostration, yellow, creamy, profuse, between menses. 8

Thin watery leucorrhoea. 908

Uterine prolapse with leucorrhoea. 908

Uterine prolapse after miscarriage. Dutcher. *Cincinnati Lancet and Observer* 1858; 19: 411.

Profuse, exhausting, yellowish leucorrhoea with atony, prolapsus, and chronic engorgement of the cervix; fetid discharges from uterus and vagina. Cowperthwaite 51

Hemorrhage with abortion at third month. 8

Threatening miscarriage at the third and fifth month, with severe pains, profuse hemorrhage, and dilated os uteri. 908

Dilated os many months after miscarriage. Dutcher. *Cincinnati Lancet and Observer* 1858; 19: 411.

Antepartum hemorrhage, os uteri dilated to size of half dollar, no pains, flooding excessive. 8

For the constant drainage of blood for days, and even weeks, after abortion, whether the flow depends upon retained fragments of the secundines or not, it is an excellent remedy. Leavitt 706

Varices of pregnancy. 111

Postpartum hemorrhage. 8

Lochia suddenly becomes sanguinous. 72

Lochia too profuse, lasts too long. 8

Profuse uterine hemorrhage, at climacteric period, with prostration, vertigo, dimness of sight, palpitation and painful sinking at pit of stomach. 8

Climaxis with weak sight, anxious look, pale, faint, flow returns every two weeks. 8

I have had great success with in it metrorrhagia and during the climacteric; blood very profuse and very bright red. Thatcher. TPN 1900; 36: 214.

Exceedingly obstinate and long-standing cases of metrorrhagia in two *women beyond middle life*, characterized by gushing of light red blood from the uterus, **at the least movement** and especially after *overexertion of any kind*. Bellows. NEG 1918; 53: 124.

Pain in the symphysis pubis, worse after being active for a day, she would vomit from the pain. The pain was better from resting, in warm weather, and from hot applications between the thighs. *Aggravation from activity and before menses.* 908

Instability and pain of the pelvic bones so that she must remain in bed during pregnancy. 815

Infertility or repeated miscarriages with uterine fibroids and menorrhagia. 114

(Clipboard #6)

Chest:

Sensation in the larynx as though a crumb of bread or some other foreign substance were lodged there, keeping up a continual coughing. 26

Difficult breathing; a feeling as though the chest were bound up, which prevented it from expanding. 26

Tedious and harassing cough that had worried and weakened the patient. Ludlam. In *Lectures on Clinical Medicine* by P. Jousset 1880: 41.

Incipient stage of phthisis with bloody sputa, or in advanced stages with copious purulent expectoration, hectic fever and troublesome cough. 8

Hemoptysis. 72

Aching pains through the chest; sensation as of cold in the chest. 45

Often seized with sudden pain at the end of the sternum, like cramp; severe sneezing; thought he would have died from suffocative attacks of irregular breathing, with sneezing. 45

Violent cramp-like pain at the end of the sternum, very severe and continuous for some days; later, as it became better, a sensation of pressure and squeezing remain, with some difficulty of breathing because of it; cramp-like pains on various parts of the body; worse at night. 45

Shooting pains through the chest; symptoms of cold in the chest; aching of the muscles in general, as if from exposure to cold and dampness. 45

Palpitation of the heart, with great anxiety. 26

Back:

Desire to stretch the neck. 815

Intense back pain in the sacral area with menorrhagia, worse after delivery or miscarriage. 908

Sensation that the small of the back was falling to pieces, better from bandaging tightly. 34

A sense of weakness in the hip joints and thighs. 111

A feeling as if the pelvic bones were being pulled off the spine. This sensation was relieved by binding something about the hips. 114

Sensation that the back would break at the articulation. 114

Pain in the lower back, aggravated by long walks, turning in bed and swimming. 815

Extremities:

Crampy pains in the muscles of the arms and calves. 26

At night, tossing about from early bedtime until after midnight, with a feeling as if the hips and small of the back were falling to pieces, with a desire to bind them up tightly. 34

Crowding sensation in all the veins, all over the body followed by *a sort of tightening up of the parts* [curative change], particularly of the legs and ankles which before seemed all falling loose. 34

Great drowsiness, but cannot sleep or lie still a minute on account “of a tormenting restlessness in the legs, from the hips to the ends of the toes,” with a feeling as if the legs were floating in air, too light to stay down in the bed, causing an incessant shifting of their position, with a desire to keep them down, which, if persisted in, for even a moment, causes them to twitch violently. This restlessness is accompanied with a dry, burning heat of the soles of the feet, and palms of the hands; towards morning the patient falls asleep, and generally awakes with cold feet, and general chilliness, with great weakness, and peculiar trembling sensation all over. 34

Severe numbness in entire arms and both legs and feet, half way to knee. 908

Pain in the left shoulder, extending down the arm into the hand. 26

Crampy pains in the fingers when writing. 26

Feels as if bones were broken, with hemorrhages. 8

(Clipboard A)

Sleep:

Sleeplessness, rolling and tossing in bed. Sleep disturbed by frequent dreams; dreams of festivities, sleigh rides, etc. 26

At night, tossing about from early bedtime until after midnight, with a feeling **as if the hips and small of the back were falling to pieces, with a desire to bind them up tightly.** 34

Great drowsiness, but cannot sleep or lie still a minute on account “of a tormenting restlessness in the legs, from the hips to the ends of the toes,” with a feeling as if the legs were floating in air, too light to stay down in the bed, causing an incessant shifting of their position, with a desire to keep them down, which, if persisted in, for even a moment, causes them to twitch violently. This restlessness is accompanied with a dry, burning heat of the soles of the feet, and palms of the hands; towards morning the patient falls asleep, and generally awakes with cold feet, and general chilliness, with great weakness, and peculiar trembling sensation all over. 34 Anemia from hemorrhage.

Temperature:

Feverishness during the pains in the abdomen, on the subsidence of which a profuse perspiration broke out. 26

Skin

Skin hot and dry, with itching and burning, *aggravated by scratching*. 26
Red, itchy and scaly eruption all over the body. Williams. NEMJS 1820; 9 330.

Generalities:

General debility; feeling of weakness and weariness. 26
The symptoms appear mostly at night and in the morning. 26

Better bending forward and worse sitting erect. 26

Bandaging tightly ameliorates. 908

Pain aggravated on motion and after eating. 26

Pains mitigated by exercise in the open air. 26

Left side most affected. 26

Menses frequently brought on by *over-exertion, too long a walk, or ride; all the symptoms aggravated by cold, and in cold weather. Sudden or violent emotion, or unwelcome news* will bring on the complaints. 34

Severe neuralgia. Ludlam. In *Lectures on Clinical Medicine* by P. Jousset 1880: 41.

Clinical. Hemorrhagic diathesis. Hemorrhages from the kidneys, nose uterus; blood is generally dark and clotted. Threatening abortion; it has arrested numerous cases, with gushing of bright blood on the least movement, especially in women who are subject to too profuse too frequent menstruation. Hemorrhages from fibroid tumors. Prolapsus uteri, with great bearing down, copious yellow, stringy leucorrhea, characteristics of the menses. **Uterine hemorrhage with a marked sensation as though the hips and back were falling to pieces, ameliorated from tight bandages.** 36

Slight wounds bleeding profusely. Heberton. NAJ 1891; 39: 59.

Although most of our authorities give Trillium as a remedy for profuse bleeding, blood either red or dark and clotted, from nose, kidneys, rectum and uterus; I have never verified the statement except for hemorrhage from the uterus, and that limited to hemorrhage caused by fibroids tumors. In several inoperable cases of fibroids the use of the tincture of Trillium or the 1st of the Trillin has made the patient comfortable. In one patient, the size of the tumor had been the cause of miscarriage and its use carried the patient to full term. 114

Flabby subject. Excessive flooding, with fainting; face pale and anxious; extremities

cold; no pain. In passive internal uterine hemorrhages, with occasional clots, and much fetor, it has proved in my hands extremely reliable. **Flooding with fainting, to me is a key for its use.** In many cases where fainting was a prominent feature from loss of blood. Trillium has arrested the hemorrhage at once. Burt 46

Complementary: Calc-p. in intestinal and hemorrhagic affections. 56 Calcarea phosphorica and Trillium pendulum also share a very rare syndrome, which is the pain and instability of the symphysis pubis and sacro-iliac joints.

(Clipboard B)

Cases:

1- Hemoptysis. This patient was subject to attacks of spitting of blood, of a periodical character. During the attack, there was no particular excitement of the heart or arteries; patient calm and composed. Suffice it to say, all the so-called valuable treatment received proper attention, but no improvement in the patient. I put him on the 30 grains of powder of Trillium, three times per day; this he continued for one month, with some relaxation from its use, from the time he commenced with the article, until the present, which is four years, he has not had a return of hemoptysis, and is enjoying good health. Kate. *Western Lancet* 1855; 16: 406.

2- Menorrhagia. There are few disorders that afflict woman, which are more annoying and difficult to manage, than menorrhagia, particularly when it assumes the chronic form. The case which I am now about to relate, was one of unusual severity, and for three years had rendered the patient quite helpless and miserable. Her history is something like this: She is twenty-six years of age, nervo-sanguineous temperament. She had always enjoyed good health until after she was married. **At the third month of pregnancy she miscarried. Since then she has not been free from an issue of blood, for more than a week or two at a time.** At the period of my first visit, she had been suffering, what she called a very bad spell of her disorder. *Her pulse was very rapid and feeble—countenance very pale, and the body generally very much emaciated.* Complains of headache, throbbing in the temples, tinnitus aurium and giddiness. **She has also an aching pain across the loins, extending around the lower part of the abdomen.** The bowels are costive, and in a word, she has all the secondary symptoms and derangements of functions consequent upon an anemic condition of the system. On examination per vaginum, *the os uteri is somewhat lower in the pelvis than usual, and is rather more open than in health. Its borders are slightly thickened,* but in no ways indurated. There is no unusual heat or tenderness, the prevailing condition of the parts, in general

appears to be a want of contractility, and, indeed, the whole system is in a relaxed and debilitated state. **The life forces are at their lowest ebb.** *As far as I can learn, the eruptions of blood have never assumed any regularity of appearance. They have been as erratic as a wandering star, appearing every day, or every other day, every week or every other week, for months together.* Neither has action or repose had any influence, in hastening or retarding its occurrence. The quantity of blood lost has seldom been large, nor in clots. For some months past she says it has been *very thin almost resembling the whites.* So far as I was able to see, there appeared to be no organic disease of the uterus, nor any of its subsidiary organs. I was, therefore, led to look upon all her difficulties, as purely functional, and more particularly a want of contractility in the uterine capillaries, whereby the blood was suffered to escape without restraint, weakening the vital powers and greatly favoring the menorrhagic tendency. As she had already been treated, by several of our best physicians in this section, and being aware that she had taken most faithfully all those medical agents, which are principally relied on in this disease, I resolved to try a prescription which I had several times used with success, in less protracted forms of the disorder, equal parts of *Trillium Pendulum* and *Scutellaria laterifolia*. Two ounces of this was ordered to be taken three times a day. Compound syrup of Rhei to move the bowels, when necessary, and generous diet. In two weeks there was a marked improvement in her condition. The discharge had nearly subsided, her appetite improved, and she can now set up an hour or two in the course of the day. From this time she gradually regained her health. From the success attending the use of this prescription, in my practice, I have great confidence in its efficacy as a tonic and astringent, in all cases similar to the one just described. The *Scutellaria* contains, not only an active tonic, but a useful nervine, and is well calculated to allay nervous excitement, relieve neuralgia, and several other distressing symptoms which some-times attend anemia. The *Trillium* is, not only a tonic, but an astringent, having unquestionably some specific action upon the uterine blood vessels. Give it a fair trial, my brethren, and let me hear from you through the pages of the *Lancet and Observer*. The kind editors will perhaps allow space, if you are brief. We should not despise the day of small things; the ocean, it is said, is composed of drops. Let this truth teach us, that even from the simplest elements of nature, we may derive agencies, which will relieve pain, prolong life, and restore health to diseased and suffering humanity. Dutcher. *Cincinnati Lancet and Observer* 1858; 19: 411.

