

due to the privileged brain of the great sage of Meissen, Dr. Samuel Christian Frederick Hahnemann, in order that the physician, with a perfect knowledge of all drugs can administer them in a correct way and lead suffering mankind to the recovery of health.

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EXCERPTS FROM INTERNAL HEALING ART IN SURGICAL DISEASES*

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Berta G., 4 months old, suffered from a *naevus* 3 x 4 cm., had been treated by galvano-cautery and lunar caustic, which was followed by fast spreading, and surgery had been advised. *Sulphur* 30c was given internally every week, and *Ferrum phos.* daily. After three weeks, improvement was reported : less red. *Sepia* 30c was now given. Naevus showed white lines of thin scar tissue, and patient was generally improved. One dose of *Lycopodium* 30c was given, followed by *Abrotanum* 3c. Four weeks later : patient does not tolerate touching of the diseased area. *Calcarea carb.* 30c was given, and a small *urano-thor* application made. A month later : red coloring is less, and swelling of the previously puffed and convex naevus is also less. *Calcarea fluorica* 30c finished the treatment. Patient has improved generally, and, only when crying, very slight redness showed the spot.

Albert K., 15 months, had fungus haematodes on both ears surrounding the auricle, especially the posterior aspect, which

* Translated by the late S. W. Staads, M.D.

had been treated with carbon dioxide snow. He also had such spots on chin, around mouth and on mucous membrane of lower lip. The rather fat child was given from time to time *Ferrum phosphoricum*, *Thuja*, *Calcarea fluorica*, *Phosphorus* and *Abrotanum*, all in the 30c potency. Four months later all was cured, which left the district medical officer speechless.

These results remind me of a much earlier case of naevus which disfigured the entire left side of a child's face. Under homœopathic treatment it was cured. At first white spots appeared which gradually coalesced. On the now normal skin a crusta lactea came and disappeared spontaneously. Here again I marveled at nature's recuperative power when it gets a little aid. However, I must add that very few parents have the necessary patience and sense to really carry through the treatment of such disfigured children. The children do not return for further aid, and the parents are satisfied with half results.

Even more remarkable is the healing power of homœopathic remedies in *warts*. Barbaric actions like pulling out, burning, cauterizing of those small proliferations are contraindicated. Every wart is based in the constitution of the bearer, and under internal homœopathic treatment practically all can be cured in a few months. Similarly, hanging cutaneous flaps, especially in elderly persons, can be cured by patiently carried out homœopathic internal treatment.

Mrs. M., 47, consulted me on account of cough and dyspnea. On her back, in the posterior axillary line, she has a number of dark, oblong warts of large-pea-size, often painful. She was given *Acidum nitricum* 30c. In a month they shriveled to small spots. *Thuja* 30c completed the cure.

A later case history is that of a herculean man of 65, who had a large wart on the right upper eyelid, hanging down over the side of the lid. He did not come to consult me on account of that, but complained of digestive troubles: inclined to diarrhœa, bloating after eating, cutting abdominal pains. He was given *Natrum nitricum* and *Chelidonium* 3c. In three weeks he reported improvement, tongue clean, and wart smaller. *Thuja* 30c was given which reduced the size of the wart much in a month. The abdominal pain had returned in the epigastrium

extending into the right side, aggravated from physical exertion; feet cold. *Lycopodium* 30c was given and cured all, including the wart.

In contrast compare a report in the journal *Medico* : Mrs. S. consulted Medical Counselor P. for the removal of a small wart on the right upper eyelid. Dr. P. remarked jokingly: "With that we make short work." From a box on his desk he took a pair of scissors and snipped off the growth and told patient to wipe off the drop of blood with her handkerchief, dismissing her. Soon the lady experienced much pain in the lid, and an infection finally destroyed the eye.

We are not interested in the damage suit which followed, but only in the wanton action in comparison to the internal treatment.

I could enumerate many homœopathic cures of warts on face, nose and hands. At times much patience is demanded. But how satisfying is the field of medicine which offers such fine results !

In the remedy choice one has to be guided by the local condition of warts as well as the patient's constitution. Warts on *face* and *hands* point to *Causticum*, *Calcarea carb.*, *Carbo animalis*, *Dulcamara*, *Kali carbonicum* ; warts on *nose*, *tips of fingers*, *eyebrows* : *Causticum* ; on *hands only* : *Anacardium*, *Bufo*, *Lachesis*, *Lycopodium*, *Natrum mur.*, *Rhus tox.* ; on *neck*, *arms* and *hands*, especially when soft : *Antimonium crudum* ; on *genitals* and *anus* : *Thuja*, *Cinnabaris*, *Natric Acid*, *Sabina*.

A 20-months-old girl suffers from congenital glaucoma (buphthalmia); cornea opaque; pus exudes. Child nurses, inclines to diarrhœa; cries evenings. She was given *Mercurius corrosivus* 30c, later *Apis* 30c. After a week the discharge is less; still lachrymation; cornea clearer. *Calcarea carb.* 30c was given. Ten days later, cornea only slightly clouded, but pus discharge is more; nocturnal restlessness; dentition started. *Ferrum* 2c. After five days: still slight corneal cloudiness; much sneezing. *Pulsatilla* 30c. A month later eye normal and smaller, but still enlarged. *Bryonia* 12c was chosen. Four weeks later patient was not well, tired, some coughing, thirsty; diarrhœa. *Natrum nitricum* 3c and, later, *Chelidonium* 30c were

given. Since this interlude the eye seems to be again larger. After a month the little patient thrives again; left eye still photophobic. *Sulphur* 30c was given. Two months later patient was quite well generally; at times much lachrymation from right eye, but no inflammation. Sees well, also with left eye. A month later she still had some photophobia. One dose *Bellis perennis* 30c was given, later *Mercurius corrosivus*. After two months the patient was presented at the University Eye Clinic as a rare case which had been seen there a year ago (before the homœopathic treatment had been begun) when operation had been advised.

Girl of 12, totally blind, looked bad, had vomited on the way to my office after leaving the University Eye Clinic, where a craniotomy had been advised in order to investigate a possible brain tumor as causative. A lumbar puncture had been made.

The blindness had appeared suddenly ten days ago, and the patient had passed through five University Clinics for a diagnosis. The mother had refused the craniotomy. Of course, the poor child was now very much excited. The prognosis by the professors at the University was very grave. Sudden blindness is found under *Aconite*, *Hyoscyamus*, *Stramonium* and *Belladonna*. Of examinations and hypotheses there had been enough. We ordered *Belladonna* 30c, twice daily, and *Hepar sulphuris* 30c the same. Of both remedies we expected action in their own individual spheres on the basic condition, *Belladonna* more directly, *Hepar* rather indirectly in the sense of stirring up the deeper curative power of the system. The finer conditions in the nerve-strands were not better known to us than to the University professors, but the knowledge of the basic relation between medicine and disease according to Paracelsus and Hahnemann, enabled us to evaluate nature's phenomenon clearly in the sense of medical therapy. After a week came a good report, and before long the fine looking girl came marching happily into our office, full of confidence and in possession of normal eyesight. The previously wide, rigid pupils are now medium-wide and react normally. An eruption appeared on the chin probably in connection with *Hepar sulphur*. The cure was permanent.

Among the most remarkable cases was the following. The Rev. S. sent this note :

Bearer brings his boy to you who ran full force against a tree trunk, and now shows the severe results. In the beginning his eye was much inflamed and discharged some pus from the inner canthus. He was under the care of Dr. E. for a long time. When no improvement was had, I was asked for my advice, since suppuration and much pus-discharge continued, and a small protuberance showed which Dr. E. wanted to cut. The parents did not give their consent. Patient was given *Silicea* according to Dr. Schuessler and it had often served me well on many deep seated suppurations. The result was : much more pus was discharged and did not stop. Now it seems that a bone sequestrum is protruding from the canthus which nature is pushing out with might, several millimeters daily. I now send him to you. If it had been a small splinter *Silicea* would have discharged it promptly.

My examination showed the right eye much injected, the inner canthus filled with granulations and, in the middle, a hard, white substance, apparently a bone splinter. Since there seemed no indication for forcible removal of it, I continued *Silicea* 30c. The question was : Can nature force it out fully ? We decided to give her the chance. After 5½ months the middle of the granulation opened, and one evening by fits and starts the splinter protruded 1, 2, 3, 4 cm., could be freely rotated without causing any pain, and the boy took matters in his own hand and pulled it out entirely. Now it was seen that it was not a bone splinter but a piece of a dry twig almost 4 inches long and $\frac{3}{8}$ inches thick. It had entered directly above the right eye, leaving a very small opening and entered the cranial cavity, being gradually pushed around the eye, and finally protruded at the inner canthus, after lodging in the head for about 6 months. In a few days the granulation receded and the eye was normal. From now on the boy was normal in every respect.

The foreign body was brought to me, and I fitted it into a skull to see how far it had traveled. It reached accurately to the occipital foramen, and must have slipped backward along the angle between the ethmoid bone and superior maxilla, must have perforated the posterior opening of the orbital cavity, and from there—perhaps not without traumatism to the brain—pushed to the entrance of the spinal cord to the cranial cavity. It is more than miraculous that all this traumatism did not cause serious functional disturbance, yes, that during all the

time such did not occur. It is probable that nature smoothed out everything, pushed the foreign body along, and cured masterfully without surgical aid, exactly as if this case had to teach what lies in the realm of possibility.

That this miracle is not isolated is proved also by an experience of Dr. J. C. Larrey (Leipzig 1813). This outstanding surgeon of the Napoleonic Guard reports :

We have here the point of a javelin which a knight carried for 14 years in his cranium without interference with his mode of life. The same phenomenon could also have happened to a French soldier soon after the Polish campaign. The accidental discharge of a comrade's gun shot a piece of the ramrod into the head, apparently penetrating the brain entirely without doing any damage.

Dr. von Bergmann (a foremost professor of surgery at Berlin University) speaking on surgical removal of bullets, etc., from internal cavities said :

Of great importance is radiography for diagnosis of foreign bodies in cavities. It taught that it is better not to remove such projectiles because they are strangely well encapsulated without causing any difficulty. The experience is that the removal of such (located by Roentgen rays in very old cases) is much more dangerous because they demand very deep dissection. French surgeons therefore abstained from surgical interference when *Labori* had been shot, thus enabling that very prominent jurist to resume his important work in a relatively few days.

A case of conservative treatment in a "surgical" eye [is here reported] :

Mrs. J., 46, has had a horny excrescence on the left lid margin for years which lately formed an enlarged lobulated conglomerate. During the present week it became worse with inflammation of the conjunctiva sclerae, somewhat painful, with pressure and irritation in the eye and with photophobia. Cool compresses relieved. *Pulsatilla* 4c relieved the conjunctivitis. But the next day patient complained more, had slight chemosis. *Apis* 30c was given. Two days later : status idem with pain above eye. *Cinnabaris* 30c relieved. I had hoped in vain for retrogression of the growth. A few days later patient again complained of photophobia, lachrymation, inflammation. *Euphrasia* 6c gave some relief, but irritation from lid swelling remained. Five days later the eye was severely inflamed after patient had washed her house plants in a rain. There was pressing pain in eye, more photophobia and lachrymation. *Rhus*

30c was chosen. After 10 days there was iritis with contracted, non-reacting pupil, severe stitching pain in eye, very sensitive to touch, photophobia, and patient was very irritable. One dose of *Hepur sulphuris* was given, and in 2 days pupil reaction was better. Patient complained of jerking sensation in eye. One dose of *Sulphur* 30c was given. For 3 days the inflammation receded, but it was followed by aggravation. One dose of *Rhus* 30c relieved for 4 days, when again patient was worse after working in the garden. One dose of *Pulsatilla* 30c was now given, and 2 days later *Belladonna* 30c. Two days later she had one dose of *Psorinum* CM (Fincke) and it gave immediate improvement; irritability and photophobia left entirely, and the horny growth dwindled rapidly, and all was normal in four weeks.