3- In a case of **profuse hemoptysis**, I have found this the most useful and prompt remedy in controlling the hemorrhage. I have used *Trillium pendulum* 3 X dilution and in one case of chronic hematemesis relief almost immediately followed its use. O'Brien MHR 1866; 10: 173.

4- Metrorrhagia. September 5, Mrs. F., age 25, nervo-lymphatic, seven weeks since aborted when three months gone; has had hemorrhage more or less every day since; *blood is thin, very black and fetid*, otherwise feeling well. On September 4th, she *rode up from Springfield on the cars, which brought on violent hemorrhage*; this morning thinks she has flowed one quart in three hours of *dark colored, coagulated blood*; this is the first day the blood has been coagulated; *has no pain*; is sure the afterbirth came away; has been attended ever since by an allopath. I gave Ustilago 2d, two grains every two hours; ordered perfect rest, etc.; next day hemorrhage diminished one-half; continued same remedy; next day no hemorrhage until the afternoon; she was up all day and made a call; had slight hemorrhage all the afternoon and night; continued the Ustilago all the next day, but she grew worse; evening gave Secale tincture, four drops every four hours; morning, no better; gave Sabina all day; no change for the better; gave Trillium, which cured the lady in two days. Why was the blood discharged so fetid, if all was natural? No examination was made and this question cannot be answered. Burt AHO 1868; 5: 361.

5- Metrorrhagia. I was called to see Mrs. D. May 18th, 1868, and found her on the bed **almost exsanguine**; had been flowing for *eleven weeks without any intermission*. She had been treated by three distinguished allopathic physicians during that period but to no purpose. They had resorted, as they informed her husband, to every measure known, still the flooding continued. They injected a strong solution of nitrate of silver into the uterus as a last resort, which almost produced death. She had been treated for every disease that the uterus is liable to and they said that they could not see why the hemorrhage could not be arrested; at last told her husband they could do no more. There was intense pain in the eyes, a terrible pain in the stomach, with daily *vomiting*. She could not retain even the least mouthful two hours in the stomach. *Whenever she moved the blood would gush from the uterus*. I gave her China 1 X, 10 drops in a half glass of water, in alternation with Secale 3 X in water, a dose every three hours with a little wine. Improvement commenced in twenty-four hours, and continued for one week; then came a terrible bloody leucorrhoea, for which I gave a number of remedies to no purpose. In looking over Hale's *New Remedies*, I found that Trillium corresponded to her symptoms. I gave her two grains three times a day of the 2 X trituration of Trillin with wine and a good diet. In a few days she began to improve, and is now attending to her household duties, and a firm friend to the system of medicine she so much despised before treatment. I have given Trillin in a number of cases since where there was an **anemic condition with a bloody leucorrhoea, the blood being bright red at first**,

and owing to the great prostration becomes mixed up with leucorrhoeal discharges. Fackler. AHO 1869; 6: 228.

6- Menorrhagia. Mrs. G., age 45, temperament nervo-sanguine, *easily moved to tears or laughter*. For eighteen months the menses have been very irregular, **too frequent, too profuse, and too protracted**, frequently lasting two weeks, always returning in three weeks (sometimes in a few days) after the cessation of the preceding period. Generally preceded by *tendency to rush of blood to the head, rheumatic pains*, mostly felt in the back of the head, with a sticking cramp-like pain in the left side of the nape of the neck, *pains finally settling in the small of the back and hips, impeding motion*. **Immediately preceding the menstrual discharge, there is a sensation of distension in the pelvic region**, with *shortness of breath, and continuous throbbing of heart which seems to jar the whole frame*. Menses frequently brought on by *over-exertion, too long a walk, or ride; all the symptoms aggravated by cold, and in cold weather*. *Sudden or violent emotion, or unwelcome news* will bring on the flow at any time without the usual premonitory symptoms. In such events, *the heart throbs violently, the blood rushes to the head, burning hot, then subsides, and in a few hours the flow comes on*. In addition to this, she had many *dyspeptic symptoms, chiefly produced by the use of meat, particularly at night*. The last attack came on in the usual way, *without any pain*, but gradually increasing in quantity, **causing extreme weakness and prostration**, the patient at the end of a week not being able to sit up. **The blood was of a bright red**, with occasional *dark clots*, and accompanied by a *frequent desire to urinate*. *Turning in bed, or rising up, brings on an increased flow*. *Complexion sallow, with white lips and tongue, and dark streak across the nose*. *At night, tossing about from early bedtime until after midnight, with a feeling as if the hips and small of the back were falling to pieces, with a desire to bind them up tightly*. Great drowsiness, but cannot sleep or lie still a minute on account “*of a tormenting restlessness in the legs, from the hips to the ends of the toes,*” *with a feeling as if the legs were floating in air, too light to stay down in the bed*, causing an incessant shifting of their position, with a desire to keep them down, which, if persisted in, for even a moment, causes them to twitch violently. This restlessness is accompanied with *a dry, burning heat of the soles of the feet, and palms of the hands*; towards morning the patient falls asleep, and generally awakes with cold feet, and general chilliness, with great weakness, and peculiar trembling sensation all over. Bromium 200, in one instance acted well, but an effect could not be produced from it the next time. Zincum 200, acted like magic in controlling the restlessness of the inferior extremities, but went no further. Sepia, Belladonna, Arsenicum album, Sulphur and Kreosotum, did but little. All of these remedies relieved some symptoms, but with the exception of Bromium, in the first

instance, none acted upon the discharge at all. At the end of two weeks, gave 4 drops *Trillium pendulum* tincture in two ounces of water, giving one teaspoonful every 2 hours.

I will let the patient tell in her own language the results, “Almost immediately I felt a *crowding sensation* in all the veins [vasoconstriction], all over the body; in less than an hour the flow decreased; in two hours took another dose, followed by the same sensations in all the veins. In about four hours took another dose, and composed myself for sleep; I felt the same sensation in the veins, which was not unpleasant, but *a sort of tightening up of the parts, particularly the legs and ankles, which before seemed all falling loose.*”

“That is, the *wanting of something to hold the parts together*, seemed to be supplied by the medicine, causing *a sensation of a support being put around the parts*. The flow ceased, almost entirely, and in an hour or so I fell into a refreshing sleep.”

Next morning she felt every way better, but the flow not having ceased entirely, she took another dose, and another at bedtime. She slept well; nearly well the next morning, so as to get up and dress. Not nearly so weak as at former periods of a similar duration. Her strength increased gradually, and the next period did not come until a full month had elapsed, when it was of an entirely natural character, and lasted only two days. The dyspeptic symptoms have likewise all disappeared, but the rheumatic tendency remains. It may be proper to state that after the first three doses, the *Trillium* was used in the 1 X, in pellet form, 12 pellets to 2 ounces of water, one dose three times a day. Gilchrist MIV 1869-70; 7: 1.

7- Uterine prolapse. Miss A. J., age 21, temperament bilious, complains of *great bearing-down feeling in the pelvis when walking and standing*; backache; sore pains in the vaginal and uterine region; **copious** discharge of yellowish, *stringy leucorrhea*; constipation; menstruation inclined to menorrhagia, and the monthly flow *lingers several days longer* than the average time. A few doses of *Nux vomica* 30 were given at first with no appreciable amelioration; four doses of *Trillium* 1, four hours apart, were followed in a few days with decided and *permanent relief of the symptoms of uterine dislocation*. Gorton. HM 1871-72; 7: 514.

8- Menorrhagia. Mrs. M., age twenty-eight, had been subject for several years to *frequent and profuse menstruation*. The menses came on *every fourteen days*, and *lasted seven or eight*. In the *intervening periods* there was **profuse leucorrhea of a yellowish color and creamy consistence**. The blood was once bright red, and but lately, owing to her anemic condition, has been pale and mixed with a leucorrhoeal discharge. She took *Crocus*, *Platina*, and *Sabina*, but with no apparent benefit. *Trillium*

2 X was then given, in doses of one grain, four times a day. The first effect noticed was a diminution of the leucorrhœa, then the menses delayed one week. The medicine was continued, and the next menstrual period came on at the end of four weeks, and was not followed by leucorrhœa. She was then put upon the use of Ferrum metallicum 1 X, and Helonin 1X, one grain of the former after taking meals, and a similar dose of the latter before eating; and in a few weeks her strength and color returned. Several other similar cases were treated with the same medicine, and all recovered. Hale 25

9- Metrorrhagia. Mrs. S., age forty-six, passing through her climacteric, had occasional attacks of a **profuse flooding**, at *irregular times*, so **profuse as to bring her down very low**; the blood was *thick, dark, and clotted*, and would *continue several days*. The attacks had been partially controlled by the use of Sabina and Crocus, but being called during the first day of a seizure, I determined to test the Trillium. Ten drops of the 1 X dilution were given every half hour; in a few hours the flooding had decidedly diminished, and subsided completely in two days. Hale 25

10- Mrs. T., age fifty, had been subject to attacks similar to the above, but was anemic, dropsical, and much debilitated. Apis 2 X relieved the dropsy promptly; Helonin gave her more strength and better digestion than she had had for months; and when her **attack of flooding** came on, Trillium 2 X arrested it in two days. These attacks were of a peculiar character; the discharge was pale, watery, only slightly tinged with blood, but very **profuse**, *accompanied with prostration*, vertigo, dimness of sight, palpitation of the heart, and a painful sense of "*sinking at the pit of the stomach.*" All these symptoms, which usually lasted eight or ten days under allopathic treatment with sulphuric acid and muriatic tincture of iron, subsided in two days under the action of minute doses of Trillium. In this case the discharge was really blood, as much as if it had been red; but such was her anemia that the red globules were very deficient. She had become jaundiced, but under the use of Leptandra 2 X decimal, the liver resumed its normal functions, and her increased appetite and digestion soon brought some color to her pallid cheeks. Hale 25

11- Hemorrhage after abortion. The fetus and placenta came away properly, but imprudence kept up the hemorrhage, which was dark, sanious, and *accompanied with pain in the back, dragging in the loins, and soreness in the hypogastric region*. All these symptoms subsided after using Trillium 2 X decimal for a few days. Hale 25

12- Mrs. C., abortion in the fourth month, with retention of the placenta. I was called in haste about midnight, and found her **flooding excessively**; extremities cold, *face pale* and anxious; the **os dilated** and the body of the uterus firmly contracted so

much so that it was impossible to remove the placenta by force. Gave *Trillium pendulum*, two drops every fifteen minutes. She responded at once to the action of this remedy. The next day the removal of the placenta was attempted by means of the placenta forceps, but after an hour's trial I was forced to abandon the attempt. It ultimately became disorganized, and passed on the sixth day. She had several attacks of flooding during this time, but the *Trillium* succeeded in arresting it at once. China, Secale, and Pulsatilla were given for other conditions. The patient fully recovered. Hale 25

13- Menorrhagia at change of life. Miss A., aged forty-eight. I was called to visit her in haste, and found her **almost exsanguinous**. She had been **flowing freely** for some ten days, and for the last few hours the hemorrhage had been **active**. She presented all the physical symptoms of **excessive hemorrhage**. Gave *Trillium pendulum* tincture, three drops every fifteen minutes, which within an hour had completely controlled the flooding. Secale corn. 3d followed the *Trillium*. The patient has since that time (Nov., 1864) been well. Hale 25

14- Post-partum hemorrhage. Mrs. B. was confined with her third child. Her labors with the previous children had been attended with **almost fatal hemorrhage**. Immediately following the birth of the third child she was seized as in her former confinement. Gave *Trillium pendulum*, a drop every five minutes, which arrested the **flooding immediately**.