This case history is of importance because in the beginning one could properly ask: Why was not that little thing treated surgically? My son, Dr. O., favored it because the horny growth was evidently the main cause of all the trouble.

It is certain that the growth was a pathological product which was bound to be amenable to internal medication. If that succeeded, the knife was unnecessary; but what was more important, the patient would then experience a curative constitutional stamp to the advantage of the total health. And that was plainly evident afterward.

Another question: Why were not remedies like *Causticum*, *Thuja*, *Calcarea Carbonica* and others given at once? These had been administered during previous years without result. A repetition of such deep acting remedies (some of them were given when the iritis started) is rarely advisable. As soon as a rather casual vegetative pathologic formation begins to produce serious disturbances and becomes dangerous as it was here, with a fuller symptom picture, the homœopathic remedies are offered many more points of attack. So also irritated cystic tumors are easier of cure than when torpid. The symptomatology of *Psorinum* in eye diseases is abundant; it fits in very well.

A considerable number of eyes, endangered by severe traumas, I have saved and maintained vision by homœopathic treatment. (Dr. Schlegel had earlier made ophthalmology his

specialty. S.W.S.). Opacities of secondary cataract were relieved; dangerous inflammations after ocular operations were cured, glaucomas were cured, or satisfactory vision maintained for years. The left eye of an official (now 70 years old) was destroyed by iridectomy; he refused the same operation on the right eye when it was similarly involved, and the patient has been fully able to do his work for 20 years under homœopathically controlled treatment.

Student B., 20, was brought to me with a bloody face from a skin wound over the glabella, extending through the right upper eyelid, caused by the chipping off of a rapier in a duel in which he was an onlooker. The first question was: Is the eye damaged? Lifting the eyelid carefully no injury to the eyeball was seen, and patient had full vision, hence no immediate danger. The lid wound gaped, but did not seem to perforate. I dressed the wound immediately and gave patient *Ferrum phos.* and *Calendula 3c* internally. When he returned the next day he thought the wound was suppurating. I replied: "Wound secretions serve the healing process." I found the eye normal. His question: "Is the lid perforated?" Answer: "I do not think so, but I shall not investigate that now, not disturbing the thin tissue-bridge which aids healing very much." His question: "Why did you not disinfect? That is the first aid all over, so I am informed." My answer: "The famous professor, Dr. von Eiselsberber, professor of surgery at the Vienna University, in his lecture before the Vienna Surgical Society on *Reform of First Aid Dressing* said that it is a disadvantage to use iodoform, carbolic acid, etc., and that on the first aid dressing the patient's fate often depends. He indicated especially carbolic acid, which had done much harm in the primary treatment of wounds. Also the great professor Billroth had warned against its use. Even weak solutions of carbolic acid may lead to gangrene, and iodoform preparations should be abandoned. In most cases it is best to use dry, clean coverings to absorb wound secretions without previous washing and disinfection because not all infecting material is thus removed, and disinfectants disturb the prophylactic wound defense. Professor Eiselsberger even opposes the washing of fresh wounds

because the wound margins thereby swell and lose the power of resistance. Also the great Berlin professor of Surgery at the University, Dr. von Bergmann, warned against touching and washing wounds, and that when the bleeding had been stilled plain sterile, not disinfecting wound-covering should be used." When I saw the student again everything had healed nicely with a tiny smooth linear scar.

Hernia

Abdominal herniæ frequently furnish cause for surgical intervention, and even unbloody reposition of a hernia by certain positions in lying down [and] treatment by pushing the protrusion are surgical means of the very best. From my own experience I can certify that reposition of incarcerated herniæ by the use of wet packs, massage with mild belladonna cerate, internal use of the indicated homœopathic remedies often succeeded where the surgeon considers operation necessary. Yes, I can add that remedies like *Aconitum*, *Arsenicum*, *Nux vomica*, *Opium*, *Sulphur*, *Tabacum*, *Veratrum* can at times even cure such protrusions in which—due to started and advanced inflammation with threatening gangrene and necrosis—operative intervention is inadvisable. But also surgery here has saved many a life. Constant wearing of trusses, etc., has advantages and disadvantages, and I am not certain whether or not to advise the constant wearing of a truss. If such do not hold perfectly, there is danger that its pressure over part of the descended hernia may cause incarceration. Constant wearing of a truss causes weakening of the overlying skin and underlying tissues, dangerous especially in children. I have repeatedly seen inguinal and umbilical herniæ heal spontaneously when the body became stronger and healthy. Frequently have I observed this happy result from constitutional homœopathic remedies, especially from *Sulphur* in higher potency. I shall append the following case from my recent practice :

Emma K., 15, has suffered from inguinal hernia on the right side, which protruded to egg-size upon exertion. She has never used a truss ; has often attacks of frontal headache and conjunctivitis. Has not yet menstruated. She was given *Sulphur* 30c mornings, and *Belladonna* 30c evenings.

After three weeks she stated that now her hernia does not protrude when coughing nor upon exertion, but still has frequent headaches. Menstruation set in a week ago. Six weeks later the hernia was cured, and headaches returned at long intervals. One dose *Thuja* was given. Five weeks later all symptoms are cured.

Mrs. C. R., a nurse, had suffered from inguinal hernia since she did some heavy lifting when she was 13 years old; at times the hernia caused her much pain for 15 minutes, even from breathing deeply. Had a herniotomy when 23 years old. Three months later the former pain returned with protrusion of the hernia. A second operation was done 1½ years later, and the old pain persisted, and the hernial protrusion returned. Homœopathic remedies cured the pain, and the protrusion was reduced.

Croup

I am even more opposed to surgery in laryngeal croup of children. In these cases death from suffocation is threatening, be it from true diphtheria of pharyngeal or tracheal origin, or closure of the vocal cords from other causes which in many instances may be identical. Most children operated on for this condition die. In those who live one can and must ask: Would they have recovered also without the operation? This question is as justified as in the opposite condition: Would the child have lived after the operation? I remember a croup case in which my splendid chief was constantly in readiness to do a tracheotomy. Finally the need seemed to have arrived when we were called at 4 a.m. My chief again weighed the question of operation, and decided: No. From now on improvement set in, and the patient made a fine recovery. Two children on which I operated died, one of following tracheal inflammation and pneumonia, the other from suffocation when the parents had not watched for a little while. As clinical assistant to an exceptionally fine surgeon (Prof. Bruns at the University of Tuebingen) I have seen very little splendid results from homœopathic remedies like *Aconitum*, *Spongia*, *Hepar*, *Carbo vegetabilis* and *Phosphorus*.

In cases where tracheotomy is successful it may happen

that the result of the operation leaves a shadow in later life. A lady, whose physician I have been for years, gets into danger from suffocation whenever she has bronchial catarrh, due to a cicatrized stricture of the trachea after tracheotomy done during childhood.

Elsie S. has a similar but much more severe case following a tracheotomy for croup. Ten years later the operation had to be repeated on account of increase of obstructing scar tissue, demanding constant use of a canula after this second operation. Patient could breathe without the canula only $\frac{1}{2}$ hour. Her neck is short and thick with enlarged thyroid. Dr. B., the professor of surgery at the University, considered the further enlargement of the tracheotomy opening as daring, perhaps useless.

A boy of 14 has the same condition, and was frequently a patient at the University Surgical Clinic. During the past six years he has been under my treatment with much relief from internal homœopathic remedies. *Phytolacca* and other indicated homœopathic remedies have been very helpful.

A widow of 44 had a tracheotomy on account of luetic ulcerations, and has had numerous repeated operations.

Many patients die later after tracheotomy from asphyxiation.

Bertha B., three years old, came under my care after two tracheotomies and suffers from severe attacks of asphyxiation and continual tracheal stenosis.

A case of recent time: A lady student, daughter of a physician, suffers from internal goiter (which had so far not caused any serious conditions) and was operated upon. Operative nerve damage caused asphyctic attacks, and her voice remained hoarse. Homœopathic treatment soon improved the condition, and consultations with me were neglected, followed by consultations with me were neglected, followed by several night calls. *Ammonium iodatum* in low potency, given by my son Dr. O. S., gave quick results. Soon the patient could chase through the streets on her bicycle.

Laryngeal polypus

Mrs. F., 28, has been operated on twice in the University Clinic. Her sickness developed soon after her marriage six

years ago. At that time she suffered from painful urination, urethral discharge and prolapsed uterus. Has become very corpulent. Perspires profusely; has chills traveling up the back; constipation; urine often turbid; frequent frontal headache; menses every three weeks. Has now been pregnant for two months. Is suffering from gradual increasing breathing difficulty and rattling in throat with hoarseness. The polypus again is the size it was before the second previous operation. One dose of *Thuja* 30c was given, and Dr. Jaeger's woolen clothing recommended. After two weeks patient was improved and dyspneic only when exerting herself. *Opium* 30c was given, and breathing became easier, voice clearer, but was still husky. No more rattling in throat, nor perspiring profusely, nor chills. Though pregnancy advanced, her weight was 12 pounds less. Patient feels well, has no throat trouble. In spite of pregnancy she could climb hills which she previously could not do. No more throat trouble; breathing normal; voice clear. Has remained well for 13 years.

Mr. D., 76, became hoarse with slightly difficult breathing during the winter. Was treated homœopathically, but friends persuaded him to consult a surgeon. Here the expected finding was: Proliferation on one vocal cord. Small specimens were removed, then a larger one, and Professor A. telephoned me: "The diagnosis is cancer, and not all can be removed." I promised him my best effort to cure the patient. Very astonished he replied: "You will not succeed much." A year has passed under my treatment with *Nitric acid* 30c, *Calcarea* 30c, *Silicea* 30c, and a few interposed remedies, and patient is in fine condition. One can be grateful for such experiences! My *Krebsbuch* (cancer-book) reports similar cases.

(To be continued)

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of Hahnemann gives the greatest success, the greatest freedom, and the greatest honour. No man can practice empiricism and honestly claim to be a Homœopath; such are "living a lie," as an Allopath has asserted. The Eclectic is a slave, bound by error; the Homœopath is free, emancipated by truth: A great poet declares, "He is a freeman whom truth makes free, and all are slaves beside." Let not this Association harbour or indorse in any way, even by absence of rebuke, any form of false teaching. Let it be distinctly understood that we do fully and honestly believe, collectively and individually, the resolutions of this Association, as adopted. We have declared that these resolutions "completely and fully represent the therapeutic opinion and practice" of this Association. Let it be shown to the outside world that we mean what we have said. We do most assuredly believe Hahnemann's "Organon of the Healing Art" to be the only true guide in therapeutics. Let us not, then, tolerate any teaching which seeks to pervert or abridge this master-work in any way. We have asserted, as our belief, that the only true guide for a prescription is the totality of the symptoms and the proven drug. Let us not, then, prescribe upon any other basis; it cannot be Homœopathic, nor is it wise to do so. We cannot allow to be true any teaching which seeks to controvert this fundamental principle of Homœopathic practice. He who recommends the building of therapeutics upon any new theory or upon any other basis than that prescribed by this law, is no Homœopath and has no fellowship in this Association. Successful practice cannot be based upon pathological theories. Whether these theories teach one to prescribe for a pathological condition or for a presumed dyscrasia, it matters not; both are un-homœopathic and both are unsuccessful. The adoption of drug proving by Hahnemann, first introduced two great features into medicine, and these are certainty and prevision. We are sure a drug will cure in the sick such symptoms as it has produced upon the healthy; we are enabled by this certainty to predict, before the trial of a drug, what it will cure. For these grant features of its art, medicine is indebted to Samuel Hahnemann—see to it that no fault of ours destroys his noble work. In short, it is to be remembered that

the basis of a Homœopathic prescription is the symptoms of the patient, the question of the dose is secondary. The size of the dose can never make the remedy homœopathic in this case.

In this matter of dose, some err upon one side and some upon the other. So we see that while some believe an imperfectly selected drug may be made to do the work of the perfect similimum if it be "pushed" or exhibited in crude doses; on the other hand, we find some who are disposed to assent to almost any prescription if it be given "high" enough. Both these parties are in error. While we cannot dogmatize upon this question of dose, all here will agree that the better selection, i.e., the nearer we come to the perfect similimum, the less medicine we need give. This proposition may be stated again in other words. It is the experience of our best prescribers that the similimum will cure most cases best if given high and in one dose, or at most a few doses. Indeed, experience tells us that the high potencies are always best; this is experience, however, and not law. But the converse of this proposition is not true, that a badly selected drug may be made to do good work by giving much of it. This idea is the cause of most of the mongrelism of the day.

In published reports of clinical cases, we find evidence of the necessity of careful examinations of the patient. Hahnemann laid the greatest stress upon this examination, telling us how to do it, and saying, in effect, that a patient well examined was half cured. Unless this careful examination be made, one cannot get all those peculiar characteristic symptoms which Hahnemann has declared must be the deciding symptoms. All cases have many symptoms, which are to be found under many drugs, and are hence of little value in deciding our choice of a remedy. Each case should have, and probably have, some peculiar symptoms; these we are to get. These we must get; and our examination of a patient is incomplete so long as we possess only a list of common and general symptoms. It should be our task to question and examine the patient until such peculiar symptoms are found. We hear much complaint of the insufficiency of our *Materia Medica*, of the uselessness of our repertories, but most generally the failure to prescribe correctly

and even easily is not due to the want of good books, but to this lack of careful and thoughtful examination of the patient. Forget not this, that the greatest cures, the world has ever witnessed have been made by the earlier Homœopaths with a much less complete library than we now possess. After selecting the proper remedy, we must not forget that it is of prime importance to give it in proper dose, and not to change too soon nor to repeat too frequently. Never change a remedy unless the changed symptoms call for another; never repeat the dose (or change remedy) when the patient is improving. For a fuller and a better understanding of the true healing art, you are to study and to restudy the Organon. Our purpose in these few remarks has not been to teach this art, but merely to call attention to a few salient points; to give admonition upon a few prominent features which cannot be too steadily kept in view.

This Association, it has been said, was organized for an especial purpose, and that purpose was to promulgate and develop Homœopathy. In pursuance of this work, the purifying and completing of the Materia Medica must be our chief concern. It is the foundation of our art. If our Materia Medica is once corrupted and perverted, clinical success becomes impossible. We may again take warning by the fate of the American Institute, for it, too, started forty odd years ago, to do this same work, and for some years the Institute did good service in this study. But as it grew Eclectic, the Institute became enamoured of the false siren named progressive science, and all truth was abandoned. Let us beware lest a like fate overtake this Association.

The Materia Medica is to be developed by careful and thorough provings of new drugs; we repeat careful and thorough provings, for most of the modern provings are worthless, having been carelessly and improperly made. One is afraid to prescribe upon them; afraid to trust valuable lives to such careless work. How differently do we feel when we prescribe one of the old, reliable remedies. Then security begets quiet reliance and success crowns our efforts.

At our last meeting, a good beginning was made in this study of the Materia Medica, and your bureau gives promise

of great usefulness and interest for this meeting. In all of our work we must strive to emulate the energy and zeal of Hahnemann and of his early disciples; they were indeed masters. Nowhere does one's knowledge of therapeutics and medical ability show forth to better advantage than in this proving of drugs and revising the *Materia Medica*. To do it well the best talent and the greatest zeal are required, but this need not deter us from the work, for ability and zeal are easily to be found in our ranks.

The *Materia Medica* is to be enriched by clinical observations, and here also we may again take pattern by Hahnemann's careful work. The admission of clinical symptoms into our *Materia Medica* must be done with the greatest caution. They can only be incorporated after the most searching inquiry, and then should always be so marked that we can tell the clinical from the pathogenetic. The hasty and inconsiderate adoption of clinical symptoms is certainly an evil; and if pursued to any great extent will render the *Materia Medica* unreliable. Every practitioner is not a reliable judge of the value of a clinical confirmation. Even reliable clinical confirmations need only be noted when peculiar or characteristic; of common, general symptoms we have an abundance.

The clinical symptom is only admissible to fill up the gaps left by imperfect provings, or in cases where provings cannot be obtained. Though some of the best symptoms now in use are of clinical origin, as a general rule they cannot be considered as certain and reliable as the pathogenetic.

Besides the provings of drugs and the careful, conscientious noting of clinical symptoms, we can also do a useful work in marking clinical verifications of pathogenetic symptoms. A symptom produced upon a healthy person and cured in a sick person becomes doubly reliable. There can be no doubt about the value of such symptoms.

The most dangerous manner of perpetuating Homœopathic truth is to mix it with uncertainty or mystery. There are some things about the art of healing that pertain to the scientific, of which not one is more important than the proven drug. A member may state that he has cured somebody with an unproved

drug, and he may fail to demonstrate the homœopathicity of the so-called cure, because of the lack of evidence that can only be obtained from the provings. There are many good things involved in mystery that the time is not ripe to discuss them. The relations of Homœopathy to them must be first demonstrated or this organization cannot recognize them. The Allopathist reports cures on unsupported opinion, and we reject these because he has no demonstration. If this same Allopathist reports a cure of vomiting by Ipecac, the Homœopathist can accept it as a real cure, because it is what can be expected. Experiment as you may on the healthy with new medicines, the sick man demands a remedy for his sickness the likeness of which has been found in a pathogenesis.

In no way can we perpetuate pure philosophy but by adhering to the proven drug in all our discussions. Better rule out all the fragmentary guess-work and make every report show its relation between drug and disease in the manner designated in our philosophy. The Publication Committee should reject, without fear or favour, all papers with reports of cures where we have not had access to the record of provings. Of what value is the cure without the proving? Save the cures until you have given us the proving.

By thorough and careful work we will some day complete a Materia Medica whose every symptom will have been repeatedly verified. Then, indeed, will our art become the exact science predicted for it. Such is the end for which we labour. A great stride toward such an end will be made when we have in completed form the Guiding symptoms, by the late Dr. Hering. They are now promised, and if given us as that master mind left them (not as some lesser mind may think they should be given), our school will secure a treasure. The very opposite of this great work of Hering's is the so-called Encyclopædia of Drug Pathogenesis, which seems to be a confused mass of mangled provings. We have more than once attempted to gather assistance from its garbled and condensed pages, but have always been baffled. That it has any value we are unable to see. It is to be hoped it has a purpose, as much labour seems to have been spent upon it, and much expected of it.

There is another point to which your attention may be profitably directed, and that is to secure greater care in selecting our medicines and more care in manufacturing our potencies. It seems as though carelessness were also creeping into our pharmaceuticals. The greatest discretion must be exercised in selecting proper material for our pharmacopœia and in their preparation. The same preparation, especially in the use of our vegetable remedies, should be used in the prescribing as was used in the proving. We do not mean the same potency, but the same pharmaceutical preparation. Impure or uncertain drugs will, of course, not correspond in their effects upon the sick to the action of a purer drug used in the proving. The physician and the prover should use the same preparation. Without doubt, many of our failures may be justly laid to some imperfection in our drug preparations. During the past year little worthy of note has occurred in the medical world. In the old school new theories have arisen and old ones have died. This is the old, old story with these scientists. Among ourselves the work seems to be steadily progressing for the better. The successful meeting held a year ago at Saratoga has been productive of much good, has shown the outside world that this is a working association of genuine homœopathists. Such successful meetings cannot fail to have a beneficial effect upon the Homœopathic school.

And now we meet for the eighth time to greet each other, and to work for the perpetuation of the art of healing known as Homœopathy. We have come together from the remote quarters of the land to sharpen a common faith by another year of busy experience. This organization has been separated from the masses of all grades in medicine, a mere handful, that has been called a respectable minority, and it can even now see the gulf that yawns behind it. With independence we are able to go on climbing the mountain of Homœopathic truth. Some say we are at the top. Be not sure; we have but climbed a foothill; soon will we see a mountain beyond, with but the faintest trace of human footprints. We follow on, though the mountain side be steep and thorny, led by the light of truth. Soon the toilers grow weary and their number becomes smaller. In the

distant part there is a multitude, while the valleys below still throng with conflicting millions. The few toil on up the steep and rocky mountain side, steeper, more rocky as they press onward. The distance brings to view the heavens, dotted with nebulous sky and space beyond. There is to be seen another mountain far away, and much higher, which is yet to be climbed, upon which, through the clear sky, above the clouds, behold the Immortal Hahnemann.

DILUTION, SUCCUSSION AND POTENTISATION

Being the report of a talk given by Dr. L. R. Twentyman following the annual dinner of the South-eastern Federation of Pharmacists held at Hove, Sussex, November 14, 1956.

Dr. L. R. TWENTYMAN, M.B., B.Chir., M.F.Hom., told a mellowed but perhaps sceptical audience what was in those tiny pilules that are to most people the emblem of homœopathy.

Dr. Twentyman, who is assistant physician at the Royal London Homœopathic Hospital, wasted no effort on what he said was the "impossible" task of trying to justify homœopathy to pharmacists. He disarmingly admitted that, on the basis of any ponderable quantity of medicament remaining in even a "thirtieth potency" dilution tincture or pilule the subject was "mad and crazy." In mathematical terms, the fraction of the original drug remaining was $1/100^{30}$, or something with too many noughts in the denominator to be understood in terms like billionths.

Whatever of rhyme or reason existed in homœopathy, he said, was still far from being discovered, though he hinted at a possible clue in the fact that modern physics, having gone beyond a multiplicity of "ultimate particles," was now calculated on the *negatives* of those particles—on actual "holes in space."

A homœopathic tincture was "potentised" in a two-stage operation. The first was dilution, which every pharmacist knew about. The second was succussion, which involved turbulent shakings causing friction between the particles for a length of time. In the process they might receive an "impress" of the medicament. By way of analogy, Dr. Twentyman referred to the "scatter" that might be induced in a thin flame by a supersonic whistle, or the sudden crystallisation of a solution at a certain stage of "imbalance" by injecting into it a minute speck of dust.

Importance of Symptoms

He said he was not against science, but against the rejection by science of everything that did not fall within its own limits. "Science," he said, "turns its back on everything that is not weighable and measurable." How different the approach of homœopathy to modern medicine! Homœopathy took note of qualities that were not capable of scientific measurement but were, none the less, matters of human experience, such as taste. Homœopathy's valuation, even of illness, was different. Symptoms were not something to suppress but to be studied. They were a consequence of the inadequate expression of one's personality in human life. "To treat a symptom by stamping it out is something like murder."

In homœopathy one tried to find a way by which forgotten elements of personality could find wholesome expression. To pursue that aim, he declared, was more than ever important today, when so many human actions were tragically producing the exact opposite of what was intended.

During the whole of the speaker's remarks his hearers sat in rapt attention—fascinated by an oratory that transcended argument. Even when the meeting was thrown open to questions and discussion no critic recovered sufficiently to sound a hostile note, though one of them recalled long-forgotten mis-teaching on homœopathic dispensing by his apprentice-master. For the rest, the speaker boldly claimed every point made as strengthening his case.

—*Homœopathy, Feb., '57*

HOMŒOPATHIC NEWS

(1)

PRAKASH HOMŒOPATHIC CHARITABLE DISPENSARY New Colony, Jaipur (Rajasthan)

The Charitable dispensary was established in 1951 and has been since humbly giving free treatment to thousands of poor patients. Both chronic and acute cases are treated with equal care.