In short, without citing other cases, I will say that I know of no remedy in the materia medica that so certainly controls active uterine hemorrhage. It excels Sabina, Secale and Hamamelis. Hale 25

15- Miscarriage. Mrs. G., at the third month of pregnancy, was taken at 6 o'clock in the morning with a bloody discharge from the uterus, **with pain in the back, considerable sickness at the stomach**, and occasional chills. I was called in at 9 o'clock; **the flooding** had greatly increased during the last hour, and the **patient fainted** as I went into the room. The pains had ceased; **os uteri dilated** to the size of a twenty-five cent piece, but rather tense; loss of blood very great. I made a strong infusion of the *Trillium* root and gave her two tablespoonfuls every ten minutes; in half an hour the bleeding had greatly diminished; the infusion was continued, but given at longer intervals, and in two hours from the time I was called in the hemorrhage had ceased altogether; pains returned during the following night, and the fetus was expelled with but very trifling loss of blood. Hale 25

16- I was called at 4 o'clock in the morning to see Mrs. S. at the full term of pregnancy; **os uteri dilated** to the size of half a dollar; no pains; **flooding excessive**. Administered the Trillium as in the preceding case; it acted promptly, so that in an hour from the time of giving the dose the bleeding had entirely ceased. In about four hours labor-pains came on, and she was shortly delivered of two healthy children, with no more than the usual amount of hemorrhage. Hale 25

17- Mrs. M., at about the third month of pregnancy, had had slight uterine hemorrhage for two or three days previous. At 8 o'clock in the evening of the third day she became alarmed by **sudden and excessive flooding**. I was immediately called in, but her **fainting turns** were so frequent and so protracted that I could not give the remedy as fast as I desired; and, notwithstanding I brought all the means to my aid that I could command, I greatly feared I should lose my patient. In about three hours, however, she had taken an infusion made with about three drachms of the bruised root, as nearly as I could judge, and the hemorrhage was perfectly controlled. Thirty-six hours after these pains came on, and the fetus was expelled without any further trouble. It may not be amiss to state that I think I have found this remedy of decided utility in facilitating labor. I have treated cases of leucorrhoea satisfactorily. The plant I made use of is the *Trillium atropurpureum*.

It is decreed by some writers that Trillium is most useful in passive hemorrhages, but the cases above reported were of an opposite character. We have no proving of this remedy showing its pathogenetic action upon the generative organs of women, nor can we decide with any certainty, as to the pathological states which it would induce in the uterine tissue. To say it acts by giving tone to the uterus, would not convey any exact idea, although it actually has that effect; it stimulates the uterine nerves to healthy action, and as a consequence we have muscular tonicity, and a healthy condition of the mucous membranes. Hemorrhages from the uterus either arise from relaxation or laceration of the blood vessels of that organ, or from abrasion or relaxation of its mucous coats. Any drug, therefore, whose symptoms correspond, will possess the power of causing just such pathological changes, and will, therefore, cure similar lesions. The analogues of Trillium are *Terebinthina*, *Sabina*, *Pulsatilla* and *Erigeron canadensis*.

Dr. Chamberlain, of New Hampshire, recommends "Trillium in cases of uterine hemorrhage, and **profuse flooding after confinement**." Hale 25

18- I have been treating a *young lady for hemorrhage from the uterus, of fifteen years' standing*, in which case I first used oil of erigeron, cinnamon and other astringents; but still the hemorrhage continued. I then put her upon the saturated tincture of the trillium, in doses of thirty drops, repeated every three or four hours,

according to the severity of the flow. This treatment has so checked the flow that she has but eight or ten days' flow per month, and that about like her monthly flow, only it occurs two, three or four days at a time. This case is a very noted one, and had been treated by a number of physicians, but they all failed to arrest the flow; and it continued, most of the time, for the fifteen years, sometimes very profuse, and then for a time less severe. She became prostrated, and was confined to her bed and room. Trillium is the only remedy that seems to control the hemorrhage for any length of time. She is now regaining her flesh and strength, as the quantity of blood now discharged does not much exceed the normal quantity. This article seems to have a direct effect upon the mucous surface and the capillary circulation. Goss. Medical Brief 1877; 5: 312.

19- Threatening miscarriage. Mrs. E. T., age 20, **robust**, fair, always in good health; pregnant for the first time. At the fourth menstrual period [sic] after conception was taken with *severe pains after house-cleaning*. Found her with quickened pulse, *severe pains* every five minutes; during pains **copious hemorrhage** from the uterus; **os dilated** so as to readily admit the finger. Gave Trillium pendulum 1 X, a powder every five minutes. Hemorrhage ceased after fifth dose; pains ceased within two hours, and the patient afterward went safely through a normal pregnancy and was delivered of an healthy child. Taylor. AOB 1880; 17: 455.

20- Threatening miscarriage. Mrs. M. E. S., age 22, **dark, above medium size**, healthy until first abortion at fifth month three years ago. She has had two abortions at fifth month. She has complained of **backache, debility and gastric disturbances** since. **At fifth month** of third pregnancy she was taken **with severe and persistent labor pains**, which lasted twenty-four hours before I reached the patient. Found the **os dilated** to the size of a twenty-five cent piece, and the presenting part of fetus well down into the pelvic cavity. Pains were irregular in time and power; sometimes **severe pains** followed each other with very short intervals, then they would be fifteen minutes apart and of trifling severity. Gave quinine, two grains every two hours, to induce regular and more powerful contractions—because in this malarial Wabash valley even a puerperium is mixed and influenced with malaria. No result. Gave Trillium pendulum 1 X, a powder every fifteen minutes. Within two hours pains had disappeared, and digital examination revealed the *os contracted* so as to scarcely admit the finger. This patient had a similar but less severe attack at the seventh month, and was promptly relieved by the Trillium. She passed through her confinement at full term, and got up in much better health than before her pregnancy. Taylor. AOB 1880; 17: 455.

21- Threatening miscarriage. Mrs. S. J. B., age 19, slender, fair, of scrofulous diathesis. At **third month** of first pregnancy, pains and hemorrhage. Trillium pendulum 1 X, a powder after each pain, gave prompt relief. For this patient the Trillium “had to be kept in the house.” She had pains every two weeks during her pregnancy. They were always promptly controlled by Trillium, and she finally succeeded in reaching full term and was safely delivered of a healthy infant. Trillium does not control hemorrhage from other causes than pregnancy. Climacteric hemorrhages are uninfluenced by it, as I have repeatedly proven. But it is capable of perfectly controlling even the most threatening symptoms of an imminent miscarriage—having an equally powerful influence at any period of the pregnancy. Taylor. AOB 1880; 17: 455.

22- Uterine fibroid with menorrhagia. In our own practice, we have had some very remarkable results from Trillin, in the third decimal trituration, for the relief of this form of menorrhagia. In one case especially,—and it was a very bad one,—occurring in the practice of my friend Dr. W. C. Barker, the Trillin not only relieved a very alarming hemorrhage, but put an end to a *tedious and harassing cough that had worried and weakened the patient* almost as much as the loss of blood. It also relieved *a severe neuralgia* to which this patient had been subject. Ludlam. In *Lectures on Clinical Medicine* by P. Jousset 1880: 41.

23- Trillium as a hemostatic. We are frequently called upon, especially in obstetric and gynecological practice, to control undue hemorrhage; any excessive loss of blood is not only frightful to the patient and attendants, but is an actual and immediate source of danger, which must be met promptly and effectively. Experimentation is dangerous in anything like a serious case. So, also, is the use of remedies having an uncertain, though possibly a curative action. We must have agents upon which we can rely with confidence, and, by repeated trials in a variety of cases, I have come to feel, I may almost say *know*, that Trillium pendulum is one of these reliable agents. There are many cases of **post-partum hemorrhage**, particularly those occurring after abortion or early miscarriage, in which this remedy proves more prompt and more effectual in its action than ergot, and still others, in which it succeeds perfectly when ergot has absolutely failed. It is, however, as a remedy for **menorrhagia** and **metrorrhagia** that I would most strongly commend it, as it is in these conditions that I have chiefly administered it, and derived most satisfactory results. Instead of detailing various cases to illustrate its application, I will simply say that I have found it superior to any other remedy for active hemorrhage, either of **bright red**, or **dark and clotted blood**, if the **patient be a delicate, anemic woman, of lax muscular fiber, with**

inclination to prolapsus or other displacements of the womb, and also during the critical period of the menopause.

With regard to its administration, I have never experimented with its shadow, but have always used the substance, viz., the first decimal trituration of Trillin, the active principle of the plant.

Of this I usually dissolve about five grains in one-third glass of water, and give a teaspoonful every two hours or from that to every ten minutes, according to circumstances, and in some severe cases one grain powder at a dose, every hour or two.

During the past few months I have been using this remedy prepared with cocoa butter, in the form of a suppository, and from my experience I am satisfied that is a very easy and efficient method of administration. It proved as sure and quite as speedy in its action given in this way as when taken into the stomach, and can be thus used even though the patient be unconscious, or when the stomach is in such a disturbed condition that nothing can be tolerated.

I have presented this subject because I believe Trillium is a drug which is not truly appreciated, and, in fact, hardly known at all to many physicians. What I have offered is based entirely upon my own experience and observation, not upon any theory as to why or how it produces any given effect. Whatever the pathogenetic effects of a drug may be, it must be admitted, I think, that it is repeated clinical verification which gives us confidence in its virtue. I therefore hope that if any among us have used the dilutions or higher attenuations of Trillium, we may hear from them whether the decided and uniform effect which I have observed in the drug, as I have used it, is maintained when the attenuated form of the drug is prescribed. Phillips. HJO 1880-81; 2: 413.

24- Mrs. B, aged about twenty-two; is of nervous temperament, slender figure, and far from robust in appearance, and has one child, almost two years of age. She was under the treatment, for supposed ulceration and inflammation of the uterus, of a distinguished allopathic physician during several weeks by the middle and latter portion of her pregnancy, which treatment embraced irritant local applications. These injured the uterine cervix, complicating parturition seriously. The labor lasted twenty-four hours, and was an instrumental one. The recovery was very slow—**uterine tonicity being lacking, and hemorrhages that were apparently causeless were frequent.** These gradually became less during lactation, but after the return of menstruation, **the period would be prolonged much** beyond the proper duration. In January 1881, I was again called to see her. She was then suffering from **severe hemorrhages, and was almost exsanguinated, the pulse being weak and exceedingly rapid,** and after the cessation of the trouble at that time strength

returned but slowly. In February came another severe drain. This was succeeded by a short rest, when March brought another period of less severity and shorter duration. These left her with so small an amount of vital fluid, that there was barely enough to supply material for exercise to the heart—in fact, so imperfect was the pulsation that after slight exercise the beat could hardly be counted, and sometimes not at all.

From this date, however, the hemorrhagic tendency seemed to be controlled, *Trillium pendulum* being the remedy which seemed to be the most effectual. I had used *Secale*, high and low; *Phosphorus* from the 6th to the 1000th; *Helonias*, from the tincture to the 30th; *China.*, 1st to 30th; *Ferrum*, and some other remedies I do not now recall. I said the hemorrhagic tendency was controlled—it was to a very considerable extent—the menstrual period, however, lasting longer and being much more profuse than was natural to her. Gilman. *Clinique* 1881; 2: 264.