The dispensary has been established by Dr. Chandra Prakash. Dr. Tara Singh Chohan is the physician-in-charge. While Dr. Tara Singh Chohan and Dr. Chandra Prakash regularly attend to the patients daily, Mr. Krishna Charan manages other affairs.

The Dispensary has been recently recognised and granted affiliation by the Rajasthan Homœopathy Association.

(2)

RAJASTHAN HOMŒOPATHY ASSOCIATION :

Two Resolutions

Resolved that letters of thanks be sent to—

(a) Vaidya Shiromani Swami Shri Jairamdasji, Principal, Govt. Ayurveda Mahavidyalaya, Jaipur for his generous donation of Rs. 201/- to this Association.

(b) Shri Kastoormalji Shah, Chaura Rasta, Jaipur, for his generous donation of Rs. 1,001/- to this Association.

(3)
SINGBHUM HOMŒOPATHIC MEDICAL COLLEGE,
JAMSHEDPUR
Examination Results, 1958

Names of successful Candidates

1. Sri Pritpal Singh.
2. „ K. A. Pandya.
3. „ A. Chakrabarty.
4. „ T. N. Tewary.
5. „ Monoranjan Chowdhury.
6. „ Harbans Singh,
7. Sk. Hedayel Ali.

(4)
PAKISTAN HOMŒOPATHIC MEDICAL COLLEGE,
DACCA
Examination Results

Roll Nos.	Names
8.	Md. Rafiqul Huq.
5.	Kh. Shamsul Alam.
3.	Moshihuzzaman.
1.	Md. Abdul Mannan Khan
2.	Syed Sanwar Ali
18.	M. R. Khan Mojlsh.
14.	Md. Hafizur Rahman.
15.	Md. Mukhlisur Rahman.
9.	Asiruddin Ahmed.
4.	Md. Habibur Rahman.
10.	Sk. Ali Asgar.
13.	Md. Hassen Ali.

BOOK REVIEW

Gem Therapy. By B. Bhattacharjee. Published by Firma K. L. Mukhopadhyay, 6/1A, Banchharam Akur Lane, Calcutta-12. Priced at Rs. 5.00, 9 sh. 6 d. or \$ 1.50.

A seventy-five-page Treatise on Gems and their utilization in a therapy is really something new. Gems are precious stones,

which are usually worn by rich people, and prescribed by Astrologers for the prevention and eradication of various ills. There is use of Gems in Ayurveda to some extent also. But to utilize Gems exclusively as a Therapy is a novel method indeed.

The book is divided into nine chapters and one appendix, e.g., (1) Nature and power of Gems, (2) Gems are mines of cosmic rays, (3) Gems and the Rainbow, (4) Use of Gems in Ayurveda, (5) Gem Therapy and Allied Sciences, (6) Diseases and Cosmic Rays, (7) Gem Medicines : method of preparation, (8) Diseases and their Gem prescriptions, (9) Conclusion, and Appendix : Brief notes on the seven Gems. The titles of the chapters speak of the Nature, Usefulness and Scope of the work. There is some helpful description of the seven Gems and the methods of testing their genuineness. The whole book is based on the tentative theory that "The Cosmic Rays are at the bottom of disease, and the cosmic Rays are the only forces capable of curing that disease. Cosmic colour hunger produces the disease. When that hunger is appeased by Gems radiating different colours, the disease leaves the body."

The Gem therapy is related to Homœopathy in so far as the Rays are extracted by rectified spirit, and the medicines are prepared in globules saturated with the extracted Rays. There the relationship ends. But, if the Gem medicines could be proved in the strict Hahnemannian way and utilized as in Homœopathy, instead of being based on a tentative theory, the validity of which depends on the validity of the conclusions assumed, the Gem Therapy would have been an extremely helpful, positive therapy capable of immense good to suffering mankind. Theories are changeful, they come and go, but the Rule of Similars, like a solid rock, has withstood the test of Time and has been elevated to the category of an eternal, unchanging Law.

The get-up of the Treatise has been nice, though the price seems a bit high. There will be many lovers of the book, we feel sure, in those who want a new therapy and love Astrology. We wish the book a success.

S. M. B.

(1)

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THE HAHNEMANNIAN GLEANINGS

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FEBRUARY 1959

No. 2

50 MILLESIMAL POTENCY : ITS APPLICATION

DR. S. M. BHATTACHERJEE, M.A., P.R.S.M., BERHAMPORE

From time to time we have been receiving communications from our readers concerning their difficulties in the application of the 50 Millesimal Potencies. By following the method given below, the same difficulties may be overcome :—

- (1) Take a new one-ounce phial with a new cork.
- (2) Place one or two globules No. 10 (of the size of Poppy seeds), saturated with the medicine to be prescribed, in the said phial. Drop one or two drops of water into the phial, so that the medicated globule or globules are dissolved in a few minutes.
- (3) Then half-fill the said phial with a solution of equal parts of distilled water and absolute alcohol or rectified spirit. Shake the phial briskly in order to mix the medicine completely with the solution.
- (4) In some moderate recent cases of illness, where a single dose of medicine suffices to cure, there is no necessity for administering the medicine in solution. In violent and urgent acute cases where repeated doses are required, but for 2—4 days, the phial may be half-filled with water only. In long standing chronic diseases, where the solution of a particular potency may have to be used for days and weeks, the solution must be of water and alcohol to prevent water from decomposing. If a sufficient quantity of

rectified spirit or absolute alcohol is not available, 20—30 drops of it may be poured into the water which alone will be $\frac{1}{2}$ an ounce in quantity. Well, tube-well or river water, boiled and cooled in advance, may be used when distilled water is unavailable.

- (5) Take from the phial a few drops of the medicated solution according to the sensitivity and irritability of the patient, and mix it with a tea-or-tablespoonful of water (according as the number of nerves to be touched), placed in a porcelain cup or small glass. This makes a dose, and give it to the patient.
- (6) But, thoroughly succuss the medicine in the phial 8—10 times, before the drops from it are dropped into the cup or glass each time. Thoroughly stir, again, the medicine prepared in the cup or glass before it is given. Thus, each dose is potentized anew and given to the patient only in deviated potencies.
- (7) The dose may be repeated from every hour or oftener to every two to six hours daily in urgent acute cases ; in long lasting chronic cases, daily or every second day, and for weeks and months. By the repeated doses applied in deviated potencies, the duration of sufferings of the patient is amazingly shortened, and cure strikingly enhanced.
- (8) If required, the potencies are to be used from the lowest to the highest, proceeding gradually along the ascending scales. Suppose you start from the 3rd Millesimal, and then ascend gradually up to the 30th, according as the necessity arises. You can not jump from the 3rd to the 12th, 18th, 20th or 30th. You ascend gradually, step by step, through other intermediate potencies, if and when required. Hahnemann usually fixed his highest limit at the 30th.
- (9) In acute diseases, sometimes, a globule placed dry on the tongue suffices to accomplish a cure. In chronic cases, on the otherhand the deviated doses in solution may have to be used for days and months until the complete amelioration of symptoms. The medicine

prepared in solution touches many nerves and is far more powerful than the medicine given dry :

“Such a globule, placed dry upon the tongue, is one of the smallest doses for a moderate recent case of illness. Here but few nerves are touched by the medicine. A similar globule, crushed with some sugar of milk and dissolved in a good deal of water (Sec. 247) and stirred well before every administration will produce a far more powerful medicine for the use of several days. Every dose, no matter how minute, touches, on the contrary, many nerves.”

—Organon, 6th Ed. (Sec. 272)

- (10) In acute diseases, the medicinal aggravation takes place within a few hours of the injection of the medicine. In chronic diseases, on the other hand, amelioration comes first, and the said aggravation appears towards the close of treatment, when no more of medication is required.
- (11) Just as the potency is gradually to be ascended or increased, similarly the dose or quantity of the medicine to be taken in solution (not the number of globules in the original solution) is also to be gradually enlarged, increased. But some cases, for instance, the recently erupted Itch, untouched Chancre and Figwart, not only tolerate but require large doses of their specific remedies from the beginning of treatment.

"THE HAHNEMANNIAN PROVING MUST BE USED AS A BASIS IN MODERN THERA- PEUTICS OF THE TRADITIONAL SCHOOL"

DR. HILARIO LUNA CASTRO, M.D.

"In order to know the curative effects of drugs, one has to prove them upon the healthy man : that is what the founder of Homœopathy called pure proving."—Dr. Higinio G. Perez, founder of the "Escuela Libre de Homœopatía de Mexico", *General pathology*, page 239, Mexico, 1914.

DR. SAMUEL CHRISTIAN FREDERICK HAHNEMANN (1755-1843), the renowned founder of the therapeutic axiom "Similia Similibus Curentur", categorically stated : "Medicament is every substance which has the property of making the healthy man sick and curing the sick one. Medicament is distinguished from morbid causes, because these make sick but do not restore health."

To the sage of Meissen corresponds the glory of raising pharmacodynamics to the category of science, for having introduced the knowledge of drugs action upon the healthy man through the rigorously experimental method of induction.

If this were not sufficient, Hahnemann, in his *Materia Medica Pura*, the solid and immovable basis of Hahnemannian Therapeutics, added to the anatomophysiological experimental results upon man, the symptomatic manifestations of the animic order, were what constitute a truly unexpected source of psychopharmacologic knowledge for the physicians of his epoch and a theme of new orientation for the so-called psychosomatic therapeutics of the present time.

Besides having founded his therapeutics and *Materia Medica* upon the basis of proving in the above mentioned form, Hahnemann, with an unusual clinical criterion rejected polypharmacy, magistral prescriptions and the massive doses of opium, mercury, arsenic, etc., used in his epoch, requesting at the same time not to employ the drugs "*ab usu in morbis*" and only to apply them through pure proving.

Empiricism disappeared with Hahnemannian proving, and as glimpsed by Mattioli, Stoerck, von Haller, Vicat, etc., new horizons were opened for therapeutics with precise indications and with always flattering results, as has been corroborated during the existence of the Hahnemannian therapeutics for over a century and a half.

Hahnemann published in 1796, in Hufeland's Journal, an article entitled "An Essay upon a New Principle for Discovering the Curative Power of Drugs", in which he pointed out the rules for carrying out the proving medicaments upon the healthy man, continuing his labours in this new way of investigation, in collaboration with his pupils and friends, publishing in his book entitled *Fragmenta de Viribus Medicamentorum Positivis* the results of the proving of twenty-seven medicaments, the basis of his *Materia Medica Pura*, which verification he called pathogenesis.

Hahnemann, after a severe criticism about the form of imparting the knowledge of *Materia Medica* and therapeutics of his time, affirmed: "We have no other recourse left us than that of proving the remedies upon a healthy man, if it is necessary on our own bodies. The necessity of this method has been felt at all times but in spite of that has been nearly always followed in the wrong way, because the medicaments have only been employed empirically and "*ab usu in morbis*", giving place to the complete ignorance of their pharmacodynamic action and leading us to their erroneous use in therapeutics."

In all and every one of the pathogenesies, conscientiously obtained by the very founder of Homœopathy, and his collaborators Jorg, Hartlaub, Trinks, Hempel, Roth, Stapf, etc., the anatomo-functional and anemic symptoms were taken into account under a true hierarchization, establishing by this fact the exceptional, proper, and genuine psychopharmacodynamics of the Hahnemannian school.

Hahnemann, in his monumental work entitled *An Exposition of the Homœopathic Medical Doctrine or Organon of the Art of Healing*, in paragraph 105, lays down: "The second point of the business of a true physician relates to acquiring a knowledge of the instruments intended for the cure of the natural

diseases, investigating the pathogenetic power of medicines, etc., etc.", and in paragraph 108, among other things textually he affirms : "There is, therefore no other possible way in which the peculiar effects of medicines on the health of individuals can be accurately ascertained there is no sure, no more natural way of accomplishing this object, than to administer the several medicines experimentally, in moderate doses, to healthy persons, in order to ascertain what changes, symptoms and signs of their influence each individually produces on the health of the body and of the mind. . . ."

Notwithstanding these new orientations in pharmacodynamics and therapeutics contributed by the founder of Homœopathy, since 1805, the traditional school does not give even at the present time all the interest that it deserves to the study of the action of the medicament upon the healthy man, because the great majority of drugs are prescribed by the knowledge had of them in laboratory and through the study of their action upon animals, which constitutes a fallacious guide to their use upon the sick man.

In the traditional school, Claude Bernard, called the father of modern scientific medicine, introduced his experimental works from 1847 to 1850, that is to say, forty-two years after the provings realized by the founder of Homœopathy, and in his work *Introduction to Experimental Medicine* (1865), page 159, emphatically asserts : "We give great importance to the experimentation upon animals and we add that under the theoretic point of view, experimentation upon every species of animals are indispensable to medicine."

The same line of behaviour is followed by the traditional school since that time, as Gaddum, professor of Pharmacology in Edinburgh University, Scotland, in his work *Pharmacology* published by Oxford University Press of London, 4th English edition, 1953, 1st Spanish edition, 1955, page 469, says among other things : "one should not give a new drug to man, before one is sure that it has been administered to different species of animals. Mice because they are cheap are used when it is necessary to employ great numbers of them. Rats, rabbits,

guinea pigs and cats are also used. Monkeys, genealogically similar to man, are used to prove the action of drugs."

Anthropoids, which in the biologist scale are nearest to man, differ from the latter who possess organization, a way of life and fundamentally a psychical manner and articulate language, and if that were not enough, there exist irrefutable proofs that that which constitutes a food for certain animals is a poison for man and vice versa, so that different results of immunity, tolerance or receptivity to pathogenic agents can be verified between man and animals.

Cyanhydric or prussic acid is a most active poison to man whom it kills instantaneously, on the other hand the hedgehog and porcupine are affected only to a slight degree.

Some herbivorous animals, especially sheep, goats and rabbits can ingest leaves of Belladonna without danger; according to Fleishmann it depends upon the fact that the blood and liver, particularly of rabbits, have the property of rendering inactive and even destroying the toxic action of this plant. Horses and bovidae are more sensitive. On the other hand, a middle size dog supports a larger dose than a horse, and a cat dies very rapidly with really small quantities. Ten centigrams of atropine obtained from Belladonna leaves are mortal to man.

Goats eat *Rhus toxicodendron* without any consequences and upon man it produces gastro-intestinal phenomena and diverse dermatitis of changeable localization.

Hyoscyamus roots can be eaten without danger by the hog. Dogs eat leaves and seeds of *Aconitum* without showing any manifestations of intolerance.

The rat, toad and water salamander are absolutely refractory to *Digitalis* action and in this way we found numerous examples that it would be prolix to enumerate.

Regarding pathogenic agents, opotherapeutic drugs, vitamins, physical and ambietal means, etc., among man and animals there are absolutely different results of intolerance, receptivity and anaphylaxis.

The Koch bacillus has a pathogenetic action on man and bovine cattle. Goats, guinea pigs and rabbits do not acquire tuberculosis spontaneously and they are only tuberculous through

repeated inoculations and the ass is completely refractory to this infection.

The Eberth bacillus is highly pathogenic to man; upon the chimpanzee and macaque it is only possible to reproduce alterations resembling typhoid fever by the ingestion of concentrated cultures. On the other hand the female goat is extremely sensitive to the Eberth bacillus and to the *Brucella melitensis* that is the cause of Malta fever in man, and is found in the organism of the male goat without producing abnormal symptoms.

Atlassoff, produced typhoid phenomena in a rabbit, introducing typhus bacillus directly into the intestine, a completely different procedure from natural infection.

The ram, guinea pig, mouse, young cat, gray adult rat, old rat, young pigeon and hog, are very sensitive to carbuncle infection. The hen is refractory and only by subjecting the hen to low temperatures (Pasteur's cooled hen) does it get the infection. Batrachia and argeline ram are quite refractory to carbuncle. Crocodiles offer absolute immunity to tetanus toxin.

The rat is insensible to diphtheric toxin.

Man is deeply affected by streptococcus, on the other hand, the white rat and the dog have a natural immunity to this pathogenic agent.

The hedgehog is unsusceptible to ophidians' poison.

Polyneuritis in doves subjected to a diet lacking in vitamin B₁, provokes the death of this animal four days after the first symptoms (Peters and Reader), and man has manifestations of a deficit of a different character that is able to produce other kinds of troubles that exceptionally end in death.

Health in man which is a state of equilibrium, harmony and psychophysical well-being does not admit of excess or defect, should be for the Hahnemannian School, the point of departure and term of comparison in order to know the morbid phenomena that constitute the sick man's pathology and the symptomatic phenomenology of the pathogenesies that form the Homœopathic Materia Medica, for establishing in this way the relation of analogy between disease and remedy that leads to the simillimum for its use in therapeutics.

For that reason, given the peculiar and unmistakable psycho-physical characteristics of man, it is impossible that he will display the same reactions and responses in the same manner to the influence of the pathogenic causes and pharmacodynamic proofs as these of the other animals of Creation, and it is to the founder of the homœopathic medical science, Dr. Samuel Christian Frederick Hahnemann, whom we have to comprehend and extol, because due to all the aspects of his exceptional culture and indisputable intellect, he knew how to fix the authentic and true form of carrying out the provings upon the healthy man and not on other animals, in order to always obtain the same psychic and somatic symptoms and therefore to be able to prescribe the remedies on the sick man according to his axiom "Similia Similibus Curentur".

CONCLUSIONS

1st. The eminent founder of Homœopathy, Dr. Samuel Christian Frederick Hahnemann, father of psychopharmacology, taught us how to know the healthy and sick man under his double psychosomatic aspect, unknown in his time, more than a century and a half ago.

2nd. The experimentation upon animals, initiated by Magendie (1783-1815) took great impulse with Bernard, Richet, Roux, Ludwig, Müller, etc., continuing to the present day as one of the fundamental basis in the therapeutics of the traditional school.

3rd. The Hahnemannian School accepts experimentations of this kind only as a verification of laboratory and refuses it in the therapeutics of man, because it has in mind the biological axiom of John Paul Tessier (1811-1862), distinguished French physician of the traditional school, eminent pupil of Dupuytren and Trousseau, Director of "Medical Art" published in Paris, and converted to Homœopathy, who categorically demonstrated: "Every animal becomes sick according to his species and in each species the individual suffers according to his own nature" and

4th. The world at present day needs the homœopathic medical science, in order that modern and future therapeutics take to the solid and immovable pure proving upon the healthy man,

due to the privileged brain of the great sage of Meissen, Dr. Samuel Christian Frederick Hahnemann, in order that the physician, with a perfect knowledge of all drugs can administer them in a correct way and lead suffering mankind to the recovery of health.

—*The British Homœopathic Journal, July-Oct., '56*

EXCERPTS FROM INTERNAL HEALING ART IN SURGICAL DISEASES*

DR. EMIL SCHLEGEL, M.D., GERMANY

Berta G., 4 months old, suffered from a *naevus* 3 x 4 cm., had been treated by galvano-cautery and lunar caustic, which was followed by fast spreading, and surgery had been advised. *Sulphur* 30c was given internally every week, and *Ferrum phos.* daily. After three weeks, improvement was reported : less red. *Sepia* 30c was now given. Naevus showed white lines of thin scar tissue, and patient was generally improved. One dose of *Lycopodium* 30c was given, followed by *Abrotanum* 3c. Four weeks later : patient does not tolerate touching of the diseased area. *Calcarea carb.* 30c was given, and a small *urano-thor* application made. A month later : red coloring is less, and swelling of the previously puffed and convex naevus is also less. *Calcarea fluorica* 30c finished the treatment. Patient has improved generally, and, only when crying, very slight redness showed the spot.

Albert K., 15 months, had fungus haematodes on both ears surrounding the auricle, especially the posterior aspect, which

* Translated by the late S. W. Staads, M.D.

had been treated with carbon dioxide snow. He also had such spots on chin, around mouth and on mucous membrane of lower lip. The rather fat child was given from time to time *Ferrum phosphoricum*, *Thuja*, *Calcarea fluorica*, *Phosphorus* and *Abrotanum*, all in the 30c potency. Four months later all was cured, which left the district medical officer speechless.

These results remind me of a much earlier case of naevus which disfigured the entire left side of a child's face. Under homœopathic treatment it was cured. At first white spots appeared which gradually coalesced. On the now normal skin a crusta lactea came and disappeared spontaneously. Here again I marveled at nature's recuperative power when it gets a little aid. However, I must add that very few parents have the necessary patience and sense to really carry through the treatment of such disfigured children. The children do not return for further aid, and the parents are satisfied with half results.

Even more remarkable is the healing power of homœopathic remedies in *warts*. Barbaric actions like pulling out, burning, cauterizing of those small proliferations are contraindicated. Every wart is based in the constitution of the bearer, and under internal homœopathic treatment practically all can be cured in a few months. Similarly, hanging cutaneous flaps, especially in elderly persons, can be cured by patiently carried out homœopathic internal treatment.

Mrs. M., 47, consulted me on account of cough and dyspnea. On her back, in the posterior axillary line, she has a number of dark, oblong warts of large-pea-size, often painful. She was given *Acidum nitricum* 30c. In a month they shriveled to small spots. *Thuja* 30c completed the cure.

A later case history is that of a herculean man of 65, who had a large wart on the right upper eyelid, hanging down over the side of the lid. He did not come to consult me on account of that, but complained of digestive troubles: inclined to diarrhœa, bloating after eating, cutting abdominal pains. He was given *Natrum nitricum* and *Chelidonium* 3c. In three weeks he reported improvement, tongue clean, and wart smaller. *Thuja* 30c was given which reduced the size of the wart much in a month. The abdominal pain had returned in the epigastrium

extending into the right side, aggravated from physical exertion; feet cold. *Lycopodium* 30c was given and cured all, including the wart.

In contrast compare a report in the journal *Medico* : Mrs. S. consulted Medical Counselor P. for the removal of a small wart on the right upper eyelid. Dr. P. remarked jokingly: "With that we make short work." From a box on his desk he took a pair of scissors and snipped off the growth and told patient to wipe off the drop of blood with her handkerchief, dismissing her. Soon the lady experienced much pain in the lid, and an infection finally destroyed the eye.

We are not interested in the damage suit which followed, but only in the wanton action in comparison to the internal treatment.

I could enumerate many homœopathic cures of warts on face, nose and hands. At times much patience is demanded. But how satisfying is the field of medicine which offers such fine results !

In the remedy choice one has to be guided by the local condition of warts as well as the patient's constitution. Warts on *face* and *hands* point to *Causticum*, *Calcarea carb.*, *Carbo animalis*, *Dulcamara*, *Kali carbonicum* ; warts on *nose*, *tips of fingers*, *eyebrows* : *Causticum* ; on *hands only* : *Anacardium*, *Bufo*, *Lachesis*, *Lycopodium*, *Natrum mur.*, *Rhus tox.* ; on *neck*, *arms* and *hands*, especially when soft : *Antimonium crudum* ; on *genitals* and *anus* : *Thuja*, *Cinnabaris*, *Natric Acid*, *Sabina*.