25- I have used *Trillium pendulum* for the last ten years for **profuse hemorrhages** from the womb from whatever cause, and generally with good results. I used it long before I knew how to diagnose one pathological condition from another, but why I used it I cannot tell, except I was so taught, and that its administration was followed by good results. During the past several years, I have not used it as frequently, perhaps because I have learned there are other remedies which are better suited to individual cases; yet it is one of my leading remedies. I think it best suited to a passive form of hemorrhage, which, although not as violent as would call for *Viburnum prunifolium*, yet equally as dangerous; for in the one case your patient **faints from rapid loss of blood** to recover again, while when the fainting appears from passive hemorrhage it is when she is **nearly if not quite bloodless**. Carmichael. HJO 1881-82; 3: 396.

26- Menorrhagia and metrorrhagia. These notes are given more in corroboration of the experience of others, and I give them as a tribute to a most valuable remedy in **menorrhagia and anticipating menses**, after a happy experience of ten or twelve years of its use in these serious afflictions of American women.

I prescribe it generally on the following indications: if there seems to be atony of the womb or a **general anemic condition, especially with gastric derangement**, I give *Trillium* ten days before menstruation, and *Helonias* for ten days after. In one case I got an aggravation so great that the menses were delayed and lessened to such an extent that the patient thought the climacteric period had arrived. But on discontinuing the *Trillium*, the menses became regular and have been ever since, a period of nine years. In three other cases, I got the **characteristic left frontal headache**; one of these eight years ago, and another, a younger sister,

one year ago. In both of these cases, I repeated the remedy with the same effect—a good proving of that symptom.

Generally, I have not been obliged to give it during the menses, only up to the time. In cases even of **long-continued menorrhagia in which the flow is fresh or dark and clotted, and the subject weak, anemic or hemorrhagic, or anticipated in time**, I prescribe Trillium with the greatest confidence that from one to four months the remedy will give permanent relief. Wright. THMSSNY 1882; 17: 119.

27- Miscarriage. Mrs. S., age 32, mother of one child. When **three months** pregnant, without known cause miscarriage occurred. She was attended by an old-school physician. Hemorrhage following, ergot was administered in drachm doses frequently repeated, with very little effect; Cinnamon and other drugs proved equally ineffectual. This condition of things continuing for forty-eight hours, the husband expressed the wish that a homeopathic physician be called; whereupon the doctor in attendance said, if he desired it, he would resign the case. He did so, and I was called. I found the woman *pallid, almost pulseless, and extremely weak*. From the vagina *oozed a small but constant stream of bright red blood*. Examination showed the womb to be *prolapsed*; the **os open** to nearly the size of a quarter-dollar; the cavity thoroughly emptied; and the tissues in a soft, flabby condition. I dissolved about five grain of Trillin 1 X in three tablespoonfuls of water and gave a teaspoonful every ten minutes. Within half an hour slight contractive pains were felt, and the flow of blood almost ceased. More of the medicine was prepared, and left to be given hourly for six hours; after which, there being no further hemorrhage. China was substituted, and rapid recovery followed. Phillips. MHMS 1885; 6: 68.

28- Post-partum hemorrhage. Mrs. W., confined at full term. Delivery easy and natural, and all seemed well. As has been my practice of late on leaving a confinement case, I prepared some Trillin in water, to be given frequently if hemorrhage should occur. About three or four hours after my departure, in this case, the patient felt a gush, and the nurse immediately gave the medicine, and repeated it every five minutes. In about fifteen minutes after the first dose, contractions were felt, and the flow, which had been **profuse**, was under control, and was reduced to the normal lochial discharge. Moreover, whether from the effect of the Trillin or from other conditions, she suffered very little from after-pains, though in two preceding confinements she had suffered severely. Phillips. MHMS 1885; 6: 68.

29- Menorrhagia. Mrs. R., age 47. For two years or more has had **very profuse menstrual flow every two or three weeks**, the intervals being in some instances

only a few days. **Twice during that time the hemorrhage was so great that she was brought very near to death's door;** but under the care of an able homeopath she had rallied, but was **weak and anemic.**

A few months since, while visiting in this city, she was attacked with what threatened to be one of her worst hemorrhages. Being called, I gave a solution of Trillin and the flow was speedily checked, and so controlled as to be only normal for the following three days, and then ceased. Since that time she has the remedy at hand, and when the flow appears takes a small powder once or twice daily, and thus controls it completely. *The length of the menstrual periods has decreased and the intervals increased since its use.* Phillips. MHMS 1885; 6: 68.

30- Trillium has symptoms something like Kreosotum in menorrhagia. The flow sometimes intermits. A leucorrhoea appears just before the monthly period, and is *excoriating*, but not particularly offensive. The flow, however, **comes on every two weeks, and lasts eight days.** Trillium has never failed to relieve such a case for me. I prefer the tincture in from one to ten drops at a dose, every two to four hours. I remember well, one case of passive hemorrhage after miscarriage. There was no retention of membranes, but a failure to contract; a faulty involution. I tried almost everything without effect for several weeks. **Every time she moved it would gush out,** blood bright red. Trillium relieved it promptly. I gave ten drops every two hours. Johnson. MCR 1889; 5: 541.

31- Mrs. S. **Abortion at third month.** Ergot and the various local means had been employed by her physician without result. Trillium checked within three hours. In six hours resumed her duties as housewife with no return of hemorrhage. Heberton. NAJ 1891; 39: 59.

32- Frank H. stab wound penetrating forearm, venous lacerations, history of slight wounds bleeding profusely. Trillium with almost instantaneous results. Heberton. NAJ 1891; 39: 59.

33- Mrs. W., age 22, mother of two children, consulted me for the following conditions: **A constant sanguineous discharge** which had persisted for a number of weeks, **severe** headaches from *occiput to forehead*, with pressure on the vertex. *Attacks of vertigo or fainting*—fits, she called them—when she would fall, several times having hurt herself badly, at one time striking a hot stove and at another falling down a flight of stairs. These attacks were becoming more frequent. Some months prior to the present condition, her menses being suspended, she had been treated for suppression upon the theory that the condition resulted from having wet her feet

and skirts in snow water during a severe rainstorm following snow. But remedies failing to meet the case, she was told by her doctor, who was a homeopath, that “an operation was necessary,” and upon two occasions an electric current had been passed into the uterus by means of a sound. This proved a success so far as to bring on a flow, but now the trouble was to stop it, in which the doctor was less successful. Examination disclosed an engorged condition of the genitalia with a passive flow of *dark blood* without odor; *the uterus was heavy and large*, as is usual at three and half or even four months, although I did not determine whether any growth was in the cavity, or whether the size was due to hypertrophy and subinvolution. A number of symptoms suggested *Calcarea carbonica*, while others reminded one so strongly of *China* that the two were given in alternation, with the result of relieving the headache and vertigo, with marked improvement in the strength of the patient, but with only temporary brief suspensions of the flow. At the end of three weeks, acting upon the theory that some foreign substance was in the uterus which must be removed, and at the suggestion of Dr. Grinnell, since deceased, who had visited the case for me, *Trillium pendulum* was given in tincture—six drops in a glass half full of water, the patient taking a spoonful every two or three hours.

After giving *Trillium* I did not hear from the patient for a week, when I was sent for in the night with the word that she was in labor, and before reaching her she had been delivered of a full-sized, healthy looking placenta without amnion, cord, or fetus, they having evidently been destroyed when the probe and electric current were resorted to. This patient made a quick and perfect recovery, and has had no return of the vertigo or other trouble—some condition from which she suffered when she came to me, and at last reports—it is now over two years—she had not again been pregnant. Wait HJO 1892; 14: 120.

34- We have seen several cases in which *Trillium 3 X* cured **menorrhagia of several weeks duration**, when other remedies had failed. This remedy has seemed of special service when the **menses have come too soon, the flow being too free and coming in gushes, preceded or accompanied by clots**. Griswold. MNZ 1892; 1: 267.

35- About two months ago I received words to attend Mrs. B—, a patient with a specific history and suffering with **uterine hemorrhage**, induced, she said, by **carrying water up stairs**; some time previously she had aborted, leaving a more or less **constant flow** of blood in its train, which had suddenly become profuse and bright red mixed with fresh clots; the os was patulous, and the uterine body flabby and relaxed; I suspected the retention of secundines [afterbirth] and decided to try the indicated remedy in place of the placenta forceps, etc., especially as she

complained much of an aching in the uterus preceding the expulsion of each clot and of a **very decided sense of weakness in the hip joints and thighs**; accordingly she received Trillium pendulum in drop doses, which quickly changed the blood to a dark color and in three hours gradually checked it entirely. Boger. CMA 1894; 31: 35.

36- Eight years ago there came under my care a lady who had been married five years, suffering from all the symptoms of a fibroid. She went to New York and was examined by Thomas. A diagnosis was made of interstitial fibroid, and she was put upon Ergot by hypodermic injection. The result was not satisfactory. The tumor increased, and she went back for a reexamination, taking a sister with her who was suffering from the same condition, and who was to be operated upon also. The sister died in the operation. The woman returned home, having firmly made up her mind that she would live as long as she could, and refusing to have the operation performed. I did all I could to encourage her and to have her submit to an operation, but she objected. Then I thought there was just one thing to do, and that was to ameliorate the symptoms as much as possible. *She was obliged to be in bed about eighteen of the twenty-eight days.* I put her upon Trillium the second day, simply to control hemorrhage. The result was slow, but I could see improvement. More than that, after about one year's treatment, and she took this Trillium fourteen out of the twenty-eight days, I could notice a perceptible difference in the tumor, and *she became pregnant.* She **miscarried**, during the five years under treatment, three times; but after being treated about five years and two months, and, I should say, taking Trillium about two-fifths of that time, she gave birth to a child at term; and at that time I should think the tumor, which before had been larger than a good-sized orange, was *hardly perceptible.* The child is now about three years old, and I have examined her twice and am unable to find any trace whatever of the tumor, and the woman is perfectly healthy. Whether the remedy had anything to do with it or not, I cannot say, but I am inclined to attribute a little benefit to the medicine. Royal. *Transactions of the World's Congress of Homoeopathic Physicians and Surgeons* 1894: 567.

37- Threatening miscarriage. Complete cure and normal course of pregnancy was effected by Trillium pendulum 1 X, every five or ten minutes, in three cases of **threatening abortion at the third and fifth month, with severe pains, profuse hemorrhage, and dilated os uteri** (*Rivista Omiopatica*, Juglio-Agosto, 1894). Bernhard. HM 1894; 29: 816.

38- Uterine fibroid. The following case was one of very much interest to me, and hence this resume. Mrs. D. L., age 33, had never been pregnant, but has suffered for a number of years from **profuse and exhausting hemorrhages**. She has noticed a tumor in the abdomen for five years, which has been diagnosed by different physicians as **fibroid, fibro-cystic and ovarian tumor**. I was called to attend her August 1, 1894; I found her nearly **exsanguinated** and suffering great pain, caused by the efforts of the uterus to expel its contents. The flooding had ceased temporarily. Examination revealed **uterus prolapsed** very low and **fundus as large** as a five months' pregnancy. I replaced the organ as well as I could and tamponed, and put her on *Trillium pendulum* 3 X, five drops in water every three hours. No more hemorrhage occurred at this time, and but one attack since—now fifteen months under observation. I may state that the patient has taken the *Trillium* three times a day in three drop doses ever since. This patient was thoroughly examined when she had been taking the remedy one year. The *tumor seemed to be smaller*, cervix normal, and the patient is able to do her work all of the time, except two or three days at the menstrual epoch. I do not think she is cured, nor do I think the remedy capable of causing absorption of the growth, but the patient is comfortable and able to fill a useful position in life; and as long as operative interference is denied I am very well satisfied with the results. Huntley. MCT 1895; 3: 537.