A 20-months-old girl suffers from congenital glaucoma (buphthalmia); cornea opaque; pus exudes. Child nurses, inclines to diarrhœa; cries evenings. She was given *Mercurius corrosivus* 30c, later *Apis* 30c. After a week the discharge is less; still lachrymation; cornea clearer. *Calcarea carb.* 30c was given. Ten days later, cornea only slightly clouded, but pus discharge is more; nocturnal restlessness; dentition started. *Ferrum* 2c. After five days: still slight corneal cloudiness; much sneezing. *Pulsatilla* 30c. A month later eye normal and smaller, but still enlarged. *Bryonia* 12c was chosen. Four weeks later patient was not well, tired, some coughing, thirsty; diarrhœa. *Natrum nitricum* 3c and, later, *Chelidonium* 30c were

given. Since this interlude the eye seems to be again larger. After a month the little patient thrives again; left eye still photophobic. *Sulphur* 30c was given. Two months later patient was quite well generally; at times much lachrymation from right eye, but no inflammation. Sees well, also with left eye. A month later she still had some photophobia. One dose *Bellis perennis* 30c was given, later *Mercurius corrosivus*. After two months the patient was presented at the University Eye Clinic as a rare case which had been seen there a year ago (before the homœopathic treatment had been begun) when operation had been advised.

Girl of 12, totally blind, looked bad, had vomited on the way to my office after leaving the University Eye Clinic, where a craniotomy had been advised in order to investigate a possible brain tumor as causative. A lumbar puncture had been made.

The blindness had appeared suddenly ten days ago, and the patient had passed through five University Clinics for a diagnosis. The mother had refused the craniotomy. Of course, the poor child was now very much excited. The prognosis by the professors at the University was very grave. Sudden blindness is found under *Aconite*, *Hyoscyamus*, *Stramonium* and *Belladonna*. Of examinations and hypotheses there had been enough. We ordered *Belladonna* 30c, twice daily, and *Hepar sulphuris* 30c the same. Of both remedies we expected action in their own individual spheres on the basic condition, *Belladonna* more directly, *Hepar* rather indirectly in the sense of stirring up the deeper curative power of the system. The finer conditions in the nerve-strands were not better known to us than to the University professors, but the knowledge of the basic relation between medicine and disease according to Paracelsus and Hahnemann, enabled us to evaluate nature's phenomenon clearly in the sense of medical therapy. After a week came a good report, and before long the fine looking girl came marching happily into our office, full of confidence and in possession of normal eyesight. The previously wide, rigid pupils are now medium-wide and react normally. An eruption appeared on the chin probably in connection with *Hepar sulphur*. The cure was permanent.

Among the most remarkable cases was the following. The Rev. S. sent this note :

Bearer brings his boy to you who ran full force against a tree trunk, and now shows the severe results. In the beginning his eye was much inflamed and discharged some pus from the inner canthus. He was under the care of Dr. E. for a long time. When no improvement was had, I was asked for my advice, since suppuration and much pus-discharge continued, and a small protuberance showed which Dr. E. wanted to cut. The parents did not give their consent. Patient was given *Silicea* according to Dr. Schuessler and it had often served me well on many deep seated suppurations. The result was : much more pus was discharged and did not stop. Now it seems that a bone sequestrum is protruding from the canthus which nature is pushing out with might, several millimeters daily. I now send him to you. If it had been a small splinter *Silicea* would have discharged it promptly.

My examination showed the right eye much injected, the inner canthus filled with granulations and, in the middle, a hard, white substance, apparently a bone splinter. Since there seemed no indication for forcible removal of it, I continued *Silicea* 30c. The question was : Can nature force it out fully ? We decided to give her the chance. After $5\frac{1}{2}$ months the middle of the granulation opened, and one evening by fits and starts the splinter protruded 1, 2, 3, 4 cm., could be freely rotated without causing any pain, and the boy took matters in his own hand and pulled it out entirely. Now it was seen that it was not a bone splinter but a piece of a dry twig almost 4 inches long and $\frac{3}{8}$ inches thick. It had entered directly above the right eye, leaving a very small opening and entered the cranial cavity, being gradually pushed around the eye, and finally protruded at the inner canthus, after lodging in the head for about 6 months. In a few days the granulation receded and the eye was normal. From now on the boy was normal in every respect.

The foreign body was brought to me, and I fitted it into a skull to see how far it had traveled. It reached accurately to the occipital foramen, and must have slipped backward along the angle between the ethmoid bone and superior maxilla, must have perforated the posterior opening of the orbital cavity, and from there—perhaps not without traumatism to the brain—pushed to the entrance of the spinal cord to the cranial cavity. It is more than miraculous that all this traumatism did not cause serious functional disturbance, yes, that during all the

time such did not occur. It is probable that nature smoothed out everything, pushed the foreign body along, and cured masterfully without surgical aid, exactly as if this case had to teach what lies in the realm of possibility.

That this miracle is not isolated is proved also by an experience of Dr. J. C. Larrey (Leipzig 1813). This outstanding surgeon of the Napoleonic Guard reports :

We have here the point of a javelin which a knight carried for 14 years in his cranium without interference with his mode of life. The same phenomenon could also have happened to a French soldier soon after the Polish campaign. The accidental discharge of a comrade's gun shot a piece of the ramrod into the head, apparently penetrating the brain entirely without doing any damage.

Dr. von Bergmann (a foremost professor of surgery at Berlin University) speaking on surgical removal of bullets, etc., from internal cavities said :

Of great importance is radiography for diagnosis of foreign bodies in cavities. It taught that it is better not to remove such projectiles because they are strangely well encapsulated without causing any difficulty. The experience is that the removal of such (located by Roentgen rays in very old cases) is much more dangerous because they demand very deep dissection. French surgeons therefore abstained from surgical interference when *Labori* had been shot, thus enabling that very prominent jurist to resume his important work in a relatively few days.

A case of conservative treatment in a "surgical" eye [is here reported] :

Mrs. J., 46, has had a horny excrescence on the left lid margin for years which lately formed an enlarged lobulated conglomerate. During the present week it became worse with inflammation of the conjunctiva sclerae, somewhat painful, with pressure and irritation in the eye and with photophobia. Cool compresses relieved. *Pulsatilla* 4c relieved the conjunctivitis. But the next day patient complained more, had slight chemosis. *Apis* 30c was given. Two days later : status idem with pain above eye. *Cinnabaris* 30c relieved. I had hoped in vain for retrogression of the growth. A few days later patient again complained of photophobia, lachrymation, inflammation. *Euphrasia* 6c gave some relief, but irritation from lid swelling remained. Five days later the eye was severely inflamed after patient had washed her house plants in a rain. There was pressing pain in eye, more photophobia and lachrymation. *Rhus*

30c was chosen. After 10 days there was iritis with contracted, non-reacting pupil, severe stitching pain in eye, very sensitive to touch, photophobia, and patient was very irritable. One dose of *Hepur sulphuris* was given, and in 2 days pupil reaction was better. Patient complained of jerking sensation in eye. One dose of *Sulphur* 30c was given. For 3 days the inflammation receded, but it was followed by aggravation. One dose of *Rhus* 30c relieved for 4 days, when again patient was worse after working in the garden. One dose of *Pulsatilla* 30c was now given, and 2 days later *Belladonna* 30c. Two days later she had one dose of *Psorinum* CM (Fincke) and it gave immediate improvement; irritability and photophobia left entirely, and the horny growth dwindled rapidly, and all was normal in four weeks.

This case history is of importance because in the beginning one could properly ask: Why was not that little thing treated surgically? My son, Dr. O., favored it because the horny growth was evidently the main cause of all the trouble.

It is certain that the growth was a pathological product which was bound to be amenable to internal medication. If that succeeded, the knife was unnecessary; but what was more important, the patient would then experience a curative constitutional stamp to the advantage of the total health. And that was plainly evident afterward.

Another question: Why were not remedies like *Causticum*, *Thuja*, *Calcarea Carbonica* and others given at once? These had been administered during previous years without result. A repetition of such deep acting remedies (some of them were given when the iritis started) is rarely advisable. As soon as a rather casual vegetative pathologic formation begins to produce serious disturbances and becomes dangerous as it was here, with a fuller symptom picture, the homœopathic remedies are offered many more points of attack. So also irritated cystic tumors are easier of cure than when torpid. The symptomatology of *Psorinum* in eye diseases is abundant; it fits in very well.

A considerable number of eyes, endangered by severe traumas, I have saved and maintained vision by homœopathic treatment. (Dr. Schlegel had earlier made ophthalmology his

specialty. S.W.S.). Opacities of secondary cataract were relieved; dangerous inflammations after ocular operations were cured, glaucomas were cured, or satisfactory vision maintained for years. The left eye of an official (now 70 years old) was destroyed by iridectomy; he refused the same operation on the right eye when it was similarly involved, and the patient has been fully able to do his work for 20 years under homœopathically controlled treatment.

Student B., 20, was brought to me with a bloody face from a skin wound over the glabella, extending through the right upper eyelid, caused by the chipping off of a rapier in a duel in which he was an onlooker. The first question was: Is the eye damaged? Lifting the eyelid carefully no injury to the eyeball was seen, and patient had full vision, hence no immediate danger. The lid wound gaped, but did not seem to perforate. I dressed the wound immediately and gave patient *Ferrum phos.* and *Calendula 3c* internally. When he returned the next day he thought the wound was suppurating. I replied: "Wound secretions serve the healing process." I found the eye normal. His question: "Is the lid perforated?" Answer: "I do not think so, but I shall not investigate that now, not disturbing the thin tissue-bridge which aids healing very much." His question: "Why did you not disinfect? That is the first aid all over, so I am informed." My answer: "The famous professor, Dr. von Eiselsberber, professor of surgery at the Vienna University, in his lecture before the Vienna Surgical Society on *Reform of First Aid Dressing* said that it is a disadvantage to use iodoform, carbolic acid, etc., and that on the first aid dressing the patient's fate often depends. He indicated especially carbolic acid, which had done much harm in the primary treatment of wounds. Also the great professor Billroth had warned against its use. Even weak solutions of carbolic acid may lead to gangrene, and iodoform preparations should be abandoned. In most cases it is best to use dry, clean coverings to absorb wound secretions without previous washing and disinfection because not all infecting material is thus removed, and disinfectants disturb the prophylactic wound defense. Professor Eiselsberger even opposes the washing of fresh wounds

because the wound margins thereby swell and lose the power of resistance. Also the great Berlin professor of Surgery at the University, Dr. von Bergmann, warned against touching and washing wounds, and that when the bleeding had been stilled plain sterile, not disinfecting wound-covering should be used." When I saw the student again everything had healed nicely with a tiny smooth linear scar.

Hernia

Abdominal herniæ frequently furnish cause for surgical intervention, and even unbloody reposition of a hernia by certain positions in lying down [and] treatment by pushing the protrusion are surgical means of the very best. From my own experience I can certify that reposition of incarcerated herniæ by the use of wet packs, massage with mild belladonna cerate, internal use of the indicated homœopathic remedies often succeeded where the surgeon considers operation necessary. Yes, I can add that remedies like *Aconitum*, *Arsenicum*, *Nux vomica*, *Opium*, *Sulphur*, *Tabacum*, *Veratrum* can at times even cure such protrusions in which—due to started and advanced inflammation with threatening gangrene and necrosis—operative intervention is inadvisable. But also surgery here has saved many a life. Constant wearing of trusses, etc., has advantages and disadvantages, and I am not certain whether or not to advise the constant wearing of a truss. If such do not hold perfectly, there is danger that its pressure over part of the descended hernia may cause incarceration. Constant wearing of a truss causes weakening of the overlying skin and underlying tissues, dangerous especially in children. I have repeatedly seen inguinal and umbilical herniæ heal spontaneously when the body became stronger and healthy. Frequently have I observed this happy result from constitutional homœopathic remedies, especially from *Sulphur* in higher potency. I shall append the following case from my recent practice :

Emma K., 15, has suffered from inguinal hernia on the right side, which protruded to egg-size upon exertion. She has never used a truss ; has often attacks of frontal headache and conjunctivitis. Has not yet menstruated. She was given *Sulphur* 30c mornings, and *Belladonna* 30c evenings.

After three weeks she stated that now her hernia does not protrude when coughing nor upon exertion, but still has frequent headaches. Menstruation set in a week ago. Six weeks later the hernia was cured, and headaches returned at long intervals. One dose *Thuja* was given. Five weeks later all symptoms are cured.

Mrs. C. R., a nurse, had suffered from inguinal hernia since she did some heavy lifting when she was 13 years old; at times the hernia caused her much pain for 15 minutes, even from breathing deeply. Had a herniotomy when 23 years old. Three months later the former pain returned with protrusion of the hernia. A second operation was done 1½ years later, and the old pain persisted, and the hernial protrusion returned. Homœopathic remedies cured the pain, and the protrusion was reduced.

Croup

I am even more opposed to surgery in laryngeal croup of children. In these cases death from suffocation is threatening, be it from true diphtheria of pharyngeal or tracheal origin, or closure of the vocal cords from other causes which in many instances may be identical. Most children operated on for this condition die. In those who live one can and must ask: Would they have recovered also without the operation? This question is as justified as in the opposite condition: Would the child have lived after the operation? I remember a croup case in which my splendid chief was constantly in readiness to do a tracheotomy. Finally the need seemed to have arrived when we were called at 4 a.m. My chief again weighed the question of operation, and decided: No. From now on improvement set in, and the patient made a fine recovery. Two children on which I operated died, one of following tracheal inflammation and pneumonia, the other from suffocation when the parents had not watched for a little while. As clinical assistant to an exceptionally fine surgeon (Prof. Bruns at the University of Tuebingen) I have seen very little splendid results from homœopathic remedies like *Aconitum*, *Spongia*, *Hepar*, *Carbo vegetabilis* and *Phosphorus*.

In cases where tracheotomy is successful it may happen

that the result of the operation leaves a shadow in later life. A lady, whose physician I have been for years, gets into danger from suffocation whenever she has bronchial catarrh, due to a cicatrized stricture of the trachea after tracheotomy done during childhood.

Elsie S. has a similar but much more severe case following a tracheotomy for croup. Ten years later the operation had to be repeated on account of increase of obstructing scar tissue, demanding constant use of a canula after this second operation. Patient could breathe without the canula only $\frac{1}{2}$ hour. Her neck is short and thick with enlarged thyroid. Dr. B., the professor of surgery at the University, considered the further enlargement of the traceotomy opening as daring, perhaps useless.

A boy of 14 has the same condition, and was frequently a patient at the University Surgical Clinic. During the past six years he has been under my treatment with much relief from internal homœopathic remedies. *Phytolacca* and other indicated homœopathic remedies have been very helpful.

A widow of 44 had a tracheotomy on account of luetic ulcerations, and has had numerous repeated operations.

Many patients die later after tracheotomy from asphyxiation.

Bertha B., three years old, came under my care after two tracheotomies and suffers from severe attacks of asphyxiation and continual tracheal stenosis.

A case of recent time: A lady student, daughter of a physician, suffers from internal goiter (which had so far not caused any serious conditions) and was operated upon. Operative nerve damage caused asphyctic attacks, and her voice remained hoarse. Homœopathic treatment soon improved the condition, and consultations with me were neglected, followed by consultations with me were neglected, followed by several night calls. *Ammonium iodatum* in low potency, given by my son Dr. O. S., gave quick results. Soon the patient could chase through the streets on her bicycle.

Laryngeal polypus

Mrs. F., 28, has been operated on twice in the University Clinic. Her sickness developed soon after her marriage six

years ago. At that time she suffered from painful urination, urethral discharge and prolapsed uterus. Has become very corpulent. Perspires profusely; has chills traveling up the back; constipation; urine often turbid; frequent frontal headache; menses every three weeks. Has now been pregnant for two months. Is suffering from gradual increasing breathing difficulty and rattling in throat with hoarseness. The polypus again is the size it was before the second previous operation. One dose of *Thuja* 30c was given, and Dr. Jaeger's woolen clothing recommended. After two weeks patient was improved and dyspneic only when exerting herself. *Opium* 30c was given, and breathing became easier, voice clearer, but was still husky. No more rattling in throat, nor perspiring profusely, nor chills. Though pregnancy advanced, her weight was 12 pounds less. Patient feels well, has no throat trouble. In spite of pregnancy she could climb hills which she previously could not do. No more throat trouble; breathing normal; voice clear. Has remained well for 13 years.

Mr. D., 76, became hoarse with slightly difficult breathing during the winter. Was treated homœopathically, but friends persuaded him to consult a surgeon. Here the expected finding was: Proliferation on one vocal cord. Small specimens were removed, then a larger one, and Professor A. telephoned me: "The diagnosis is cancer, and not all can be removed." I promised him my best effort to cure the patient. Very astonished he replied: "You will not succeed much." A year has passed under my treatment with *Nitric acid* 30c, *Calcarea* 30c, *Silicea* 30c, and a few interposed remedies, and patient is in fine condition. One can be grateful for such experiences! My *Krebsbuch* (cancer-book) reports similar cases.

(To be continued)

—*Jourl. of the Am. Inst. of Homœopathy, Nov., '56*

DIABETES AND HOMŒOPATHY

DR. I. L. MOYER, M.D.

Years ago I prescribed a drug for a patient who presented these symptoms : thick white coating on the tongue ; cracks in the corners of his lips, in nose and eyes and rectum ; coarse râles in his chest simulating capillary bronchitis, and cracks about the finger nails ; horn-like calluses on feet and hands ; gangrenous appearance of an injured heel. This patient had diabetes. The remedy gave him much relief and comfort. Instead of dying, he recovered, went back to his occupation and lived years longer. This was in those days when blood sugar tests were not to be had, and there was poor urine analysis equipment; but *Antimonium crudum* pulled him out of his trouble.

This gave me a real desire to know more about Homœopathy in diabetes, and a desire to know why and how our drugs improve the diabetic. Without blood sugar tests and with urine analysis alone, one could learn when he helped diabetic patients.

In 1946 the Research Committee of the Homœopathic Medical Society of the State of Pennsylvania had a study made of 20 drugs at Hahnemann Medical College and Hospital. The committee found that *Antimonium crudum* 3x would reduce blood sugar 6.9 to 40.9 mg. of blood sugar in 100 c.c. of blood in a period of 29 days.

Apis mell. ♂ showed a tendency to normalize the patient. *Baryta carb.* 30x elevated blood sugar by as much as 23 mg. per 100 c.c. of blood. *Cocculus indicus* showed increases up to 35 mgs. per 100 c.c. of blood. *Colchicum* normalized blood sugar. *Echinacea angustifolia* normalized blood sugar. *Cactus grandiflorus* normalized blood sugar. *Iberis amara* varied up and down. *Myrica* lowered blood sugar. *Nux moschata* normalized up or down.

According to the report of the Research Committee, the blood sugar was influenced by the following drugs : *Antimonium crud.* 3x ; *Apis mell.* 1x ; *Baryta carbonica* 30x ; *Cactus grand.* 1x ; *Cocculus ind.* 3x ; *Colchicum* 3x ; *Cuprum ars.* 2x ; *Ipeca-*

cuanha 30x ; *Iris vers.* 1x ; *Merc. corr. sub.* 3x, 200x ; *Myrica* ϕ ; *Nux mosch.* 30x.

According to my experience, the following remedies have worked well : *Antimonium crudum* 3x ; *Echinacea* ϕ ; *Gelseminium* 2x ; *Capsicum* 6x ; *Pulsatilla* 30x. They must be selected according to homœopathic principles.

In order to get ready for the selection of a remedy, consider the following :

1. Chief complaint from patient symptoms and blood sugar.
2. Personal history.
3. Physical examination.

Suppose you would have symptoms as follows : heavily whitecoated tongue; fissures or sores in ears; fissures in corner of eyes ; fissures in corner of mouth ; fissures in corner of nostrils ; fissures on fingers ; fissures on toes ; callus on feet ; callus on hands ; high blood sugar.

If you do not know the remedy, have a means to get the remedy, and a repertory is the thing to use. There are a number of them. It is well to get acquainted with a few of these. Bœninghausen's *Therapeutic Pocket Book* is one ; Kent is a more complete repertory. Diet is essential. In fact, many diabetics get along well through controlled diet under the action of the simillimum.

—*The Homœopathic Recorder, July-Sept., '56*

HOMŒOPATHY, GOVERNMENT AND THE PLAN**

(3)

DR. S. K. PADIAR, KERALA

BROTHERS AND SISTERS,

It is with a feeling of great perplexity of mind that I am now standing here before this august assembly. My embarrassment is not because of the vastness of the building in which we have assembled, nor is it because of the huge gathering that I see before me, but it is because I have an innate feeling that I am not as capable or competent to occupy this chair and guide the proceedings of this great function as was done by my worthy predecessors who presided over similar occasions, year after year since the establishment of this Institution, "The International Hahnemannian Society of India." Indeed I am an example, or an illustration, if one is needed, to prove the correctness of what the great western Poet, Shakespere, had in mind when he penned the following lines :—

'Some are born great,
Some achieve greatness
Some have greatness thrust upon them'

In fact it would have been a happy day and a great satisfaction to all concerned, if only today you had as your President, one of those, who are either born great or one who achieved greatness for himself by dint of hard labour. But when, on the other hand, you are inflicted with a President, upon whom greatness has been thrust, it atonce becomes a matter for controversy. I shamelessly and quite frankly too, confess that I am really one of those upon whom greatness has been thrust, perhaps due to the exceptional generosity, doled out to me by the most respected and honourable Hon. General Secretary of this Society, Dr. M. Das, with the connivance, if I may say so, of one of the

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** Presidential address, 1958, before the International Hahnemannian Society of India, Calcutta.

present top-ranking Homœopaths of Bengal, Dr. D. N. Chatterjee, Principal D. N. Dey Homœopathic College, Calcutta, and Dr. J. K. Mukherjee who happens to be one of my sincere friends and well wishers. In choosing me this time as President, these good Samaretans, perhaps relied mostly upon my age and my grey hairs as sufficient qualification. I am in my 72nd year now. Dr. Das insisted upon me to accept to preside over this function saying that it was the unanimous choice of the Executive Committee, brushing aside all my pleadings against such a step. Thus I had no other go except to bow down to their verdict by accepting their choice as final. That is how I am here now occupying this very coveted position.

This is the first time in the history of this Institution, when a Homœopath belonging to the south, the Kerala State, has been honoured with the Presidentship of this Society. I was born in the erstwhile State of Cochin. When this little State was integrated with the neighbouring bigger State of Travancore, I automatically became a citizen of Travancoore-Cochin. Again when the Reorganization of Provinces under a linguistic basis, was carried out, the new State of Kerala, comprising Cochin, Travancore and Malabar, was formed and hence I am now a citizen of Kerala.

I am sure it will interest you to note that this State of Kerala, vies with Bengal itself—the Home of Homœopathy in India, in the matter of the number of Homœo Practitioners. I sincerely believe that this honour done to me, is really an honour that is directed towards the Homœopathic Community of Kerala and is never a personal triumph. Therefore, my first and foremost duty is to sincerely thank the Hon. General Secretary and the members of the Executive Committee and express unalloyed gratitude towards them, first on behalf of the Homœopaths of Kerala and secondly on behalf of my humble self for bestowing this honour on me.