39- Emansional troubles in a young girl. Miss E., in her seventeenth year, of full habit, was brought by her mother to me from Ireland on December 16, 1884, because of her inability to pass the Rubicon of womanhood. Her skin was blotchy and pimply; leucorrhoea pretty bad, weight on top of the head, frontal headache, and swelled feet and legs. *Pulsatilla* was given, but failed.

Then, in January 1885, I gave her *Bellis perennis* 1, ten drops in water night and morning, because of her tired feeling and acne.

February 14: She has duly menstruated, and is not tired, but her feet are much swollen. *Helonias* 3 X.

March 21: Menstruated four weeks ago; feet well; head well. *Bellis perennis* 1, as before.

April 18: Well, except that there is the least bit of swelling on the right foot, she still suffers from acne. She had been vaccinated, and hence I gave her *Thuja* 30.

Five Years later. September 1, 1890. She has continued quite well, but she is now **anemic**; her feet swell again, the menses are very scanty, and she gets **fainty attacks**. *Trillium* 3 X.

October 6: "A capital change," and she continues, I believe, well.

There is no very special interest in this case, that I merely relate it to show that the delayed passage into womanhood is readily remedied by gentle innocuous medicines,

and in a manner worthy of our advanced civilization and refined culture. Burnett. *Delicate, Backward, Puny and Stunted Children* 1895: 49.

40- Metrorrhagia at the menopause. The patient was assured by a homeopathic physician that nothing could be done for her but to operate, as “there was a small **fibroid tumor**” and that “the operation must be done immediately.” The **flow had continued for five weeks**; no remedies had been taken as no alarm had been felt until **profuse flowing** had set in, when the physician was called. The operation was declined until other means had been used, and another physician was called. *Trillium* checked the flow promptly, was continued a few days at lengthened intervals, then *Cinchona* 200 was given for the extreme weakness from the great loss of blood. That ended the menopause. There has never been any return of the periods, and now after three years the health is seemingly perfect. These cases simply illustrate what the master tells us, that disease is the derangement of the vital force; that this same force will cure speedily and safely if given the bit of assistance, which it is our business, as the exponents of this principle, to be able to give intelligently. It is not sufficient to say that we have given homeopathic remedies and they have failed, until we understand those remedies well enough to be able to select *the* remedy, and we can never do this while relying so largely upon other methods of cure.

We learn to do a thing by doing it; and the only way to learn materia medica is to use it so carefully that we demonstrate for ourselves, just where, and when, and how much, each of these drugs will do. Only after thus knowing, and thus using our remedies, are we justified in resorting to other methods. If we do not know how to use them or, knowing, do not so use them, then we have no right to call ourselves scientific physicians, or in any way better or safer to the public than the schools who rely upon antipyrine yesterday, antitoxine today, and find it anticonfidence tomorrow, with the pharmacies to decide what next.

“O, science, what crimes have been committed in thy name.” This reminds us of one of Josh Billings’ truisms, “It is better not to know so much, than to know so much that ain't so.”

Discussion:

Dr. Dillingham—I would like to ask Dr. Baylies if he considers it as good homeopathy to treat hemorrhoidal and fibroid tumors with tinctures or low potencies as it would be to remove them?

Dr. Baylies—I decidedly prefer the tincture to operation if it will cure the fibroid. I do not care what medicine is administered if not a poisonous drug in poisonous dose, if it cures.

Dr. Campbell—Besides, the removal of the fibroid does not remove the symptoms. When it comes back again, what are you going to do? Treat it with the indicated

remedy and stop the hemorrhage. That is just what I have been doing for the last three years.

Dr. Bell—I fully agree with its principles and sentiments, and think it is remarkably well expressed throughout. I am reminded by that paper of the case of a young lady whom I treated with Kali iodatum CM. The last report was that she was very much relieved, more so than at any other time. I was led to give the remedy by the symptom, menstrual pain increased by cold drinks, and I think it is a very valuable indication. Lankton PIH 1897: 158.

41- Postpartum hemorrhage. Woman, age 30, on first getting up after a normal labor had considerable bright red, bloody, uterine flow, with intense sacral backache as if whole pelvis would separate into two halves, which was better by a tight bandage about hips. Also a sensation as if the pelvic contents would drop out through the vulva, worse on standing, less when walking and none when sitting, this is better by wearing a tight perineal support. Trillium 15, 3 doses then Saccharum lactis. About 12 hours after taking the remedy had *severe numbness in entire arms and both legs and feet, half way to knee*. Passed off gradually in course of next 24 hours, and within 36 hours all above given symptoms also. Young. NAJH 1898; 46: 587.

42- Uterine prolapse. A brown-haired woman, fifty years old, twice married, no children, passed the climaxis ten years ago. *Burning through stomach and abdomen. Heat through hips which feel as though the bones were separated and would fall apart. Weighty sensation through the pelvis, as if the contents would drop out. Urinary deposit red, sandy. Vertigo while walking, as if she would fall forward.*

1900, Aug. 11. Trillium pendulum CM Fincke, one powder dissolved in water, four doses, one morning and night until gone. This cured. Case. PIH 1901; 156.

43- Protracted and profuse menses. Another case in a very young girl caused me a good deal of anxiety, and I briefly report it. Other members of the family suffered from metrorrhagia. At the age of thirteen the menses commenced. At first, the function was normal, but on the second occasion it was accompanied by pulmonary catarrh, and was **excessive in duration and quantity, lasting a full week**. The next time it was the same, remedies having no effect. Thus it continued for some months, till, on one occasion, the patient was under treatment from July 11th until late in September. There was **hardly any cessation**, but an exacerbation, so to speak, occurred as a new period became due. The case was so distressing that I got an expert friend to examine her under chloroform, with,

however, a negative result. No medicine was of the slightest use, and I used in addition to Millefolium, Secale, Sabina, Hamamelis, Crocus, a low trituration of Gallic acid. At this time a lady graduate from America was seeing a little of my hospital work, and she suggested Trillium. I, at once, saw the reasonableness of the suggestion and administered it with complete and lasting success. The first decimal, and first centesimal dilutions seemed to act well. In the little emergency, ordinary works of reference did not help me; the best help came from Ludlam's *Lectures*, but I owe the successful issue to my American colleague, and to a remedy which, while it remains unproved in the healthy, can find no place in the *Cyclopaedia*. Hawkes. HJO 1902; 24: 65.

44- About a month ago a woman was sent to me with a pedunculated fibroid as large as an infantile head, occupying the entire pelvis, and firmly attached to the uterus. She has **distensive pain, a sensation as though the sacrum were separated, as if the bones were being forcibly spread.** Now without entering into the question of curability of this case, the immediate question was one of relief. We know that this symptom occurs under *Calcarea phosphorica*, under *Sulphur* and *Trillium*. I gave one dose of *Trillium*, one drop of the mother tincture, placebo for one month. After this prescription the distensive and distending pain entirely left and she felt comfortable since. I do not claim that this is a cure. It has no relation to a cure but it shows the power of the *simillimum* more than a cure does.

The point in these cases is, as I said before, the applicability, the adaptation of the remedy to the case. The more nearly perfect it is the more nearly you will approach a cure. You must remember you are not curing by force. You are curing by calling forth forces. Every corpse on the dissecting table, before it is dissected, has enough latent force in it to be a live human being if you knew enough to call it forth.

President: What was the reason for the selection of the mother tincture?

Dr. Boger: That was merely a fancy or an experiment. I had been reading Dr. Cooper's book on the effect of the single drop dose of the mother tincture and desired to try it. I have as of yet made no other effort to cure the tumor. Boger. PIH 1906: 144 (supplemented with AIH 1906; 1: 267).

45- Trillium in uterine hemorrhage. A woman of 43 years was taken with uterine hemorrhage. It was of the passive, painless type, as we often meet in women at the menopause. She had already taken *Viburnum prunifolium* before my arrival without result. I packed the vagina and prescribed *Ergot* and *Ipecacuanha*. After twenty-four hours removed the tampon and continued the same remedies. But the hemorrhage started again as bad as before as soon as the tampon was removed. Six hours later I discontinued the remedies and administered *Trillium erectum*, half a

teaspoonful of fluid extract in a glass full of water; of this two teaspoonfuls every hour. This promptly and permanently arrested the flow. The patient had lost a great deal of blood, and was quite anemic; **had an attack of syncope the next day**, and was nervous and dizzy, but recovered promptly by taking some China. Zbinden. MCT 1908; 16: 84.

46- The first of last May I received from the chairman a letter in which was the following sentence, “May I have your promise of a brief report of some cases treated by you, in which the diagnostic findings are clearly set forth, the reason for the administration of any remedies made clear, the potencies and frequency of repetition mentioned and the results detailed.”

I want to confess that the cases I have selected do not as clearly diagnose the *class* of tumors as I wish they did, but they were tumors, nevertheless, without question.

Case I- Mrs. B. S. J., age 38 years, married, **dark, well developed, muscular; weight, 164 pounds**. She had suffered for several years from **uterine hemorrhages** caused, as she had been informed, by **intramural fibroids** of the uterus. She also had a sister suffering from the same cause. This diagnosis had been made by T. Gaillard Thomas, of New York. She and her sister went to New York to have their uteri removed by Dr. Thomas. The sister was operated upon first and died on the table. The effect on my patient was a firm resolution not to be operated upon. She came to me in 1885, and in addition to the above history my case book shows that she reported **seven miscarriages** in five years, the longest period of gestation being six months. That was from the second conception. **She was obliged to be in bed from 13 to 15 days out of the 28. She kept her bed to lessen the hemorrhage**, but still more to prevent “**fainting spells**,” which also occurred at times when she was not flowing. She suffered greatly from vertigo, *worse on rising*. This vertigo was worse during the days she was not flowing. **A feeling as if the pelvic bones were being pulled off the spine. This sensation was relieved by binding something about the hips. Feeling as if the pelvic organs were falling out when standing or walking.** The blood was either **bright red and thin or in large dark clots**. When the hemorrhage was the most severe the blood was dark and clotted. The stools were either very **constipated** or very loose. Just before the hemorrhages she was obliged to use an enema to remove large masses of feces. I began giving Trillium. I used 1st and 3d dilution of the tincture in five-drop doses. I used Trillium in the 3d trituration in grain doses. I would give a dose night and morning for two weeks and then no medicine for two weeks. Later she had the remedy one week and then went without for three. She was very anxious to become a mother and so took the remedy faithfully.

She became pregnant six times during five years and miscarried five. She carried each conception longer than the preceding one. After each miscarriage the tumor seemed smaller. Five and a half years after she began taking Trillium she gave birth to a son who graduated from Leland Stanford University last June. I examined her soon after his birth and the tumor was hardly perceptible. I examined her at intervals till the child was ten years old and found no trace of the tumor. The woman is still living.

Case II- Mrs. J. B. C., age 28 years, married six years, **dark, muscular; weight, 143 pounds;** one child, four years old. Because of menorrhagia went to Dr. Ludlam in Chicago in 1891. He pronounced her case one of fibroid of the uterus and advised an operation. She returned to Iowa without the operation and came to see me. I recorded the following: Flows **very profusely for ten days** at each period, worse for the first three days, when she must **keep very quiet on her back** “to keep from **flowing to death,**” as she puts it, and because **she faints if she tries to sit up. Does not faint unless she sits up. Is very dizzy for a week after the menorrhagia ceases.** She has *ringing in her ears during the menses. Bowels constipated just before and during the menses. Feeling as if the hips would break off the backbone, relieved by tight clothing about hips.* Depths of uterus eight inches; *marked melancholia.* Frequent urging to urinate. This patient was examined by Dr. Marion Howe, then in my office. The treatment was the same as in case I. Improvement was noticeable after three months. The menses were normal after two and a half years. The *tumors had disappeared* and the uterus measured three inches at the end of four years.

Case III- Miss Myrtle C.; age. 26 years. **Dark, muscular, well developed; weight estimated at 150 pounds,** a niece of Case II, came to me because her menses had become **very profuse, prolonged, and too frequent.** The flow was **bright red, more profuse when on her feet, and still worse from exercise.** There was a great deal of ringing in the ears and **frequent attacks of fainting. A sensation as if the right hip were being forced off the body, which sensation was relieved by lying on the right side with something under the hip. Bearing down in pelvis before menses.** Her physician had given her China 1 X and tincture which seemed to slightly check the hemorrhage and help the ringing in the ears. Dr. C. W. Eaton and I examined her very carefully and found a fibroid in the right side of the uterus. We advised an operation, but she would only submit to a currettage which did not seem to help. I then used the Trillium as in the other two cases with the result that the *tumor slowly, but gradually, disappeared.* Time of cure, four and a half years.

Comments

The bearing down, the hemorrhage, the ringing in the ears, the syncope are all pathognomic symptoms of uterine hemorrhage. The two symptoms which I consider characteristic are the **sensation as if the pelvis would be forced open** and that **the back would break at the articulation** and the **vertigo**. In the provings [it is in fact a clinical symptom that was not proved, see the case of Gilchrist in 1869] we have the following: "Sensation as though hips and back were falling to pieces relieved by tight bandages." And yet I do not know as any woman ever proved Trillium. In case I, the **repeated miscarriages** and sub-involution had a good deal to do with assisting the cure, but should not be given the entire credit. There were no miscarriages in either case II or III. Although case II was very desirous of giving birth to another child, every attempt was futile. Royal. MCT 1912; 19: 10.

47- Trillium pendulosum in phthisis pulmonalis. This remedy is an analogue of Hamamelis virginica, and is of great benefit in the treatment of consumption of the lungs, when cough is troublesome, accompanied with purulent and copious expectoration, and spitting of blood. It has a wonderful power over hemorrhage, and of great value as a mouthwash after dental extractions. It is also indicated in those cases of dysentery, where the evacuations are almost of pure blood. Two minim doses of the tincture every two or three hours—every hour, till improvement sets in, in cases of dysentery. Kopp. NAJ 1912; 60: 657.

48- Trillium enabled me to cure two or three exceedingly obstinate and long-standing cases of metrorrhagia, **in women beyond middle life**, characterized by **gushing of light red blood** from the uterus, **at the least movement** and especially after overexertion of any kind. Bellows. NEG 1918; 53: 124.

49- Six cases with uterine fibroids and hemorrhage. Although my opinion of this remedy was given in a paper read on board the Lapland in 1927, I found, by talking with some of our general practitioners, and also gynecologists, on board the Lapland in 1929, that a very small percent of the medical passengers had read the paper or had used Trillium for the above pathological condition. Therefore, I am reproducing those cases in full for the above reason, and also that Trillium may be compared with Ergotin and Calcarea iodatum.

Let us first take up Trillium pendulum. **Hemorrhage** is the word which **covers most of the conditions for which I have proven the remedy to be most successful**. Although I have used it for epistaxis, ante and post partum hemorrhage, menorrhagia, metrorrhagia, and hemorrhages from fibroid tumors of the uterus, I am going to confine myself to the last variety. Trillium for uterine fibroids will then be our subject. I am going to show that Trillium *will* not only *control* the *hemorrhage* of

patients suffering from uterine fibroids, but that it has *and* will also **check the growth of and even absorb fibroid tumors.**

I want to give condensed reports of six of the many cases I have treated, the more extended details of which I have previously reported in our journals.

Case I. The first was a woman of twenty-two who had been married two years but had **not been able to become pregnant**, though very much desiring to become a mother. A professor of gynecology in a prominent medical college told her the only safe thing to do was to have the uterus removed. She is now the mother of four children, and grandmother of one child.

Case II. [same case as case I in 40-] in The wife of a minister, age thirty-nine, and her sister both had uterine fibroids and went to New York from Connecticut to have the uterus removed by a noted gynecological surgeon. The sister went to the operating table first and died on it. Our patient then refused to be operated upon. She had been *pregnant several times but had miscarried* once after 174 days. After beginning the use of Trillium she went seven lunar months. The second conception after its use carried her through to full term. The son, born when his mother was forty-two, is alive and healthy. The mother recently died at eight-two years of age.

Case III. The third patient was a twenty-eight-year old maiden woman, a dressmaker, with a *tuberculous history*. She became *exsanguinated at every menstrual* period. There were three sisters, all having fibroids. One had been operated, a large fibroid uterus removed, and the patient died of sepsis following the operation. Our patient steadily improved under Trillium. At the age of forty-two she married a man with cancer of the lip and face. Ten years later she died of carcinoma of the bowel.

Case IV. Sister of the above, aged twenty-four, *married but childless*. We treated her precisely as we did the sister, but without benefit as far as the hemorrhage or other symptoms of the fibroid were concerned. She died at twenty-nine of pulmonary hemorrhage.

Case V. A maiden school teacher, aged twenty-six, *was so weak from loss of blood that she had fainted several times* after each menstrual period. The intervals between the periods were from eighteen to twenty-one days. She was brought to me on a stretcher from an adjoining town. I advised her to go to Ludlam and be operated. She refused and said, "Give me some of the medicine you gave my friend." I did so, and after three years the fibroid had disappeared and she had resumed her duties in the schoolroom.

Case VI. A married woman, twenty-six, had a uterine fibroid with *severe bleedings every month*. She had *never been pregnant* though married over five years. They were very anxious to have a child. She **became pregnant** after taking Trillium for nine months, **but at the fifth month there came a severe hemorrhage.**

As I was out of the city, Dr. Huntoon, our homeopathic gynecologist in Des Moines, was called in. He said, “The only thing for you to do is to let me take you to the hospital tonight and empty that uterus. You will bleed to death if you don’t.”

She refused, but increased the frequency of the dose of Trillium. This was about two o’clock. I was to arrive home at seven o’clock in the morning. She said, “I will wait until Dr. Royal comes.” I put her on Trillin 3 X. I gave it to her every two hours. She quieted down. She went along until about the eighth month, and I was sent for in a hurry. At about the eighth month, as she was getting up from a chair *there came a gush of blood* that left a stream across the floor to her bed upstairs. I was called in a hurry and was there probably twenty minutes after this happened. I put her upon China 1 X. I kept her perfectly quiet with the foot of the bed elevated. I did everything I could do for auxiliary treatment.

When the child was born about two weeks later a little mass of jelly about a pound and three-quarters was produced. This fellow today is as tall as I am, strong and rugged as anybody could be and has a sister two years younger. Afterwards the tumor entirely disappeared. The patient is passing the menopause, but is active in her social and home duties. [This last case was complemented with comments made by Dr. Royal before the IHA in 1930. HRC 1930; 45: 747.]

Comments: *First*, four of the six cases were married women and two unmarried; *second*, three of the four married, **had been unable to become pregnant**; also the fourth had been pregnant several times, but had **never gone to full term**; *third*, the fourth never became pregnant nor did she receive any benefit from the remedy; *fourth*, both of the unmarried women were completely relieved of the effects of the tumor, as well as of the tumor itself.

I want to state that the five who were helped by Trillium were all suffering from what I call hypertrophy of uterine tissue, not from neoplasm. I do not know the form of the tumor in the sixth, but judged from the report of her physician that it was what used to be called a fibro-cystic tumor.

From my experience Trillium has no effect upon the latter class of fibroids. To forestall questions as to whether or not I followed my usual custom of prescribing for the patient or prescribed for fibroids, I will answer that I prescribed for the pathological, functional and dynamic symptoms of my patients. However, the symptoms which I considered the ranking ones, in most cases, were those which I call “reasonable” in the preface to my *Materia Medica*.

Let us study the symptoms presented by the six which I have taken as examples, also of all others I have treated with the remedy.

Make-up: *Flabby, heavy, thick-set, dark-skinned, plethoric, mentally depressed and apprehensive*; **all had uterine hemorrhages**, both menorrhagia and metrorrhagia, **with blood, both fluid and bright red, and clotted and dark**;

contractive and **bearing-down** pains, often very severe; **weakness; faintness, at times prolonged unconsciousness; noises in the ears;** blurring of vision; stools constipated, alternating with diarrhea, with blood and mucus with both varieties; hemorrhoids; abdominal flatulency with rumbling of gas in the abdomen; ***sensation of weakness and falling apart of hips relieved by firm bandaging.***

Modalities were: Aggravation by motion and being on feet; amelioration by quiet and lying down.

When we come to study the above symptoms and compare them with those derived from provers, we are confronted with the fact that the only prover of Trillium was a man, Henry Minton, whom many of us have known. In Dr. Minton's proving, however, was enough to establish the fact that our drug is one of several which is indicated for the hemorrhagic diathesis.

The faint feeling, the dizziness, the noises in the ears, the blurring of vision, general weakness, and aggravation from motion and amelioration from lying down and quiet are all the results of excessive loss of blood, whether the loss be due to fibroids of the uterus or a severed blood vessel.

The condition of the stools in the patients, I am sure, is due to the pressure in the lower bowel and other pelvic tissue by the heavy uterus. My reason for being positive on this point is that without an exception the constipation was worse for several days before the menses or metrorrhagia, whereas the diarrhea followed these conditions.

The hemorrhoids are also due to the same cause. These are what I call "reasonable" symptoms, symptoms which one would expect to find in this group, the same as one expects cough and coryza in measles. The melancholia and anguish are also accounted for in the same way. All the above symptoms are of minor importance in making up the totality of symptoms, even though they are verified symptoms, *i. e.*, verification of the proving.

The pathological condition is not a verification of the proving. It is, however, a verified clinical symptom. That we may more clearly understand each other, let me repeat that cause of the *clinical symptom is a hard tumor situated in the walls of the uterus, intramuscular, not submucous nor subperitoneal.* In other words, it is *hypertrophic uterine muscle tissue.*

Before taking up our last symptom, let me say that the blood was **bright red and profuse, or dark and clotted**, in all the patients. *If the patient was very quiet, resting on the back or side, the blood would clot in the uterus or vagina, or both, and was dark. If the patient was on her feet, the quantity was greater and the color either bright or pale red without clots.*

The symptom, “sensation as though hips and back were falling to pieces,” I can no more analyze and explain than I can many other *peculiar* symptoms which have been verified many times and which have led to many brilliant substantial cures.

To get your opinion on this last point and to get as many additional clinical cases as possible is my object in writing the above.

In closing, let me say that I use the liquid in the 1 X to 3 X; Trillin is used in the trituration from the 3 X to 6 X.

Professor Ruben Ludlam first called my attention to Trillium in 1886. He had just removed a large hypertrophied uterus. We were washing up after the operation when Ludlam said, “Royal, I am confident that Trillium would have saved this operation had you given it to her eighteen months ago.” He then referred me to his book and to what he had written five years before. He closed with the statement, “I have much more faith in our 'internal medicines than I had when I wrote that book.” What he referred to was the following: “If these tumors result from a simple hypertrophy of tissue, the resultant powers of our remedies, locally and internally used, should be sufficient to arrest their development, if not indeed to cure them radically. Perhaps in the future we may be more successful with these means than we have been in the past.”

This last statement was more a wish than a prophecy. As he had previously said about the patient whose uterus he had just removed who was childless but very anxious to become a mother, “How sad it is that all such operations blast the patient’s last hope of perpetuating her kind.”

Many and many a woman during the past forty-three years since Ludlam made that statement has been assisted to bear children by the use of the homeopathic remedies mentioned under this heading. Royal. *A Handy Book of Reference*: 225. 114

50- A case of symphysiolysis. The keys to a better understanding of the remedy *Trillium pendulum* were cases of pelvic disorders. It is only recently that in both the medical literature and in the public press, pelvic pains and pelvic instability received the attention they deserve. It is not clear whether more women suffer nowadays with these complaints, or if in the past, the complaints were neglected by the medical profession.

The diagnosis “symphysiolysis” actually consists of three different entities, each with different complaints, course, and prognosis: symphysiolysis, symphysis rupture and pelvic or symphysis pains.

Symphysiolysis is a pathological expression of a physiological phenomenon during pregnancy. It is the softening of the ligaments between the pubic bones and the rest of the pelvic region prepares the pelvis to be able to give passage to the baby. The symptoms are pain in the symphysis [and sacro-iliac joints] and a

staggering gait. The patients can also *sense a looseness in the hips and sacroiliac region, or hear clicking sounds in the pubis [or sacro-iliac joints] during motion.* During physical examination one can find instability of the symphysis, with or without pain, and with or without crepitation. Pathognomic is weakness of the hip-flexion, improved by wearing a pelvic belt. Sometimes one can palpate space between the pubic bones. On X-rays taken in standing position, alternately on the right and left leg, motion of the pubic bones in a vertical direction is visible.

The conventional treatment consists of rest, a pelvic belt or muscle strengthening exercises. With conventional treatment, cure is infrequent. During pregnancy and after delivery it can take months. In some cases the complaints become chronic, and handicap the patient severely.

Symphysis rupture is due to an acute injury, either during childbirth or during an accident. The incidence occurs in about 1 out of 2200 deliveries. The pains are severe. In most cases the prognosis is favorable, but some women will need a wheelchair or crutches for the rest of their life. The treatment is the same as for symphysiolysis. Experiences with surgery—symphysectomy or symphysiodesis—are not encouraging.

Pelvic or symphysis pains without evident cause is seen in much greater number of patients. About 50% of all pregnant women have some complaints of the lower back and of the pelvis. The severity of these complaints varies a lot. Also the localization of the pains differs. Factors that influence the occurrence of these complaints during pregnancy are a history of backaches, pregnancy of twins, increase in the diameter of the abdomen, and heavy physical labor. The occurrence of pelvic pains during or directly after delivery depends on the weight of the child, fundus-expression, and extraction by forceps or vacuum. The performance of a Caesarian, when pelvic pains exist before delivery, is disputed. Most cases show an aggravation before menses. An increased mobility of the pubic bones is supposed to be of more significance than an increase of the visible space between the pubic bones on an X-ray.

On physical examination one finds pain when pressing on the symphysis and or the sacroiliac joints. Cause is the influence of laxine during pregnancy on the ligaments in the pelvic region. When there is also instability one speaks of symphysiolysis. Conventional treatment is the same. Usually the complaints return with more severity in subsequent pregnancies.

It is generally understood that neither pelvic instability nor pelvic pains are a complication for delivery. [Out of 12 cases with one these three pelvic conditions treated by Dr. Van Der Zee, the following results were obtained: great relief in three cases with each *Trillium pendulum* and *Calcarea phosphorica*, and one case with each

Sepia and Cyclamen. Three cases were partially relieved by *Trillium pendulum*, as well as one case with Phosphorus.]

Woman 35 years old. Third child born 11 years after her second. After the second delivery, which had been very difficult, she had pelvic symptoms that eventually disappeared completely. Early in her third pregnancy she started to get **backache**, followed by increasing **instability in the pelvic region**, and *stitching, cutting pain in the symphysis*. Despite wearing a **pelvic support** she was not able to walk, stand or sit from the 5th month on, so **she kept to her bed until the delivery**. *Turning in bed was only possible by first tightening the support*. Because of the rupture after her second delivery the obstetrician performed a caesarean. After the delivery she kept on having *a stiff feeling in the thighs extending to the hips and a bruised feeling in the coccyx*. **Bicycling, carrying her child, or taking a long walk** was impossible because of *pain in the symphysis*. *During menses these pains aggravated*. She told me these symptoms during a consultation for her child, eight months after the delivery. I gave her one dose of *Trillium pendulum* 200 K, and we made an appointment for a more extensive consultation. Three days after taking the medicine the pain was reduced by 80 percent. She stopped taking painkillers, rode her bike again and could lift her baby without much pain.

Constitutionally I prescribed *Calcium muriaticum* 200 K four weeks after *Trillium*. Four months after starting treatment *Trillium pendulum* was repeated with good result. One month later she became pregnant. After her last pregnancy with the symphysiolysis and the psychotic state she had abandoned the idea of a 4th child, but after *Trillium* and *Calcium muriaticum* she improved so drastically that she dared to start a new pregnancy. *Trillium pendulum* had to be repeated four times during this pregnancy, always with good results. Throughout the pregnancy she stayed mobile, able to walk and ride her bike. In the last month she started to feel guilty about her motherhood again. *Calcium muriaticum* 200 K was repeated with immediate effect. After delivery, again a caesarean for the same reasons, she needed *Trillium* once more. Since then she has been well for more than two years without needing either *Trillium* or *Calcium muriaticum*. Van der Zee. BJJ 1996; 85: 145

51- A case of symphysis rupture. A woman of 40 had given birth to her first (and last) child four years previously. The child was in the occipito-anterior position with one hand next to the head. After the delivery she had *severe pain in the symphysis, thighs, groins and lower abdomen*. Wearing a pelvic support did not help much. *After being active for a day she would vomit from the pain*. **The pain was better from resting, in warm weather, and from hot applications between the thighs. Aggravation from activity and before menses.** She was handicapped to

the degree that she could do nothing in the household without getting severe pain. Diagnosis: arthrosis symphysis due to a rupture. Painkillers did not help much. Based on both the constitutional picture and the symptoms she was given one dose of Calcarea phosphorica 200 K. She responded with a very severe aggravation, which lasted for weeks, and was not followed by amelioration. The same reaction occurred with Silica 200 K. Having grown very cautious after two warnings I gave her one tablet of Trillium pendulum 6 X every two days. She responded with an initial aggravation of 30 minutes followed by definite amelioration. Based on her experience she takes the medicine once a week now, and is improving. The status quo of four years without change has been broken. For the first time in four years she went shopping in the city on her own. Van der Zee. BHJ 1996; 85: 145

52- A case of pelvic pain. A woman of 30 has two daughters, born four and five years ago. During and after the pregnancies she had a lot of pelvic pain. The pain kept recurring, which restrained her from having more children. She still needed to **wear a pelvic support** on occasion. She had pain in the lower back, **aggravated by long walks, turning in bed and swimming. She would sometimes faint with the pain.** Constitutionally she showed a beautiful picture of Coffea (benevolence with self-reproach; repression by the family; ambitious; sensitive; sleeplessness; quick in thinking; witty), and she responded well to this, with the exception of the pelvic pain. This was greatly reduced after one dose of Trillium pendulum 200 K. Van der Zee. BHJ 1996; 85: 145

53- A 40-year-old woman with symphysiolysis pubis after a very difficult pregnancy and a very traumatic birth. During delivery the umbilical cord broke, so mother and child both lost a lot of blood. **After the delivery the mother kept bleeding profusely.** History of splenectomy after thrombocytopenia.

She has a gentle smile and speaks slowly in a very controlled manner. All her energy seems to be focused in her head. Only her head moves, but this, also, in a consciously controlled way. She seems to be aware of every word she speaks, and selects them with care. She makes a meticulous, precise impression, not in her appearance, but in expressing herself. She does not seem to put a lot of effort in the way she looks. The intellect is where her focus is, and although emotionally she makes a more vulnerable and female impression, her intellect holds her together. She has big, expressive eyes.

The fact that her severe physical complaints **restrain her from acting** as she desires is very difficult for her. "I can only talk about it as if I am watching it from a distance. As if there is a distance between my body and myself." (MIND; CONFUSION; identity, as to his; duality, sense of.) She has had bad health from

childhood on, and has always been fighting her body. Whenever she was ill she would just work even harder; she could not accept any hindrance from her body. “I hate to be ill.” She used to have everything under control and was very conscientious in work and housekeeping. “I have a super-woman-syndrome, to be able to perform as a mother and in my work.”

She wears a brooch with two owls on it. “I’m a great collector of owls. I’m just mad about owls. The goddess Athena used to wear owls as a sign of both austerity and wisdom. In the past I was very afraid of failing my exams, and I used an owl as a mascot. The wonderful thing about owls is that they always know the solution.” She has many books on owls, and appeared very knowledgeable about the subject.

It crossed my mind that she herself actually had a lot in common with owls. She had total control over her feelings and body with her mind. “I can talk to my body as if it is not mine.” “They can touch my body, but they have to keep away from my head, my mind.” “This is my way of survival.” In her work as a manager she is very good at conflict management. She is very convincing in this, and good at finding common goals. As a wise person, she is able to stand above the different parties and bring them together.

Three months after she married, an ovarian cyst broke open in her abdomen. It contained hair, cartilage and teeth. “The first thing I thought was that it looked like an owl’s ball.”

Since I had no clear picture of a remedy, and her pelvic complaints fitted *Trillium pendulum*, with **the main symptom of sensation as if the hips and back were falling to pieces, ameliorated by tight bandages**, I gave her one dose of *Trillium pendulum* 200 K. On another level one could say that her intellectual control over herself was also a kind of tight bandage, holding her body and emotions together.

Follow-up after six weeks: When I told her the common name of *Trillium pendulum* is “birthroot,” she said, “My daughter has confronted me with what I have lost. I must have been like this too. And I once said to a friend of mine, ‘I wish there was a remedy that would enable me to be born again, something like a birthroot.’ ”

She reported having been exceptionally emotional, with unexplainable weeping. A grief mixed with anger.

After the remedy she had a dream in which she relived the birth of her child. But now the birth was not painful and troublesome, but everything went fine, quickly and smooth, and she experienced the whole birth process as something wonderful and beautiful. After the delivery, all the pains were gone. “I felt so good that I wanted to remain in the dream.”

After the dream she caught a horrible cold, and lost her voice. Normally in a condition like this she used to just work harder, so nobody would notice. For the first

time she stayed home, and asked her husband to stay home as well and take care of the baby. “This is the first time in my life that I just stopped. I felt very proud. It just went by itself. I've always gone to the limit, and was actually very self-destructive.”

She lost a lot of fluids and weight; since the pregnancy she had gained twenty kilos. The pelvic pains subsided gradually.

Follow-up after fifteen weeks: “I have started to become more angry, as if I am losing the control I have over myself. I can even lash out. I don't want to be pushed around anymore. Perhaps the varnish is wearing off a bit. It feels threatening to lose control. I did not allow myself to get angry in the past. My father and sister quarreled a lot and I did not want to be like them. I just scratched anger out. My anger was much more lethal. I would reject a person verbally in a hard and icy-cold way.”

Follow-up after nine months: “I still like to do things perfectly, but can also more easily let go of it. I am more stable than ever before. Resist less against a cold. My super-woman syndrome is gone. The fact that my body is not that healthy has become less important. I don't need to be the best in everything anymore. I am more able to enjoy things and can act silly now.”

When she was four years old she walked to the park to eat poisonous berries. Her teacher had told her what a beautiful place heaven was, and she wanted to go there. She asked the teacher not to tell her sister about it, otherwise she would follow her again. A few months later she went into a coma due to a septic osteomyelitis. “I remember hearing my grandmother saying, ‘Now she is dead.’ I have had many dreams in which I was laying under a sheet, and that people thought I was dead. I tried to tell them that I was just asleep, but could not express myself.” She used to hate her sister intensely. “I've always felt guilty that I was welcome as the oldest child, and that my parents did not really want to have her.”

Follow-up after two years: The pelvic complaints came back a little before menses. “As a child I already knew a lot of the things that would happen to me, and with my daughter I have the same feeling. I know there is a lot she will have to go through, and I cannot prevent these things from happening. I have to prevent myself from getting into a symbiotic relationship with her. She is very wise for her age. When I was a child, I felt much older, and I was drawn to older children. I did not want to be a child and I told my parents that I wanted to go back to my former parents, to my previous life. I would talk to my ‘real’ parents when I was alone. I said goodbye to them when I was an adult.”

Trillium pendulum was indeed the very birthroot she felt she needed. She re-experienced the birth of her child, and was reborn herself. She has been fine now for more than a year. The remedy was repeated after six months, and after two years and three months. Van der Zee. Links 1999.

54- A 29-year-old woman with symphysiolysis pubis during her third pregnancy. Two years back she consulted with me because she was very tired, with daily headaches due to hard study. She even considered quitting her studies entirely. She responded well to *Calcarea phosphorica* 200 K. Coming now with pains in the symphysis pubis, it would be very logical to repeat *Calcarea phosphorica* (Kent: pain pubic region; Boericke: soreness in sacro-iliac symphysis as if broken). But there were four reasons why I decided to give a different remedy:

One was that, although she responded quite well to *Calcarea phosphorica* in the past, I never felt really comfortable with the remedy. The remedy fitted the headaches due to mental exertion, but the central idea of dissatisfaction and a desire for change was absent. *Calcarea phosphorica* was the best I could think of at that time.

The second was that she reminded me a lot of the woman described in case 1 (previous case).

The third reason was that in my experience with pubic complaints so far, *Calcarea phosphorica* is called for when there is pain in the pubic region, and less when *a sense of instability and looseness is prominent*.

The last reason was that when there is an option of prescribing a lesser known (smaller) remedy, curiosity makes me decide in favor of that remedy, certainly when I don't feel totally comfortable with a well-known remedy (polycrest).

She felt **looseness in the pubic bones** since the twentieth week. The complaints are **worse lifting** and *when lying on her side*. She said, "My attitude is one of not complaining; things can be worse. I just go on."

After her first delivery she lost a lot of blood and fainted. It took three quarters of an hour before the placenta came loose. *Her mother also lost a lot of blood during delivery, and went into a coma once. It always took a very long time before the placenta was delivered. Her grandmother almost bled to death after each delivery.*

She comes across as being intelligent, thoughtful, controlled. Picks out her words with great care. She seems somewhat tense. Regularly she takes one of her lips between her teeth and bites them gently. She comes across as being resolute and correct. She is a teacher of Greek and Latin. "So I can, without holding back, give in to my urge to explain. When I was a child, I taught my sister how to read."

She was the eldest child in the family. Her parents were both still studying. "Actually I was not a child; *I always wanted to be a grown-up*. I'm so happy that I'm an adult now. I was inquisitive and a know-it-all. 'When I'm an adult I will know all the words,' I thought. I wanted to be independent, make my own choices. But I'm also very law-abiding. Getting a reprimand meant not being more part of the group, being excluded. It was important to me that my parents liked me. Their opinion is still

important to me. My mother always said not to have children before I finished my studies. I was very bad at gymnastics and did very well in mathematics and languages. I even wasn't able to throw a ball properly.”

Because she was *very ambitious*, she got all her swimming diplomas and even a black belt in judo. “I do judo not for relaxation, but because I need a goal.” She always wanted to get high marks, and her first unsatisfactory mark was a great trauma to her. She had a great fear of failure, “Of not living up to the image I've created of myself towards others. I always want to be in control, to know what will happen next.”

Of course, thinking of prescribing *Trillium pendulum* for her, I was very anxious to know whether there was anything with regard to owls. But to my open question whether animals meant anything to her, she only narrated her fear of dogs as a child. At last I asked her bluntly about owls. She said, “There is nothing about owls in particular. But I feel very much drawn to Pallas Athena, and she has an owl as her symbol.” I asked her what in Pallas Athena was so appealing to her. “The thoughtfulness, the intelligence. Always working according to a plan. She does not allow herself to be distracted by beautiful men like Aphrodite, nor by futility like Artemis, who went into a rage because of the killing of a little deer. She admires astuteness in people. She can admire a human being who is lower than a god because of his qualities. She is not jealous like Hera who let off steam on those poor little girls.”

To me, this whole description sounded a lot like the patient.

“I never have arguments. First I calm down and think it over. I've always thought it very childish when people fight.”

I prescribed one dose of *Trillium pendulum* 200 K.

Follow-up after six weeks: **The next day the sense of looseness was almost completely gone.** “At some point it even felt more tight instead of loose. My dreams have changed. I used to have dreams of situations where things get out of control, in which you do not know what to do anymore. I would wake up from those dreams angry and irritated. A sense of despair, of not knowing a way out.”

Follow-up after six months: Pelvic problems are fine. Only after sliding the problems returned, but disappeared spontaneously again.

When her delivery was due she repeated the remedy in a 200 K, and again, immediately after delivery. The placenta was born spontaneously after twenty minutes, and the loss of blood was less than 500 cc. The uterus came back to its normal size quickly, and the lochia stopped within a few days. The pelvis felt loose for a few days, but that improved rapidly.

Follow-up after eighteen months

The symphysiolysis complaints never returned. Now she has strained her wrist. **“It feels exactly the same as pelvic instability.”** Trillium pendulum 200 K was repeated with good result.

I have more cases of symphysiolysis in which Trillium pendulum worked very well, but only these two cases were indicated constitutionally, and acted accordingly. With a clinical approach, one could say that Trillium pendulum is the **Arnica of pregnancy for pubic pains and pubic instability**. The remedy rarely fails to act in these cases, which to me indicates that often these pelvic complaints should be considered more as a trauma, and therefore a layer to the constitution. My approach is to first see whether there is a clear picture of a constitutional remedy, and to follow with a specific remedy in case the constitutional does not act well enough for the pelvic complaints. In my experience Trillium pendulum is the most indicated specific remedy for symphysiolysis, and colleagues with whom I have shared my experiences have reported similar results. A traumatic event to the pelvis can also be an operation in the region.

In constitutional cases the characteristic **“amelioration by bandaging”** can also be understood in a broader sense. Not only is the pelvis held together by a tight bandage, also the emotions are held together by a controlling mind.

With a lot of caution (two cases is an uncertain ground for generalizing to conclusions) I postulate the following characteristics of Trillium pendulum in women:

- * Controlled (the remedy could be added in: MIND; EMOTIONS; predominated by the intellect), composed (an interesting rubric in this respect is: MIND; QUIET; disposition; abortion, with threatening), thoughtful, systematic, well-behaved, conscientious, responsible and intellectual people.

- * They are ambitious and do not like to be dependent or restricted.

- * They tend to just go on, to deny the needs of the body. They have an aversion to being hindered or stopped by bodily complaints. They can even separate themselves from their body or their emotions (MIND; CONFUSION; identity, as to his; duality, sense of).

- * They do not like childhood, but want to be adults as soon as possible, to possess the full capacity of their mind.

- * It is very important for them to combine their motherhood with a career. They really want to be a very good mother, but also having children must not hinder them in pursuing their goals, in having a career.

- * They are very much oriented to the intellect. With their intellect they control their emotions, so also emotions cannot make them deviate from their course, or bring them out of their self-composed equilibrium.

* They dislike quarreling and do not allow themselves to be carried away by their emotions; this makes them suited to helping others solve conflicts. Conflicts should be solved in a rational, rather detached way.

* When a woman is so focused on her head and intellect, pregnancy and delivery can be quite a challenge. They have to bring their energy down to the lower half of their body. Delivery is more animalistic, quite opposite to their nature of intellectual composure. Van der Zee. Links 1999.

55- In December 1997, Mrs. C. Y. W., age 90, suffered a mild stroke after her blood pressure reached 180 mmHg. Dr. L. prescribed Trillium 6 C and she quickly improved. Saine 2008

56- Rose, a ten-year-old girl with tics, the perfect girl. Rose is the daughter of the previous case [case 54]. I always hoped to see one of the children of my first two constitutional Trillium pendulum patients for a consultation, to see whether they would need the same remedy as was indicated during their birth and to observe the state of the remedy in a child.

The first remark Rose makes when entering my office is “nice owls you’ve got.” Ever since the first case of Trillium pendulum, a remedy that has a lot to do with owls and what they stand for, I have received several owls as gifts. By the time Rose came for her consultation I had several dozens of them

“I’m not eating well.” Rose has *problems swallowing her food*. “I need to *stretch my neck often*. A kind of tic but different though. It is worse if I’m nervous. I get *nervous if I have to do something new, or if I have to do something that I’m afraid of*. For instance playing a new piece on my violin. A piece that looks difficult. I’m afraid I won’t succeed in playing it well. At school also, whenever new subjects are being taught, I get nervous.”

Her mother says, “She can adjust very well. As a small child she was already very *precocious*. As a result of this she was always placed in groups of children older than her. For instance, when she was five years old she played the violin in a group of children a couple of years older. With everything she is two to four years ahead of her peers.”

Rose is fond of reading all kinds of books, and has completed a whole series called *Exciting to Know*. She loves knowledge and hopes to study chemistry and become a teacher or professor at the university, a remarkable desire for a girl of her age.

She desires spinach pie, broccoli pie, Brussels sprouts.

I ask her if there are any plants or animals she has an affinity with; she says, “I’m fond of owls. They are so sweet, soft and light.”

The love of owls in *Trillium pendulum* is connected to a love of mental control, of gaining wisdom, reading books, developing the intellect, and learning words and languages.

This desire to control their body and emotions with their mind is connected to the desire to be an adult. Her mother wanted to be an adult as soon as possible, and thought that by learning all the words she would become an adult sooner. Rose was conceived while her mother was still studying and since her career was very important the pregnancy and the baby were not allowed to interfere with this. Her own mother had conceived her during her studies also and had always warned her not to have children until the studies were finished. *Trillium pendulum* children want to be adults and therefore suppress childlike emotions and interests in order to belong to the world of adults as soon as possible. The theme of the lilies of wanting to be included expresses itself in *Trillium pendulum* as a desire to be included in the world of adults.

Owing to her precocity, Rose has difficulties belonging to the group of children of her age. This makes her sad and she always tries her utmost not to lose the few friends she has. It is sad to see that because of the desire to belong to the world of adults and her precocious behavior she doesn't belong to either group.

Prescription: *Trillium pendulum* 200 K.

Five weeks later, I see Rose again: "In the first week my eating was very bad. Then it started to improve. Shortly after the remedy it felt as if there was a storm in my stomach, an itchy, restless and almost nauseous feeling. After that I started to eat my food with pleasure. In the last week though it is getting worse again."

The mother observed that in the weeks that she was eating better she was much more relaxed if playing the violin, *less hurried*.

The mother also adds information. She has an allergy with swollen eyes and tears streaming from her eyes. One time it looked as if her iris was a small coin in a jelly. She is sensitive to cow parsley, ragged robin and chamomile.

Eight weeks later: "I'm not a really big eater, but now I sometimes take seconds. The food I take with me to school I also finish now. *The stretching of my neck is much better*. So is my nervousness. Playing new pieces on the violin is less stressful."

Four months later: "Eating is no longer a problem and the tics have practically disappeared." The allergy is also much better. She has done a test for entry to a special school with extra subjects. "I was very relaxed before and did not have much tension when making it." Of course she passed the test. "My feeling of being not like others and not belonging to the group is totally gone. If other children argue now I no longer try to make peace but just leave them to it. Earlier I immediately had the feeling I had to solve it."

Three years later: no repetition needed. Van der Zee 2010.

This monograph was graciously prepared by Raduan Khalil, Veronika Zhmurko and André Saine.

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