The name of this Society is a very Significant one, in as much as it implies that its first and foremost aim is to popularise and spread among the people of the world, the practice of Homœopathy, strictly according to the tenets and principles laid down by our Great Master Hahnemann, in his immortal Book,

"The Organon of the Healing Art." I believe that the very necessity for founding a Society, with this nomenclature, arose an account of the fact that there are, among the Homœopathic practitioners of the world, those who practice this system in a very unscrupulous manner, without first digesting and assimilating the principles laid down for such practice, with the result that they spoil not only themselves but the good name of the system also.

The convening of such meeting here and there, all over the world and at least once a year is a necessary reminder to the Homœo Practitioners all over, that they once again pledge themselves to the effect that they would not deviate from the path chalked out by the Great Master, because true success can be attained only in that way. I believe it was Dr. Hahnemann that first proclaimed to the world that the palliation of symptoms of a disease not only does not constitute a cure, but is in the long run harmful to health. Perhaps with the exception of Naturopathy which is against the use of all kinds of medicine except Homœo Medicines, almost all other systems of medicine aim at palliation. He also proclaimed that if a patient is really cured of his disease, what must follow is genuine health. This is the great difference between palliation and cure. In palliation the *Materia Peccans* is neither eliminated nor annihilated completely. It lurks in the system in a latent form and flares up in some form or other at the opportune time. Coupled with this we have to remember that the drugs for palliative purposes do have their side effects besides palliation. These side effects are what are called "Drug Diseases." While most of the natural diseases are curable, drug diseases are not so. Even if some are curable, it is with great difficulty that all drug diseases could be cured. It is indeed a wonder of wonders, that even if the majority of up-to-date Physicians do know these things they do not like to give up this pernicious habit of prescribing palliative drugs and thus offend against the laws of permanent and Natural Healing of the sick. And when those who call themselves Homœopathic Practitioners resort to the use of these questionable palliative methods in the course of their practice, it not only still more wonderful but also pathetic.

Statistics have conclusively proved beyond a shadow of doubt that national Health suffers to a very great extent beyond chances of getting relieved in countries where palliation is extravagantly practised. As I know it is America that is being pointed out as the *one great country* where civilization and Scientific development have reached their zenith. Let me quote here a few lines written by wellknown Sri J. Vijayatunga in his famous book on Yoga. The following is the quotation:—

EXTRACTS FROM
'YOGA' (THE WAY OF SELF-FULFILMENT)
BY
J. VIJAYATUNGA

"That the ills of our Civilization are more than Civilization can cope with is admitted on all sides. Let us take the case of America, the most progressive country. Its progress is so rapid that its psychopathic wards are full to overflowing, its private and State Sanatoria for Alcoholics are filled to capacity, the condition of its asylums for the insane were exposed, without fear or refutation, in "the snake Pit" which became a best seller. Taken as a whole it is the most hysterical nation on earth."

"And yet it prides itself on its methodical madness, and its Institutes of Public opinion proclaim to the world that one third of the Adult population have had their Tonsils removed, that one of every five adults has had his appendix, out, that 10% of the population are subject to Hay fever, while 20% suffer from Rheumatism, and one in 7 adults suffer from Neuritis. According to the same source of information, one fifth of the population are deaf or partially deaf; Cancer is termed the Nations *Killer*, No. 2."

"According to another survey over 6,500,000, sleeping pills are taken by people every night in the U.S.A. Every second hospital patient is suffering not from organic disease but from worry, resentment and other emotional difficulties. According to still more recent information collected by the Institute of Public opinion, the Average American considers his own chief

fault to be that he is too hot tempered, combative-aggressive. Resolutions to curb my temper are common."

From the above quotations, it is easy for us to infer that the general standard of Health in the United States of America, which is the richest and the most progressive country in the world, is not at all satisfactory in spite of the fact that science has developed most there. It is never my intention to slight the progress of America in all the Branches of Science. In fact I have the greatest admiration towards the scientists of America. But what about the general standard of Health of the nation as a whole ?

If what Sri Vijayatunga has written is correct and may be relied upon, then we have to, though reluctantly, come to the conclusion that the National Health of that great country is far from satisfactory, and yet our Government *i.e.*, our Health Ministers at the Centre as well as in the States also do everything in their power and in good faith to import and introduce in our country, even at a tremendously great cost, all the medical means and methods in vogue there, without using any discretion whatsoever as to which of these are particularly suited to the conditions prevailing in our own country.

It is an admitted fact that our country, Bharat, is at present comparatively a very poor one and also that the major part of the population, say 75%, is living in the villages, without any education, or without any of the amenities necessary for living a civilized, healthy life, unlike the urban people. Prosperity to Bharat, therefore, means prosperity to the Villages. To attain this our Government will have to give top priority to carry out all the measures calculated to remove poverty first of all, secondly to remove ignorance, and lastly to prevent and wipe out diseases and to preserve health. It is only when these objects are achieved that the Nation can be called prosperous. It is for this purpose that our Government has, under the very wise and able leadership of the most venerable Prime Minister, Sri Jawharlal Nehru, launched the 2nd Five Year Plan. The Nehru Governments' only theme is prosperity not only to Bharat but also to the whole world, including Pakistan. In the 2nd Five Year Plan chalked out for us by the Government, provision has been

made for not only raising the standard of life of the common man, but also for imparting to him all kinds of Physical, Mental and Moral education on a sound Scientific background, so that he may develop as far possible into a rational healthy being.

The work that has to be turned out according to the plan has necessarily been distributed as among so many departments and the ultimate result of the carrying out the plan will mostly depend upon the sincerity, the selflessness, the honesty of purpose, the enthusiasm and above all the wise discretion, brought to bear upon their work by the several Heads of these Departments. Every one of these people must have only one single aim in view, and that is Real National Progress within the shortest period and at a minimum cost. It is not enough if only one or two portions of the country, or one or two sections or communities progress. Ours being a Free independent Republic based on Democracy, one and all of us, without any distinction whatsoever, have a right to give vent to our dissentient views, if any, whenever we feel that any of these Heads of department is going wrong. And if we refrain from doing so, we shall be sinning against the Nation. We, as Homœopaths have to hereafter mostly concern ourselves with the Health of the Nation and not to be content with our private practice and the individual name and fame and money accruing from such a practice. We have therefore to concern ourselves with the activities of the Health Department of the Government and point out to them when and where they take a wrong step. We have to see that the major part of the funds set apart for this Department is utilised in the most Judicious manner. When I say, 'in a Judicious manner' what I mean is that, first of all, the greatest good must be achieved by spending the least possible amount, and secondly that Medical Institutions such as Hospitals and Medical Colleges must be established in rural parts more than in the Towns—because the greatest number of people will be served thereby.

The practice of our Government has till now been to import very costly medicines from abroad and force them upon the people over here, and educate them in such a way that any amount of money spent on them will be of the greatest use in

safeguarding Public Health. One of our Health Ministers had been actually doing great propaganda work on behalf of these, styling them to be the wonder drugs of the times. The real wonder is that the Minister is ignorant of the fact that these wonder drugs, while giving instantaneous palliation in some cases, do implant in the Human system, a latent disease, which will flare up at some later period, and which also may put an end to the life of the victims suddenly at a very unexpected moment. And what is the huge amount that is spent for this purpose of implanting in people *latent drug diseases*, without their knowledge? All this is termed and classed under scientific development; our most respected Health Minister said the other day that more money is and has to be spent on Modern Medicine, because it is the one system which is *most Scientifically developed*. The greatest achievement of science to day is the invention of the hydrogen Bomb, which can destroy the whole population of the earth, by shooting itself into space from one corner (the I.C.B.M. as it is called), to the other.

It is no less a personality than our wise Prime Minister, Sri Nehru, that has registered the strongest protest in the world against this, inspite of the fact that he himself is a man of science. In the Medical sphere the question really is not the scientific basis of the Medicine, but the real and practical benefit that accrues from it. Let me assert here that every drug in the Homœopathic Materia Medica is a Wonder-Drug, when administered in the right place and correctly.

In the course of our Medical Practice, I am sure, it will be found that not more than 10% of the case of sickness may require surgical interference. In other words 90% of the patients even in Government Hospitals will be those that require Internal Medical Treatment. Let these 10% requiring surgical treatment be entrusted to the care of the Modern System and the other 90% to the care of the other Indigenous Systems in which the Government has been pleased to include the Homœopathic System also. If only the people at the helm have the courage to carry out this step, I am sure the results will be marvellous. Ladies and Gentlemen, I have put in more than 50 years of practice as a Homœo Physician, and I speak from my experience.

With the amount of money now spent on medicine by the Government, at least ten times more people could be served profitably and quite a good number of villages reconstructed.

On behalf of the Poor suffering masses in the villages, I humbly appeal to the authorities concerned to kindly pay greater attention to them, by opening a few Homœopathic Institutions, Hospitals, as well as Colleges in the rural areas, because this can certainly be done at a comparatively lesser cost. I feel that they have a just claim for this.

Ladies and Gentlemen,

I have now finished. I do not want to encroach upon your valuable time. I thank one and all of you for giving me a patient hearing. I humbly request you to forgive me my short-comings.

Jai Hind

SOME OBSERVATIONS ON THE USE OF GELSEMIUM

BY HOMŒOPATH

On the authority of our Masters we are apt to associate such remedies as *Aconite*, *Baptisia*, *Belladonna*, *Camphor*, *Eupatorium perf.*, *Ferrum phos.*, *Ipecac.*, and *Phosphorus* with maladies and complaints which attack suddenly. Then there are remedies that correspond to slow, insidious attacks of disease that develop gradually but no less surely, and baffle the patient and the physician for a long time and leave the patient almost exhausted. These are : *Arnica*, *Bryonia*, *Capsicum*, *Gelsemium*, *Echinacea*, *Rhus tox.*, *Tartar emetic*. Lastly come deep-acting remedies that go down to the organic structures of the being. Such remedies are required when seemingly indicated remedies are unable to cope with the situation, and one has reason to believe that the apparent disturbance is but the outward manifestation of a deep-seated trouble. Such medicines are : the

carbons : *Carbo anim.*, *Carbo veg.*, *Carb. sulph.*, *Graphites*, *Petroleum* ; Salts of *Calcium* and *Potassium* ; *Ammonium carb.*, *Ammonium brom.* ; *Sulphur* and *Sulphur iod.* ; Nosodes like, *Pyrogen*, *Tuberculinum*, *Pneumococcin*, *Influenzin* ; Milks like *Lac caninum*.

Such divisions are built upon long experience of careful observers and great masters and pioneers, and they held the practitioner in quick prescribing, but the writer found one exception, during the summer epidemic of influenza that visited Delhi and Punjab during June and July (1957) respectively.

The first mild cases that came complaining of sore aching of the body, sudden weakness in the legs, brief spells of chilliness, etc., did not respond to *Eupatorium perf.*, or *Aconite*. One or two cases had pressure over the eyes with the symptoms given above, so that in spite of the suddenness of the attack, *Gelsemium* 30 in three two-hourly doses gave excellent results. The first surprise over, *Gelsemium* proved thoroughly reliable in most cases where no other remedy was definitely indicated. Cases with definite throat trouble responded more to *Natrum mur.* than to any other remedy.

Of the total number of cases treated in July 1957 (totalling 3,768), there were no deaths, no pneumonias in the case of adults, though some children developed lobar infection, but their number did not exceed eighty. Most of the cases required a few doses of *Antimonium tart.* 12, generally four hours apart (we discourage routine prescribing). Coughs that persisted after the attack required *Carbo veg.*, *Ammonium carb.*, or *Sticta pulmon.* Sometimes other drugs were required intercurrently or to complete the cure. Thus *Lachesis* was given in about 10 per cent cases, generally in a single dose or repeated on the third days ; *Rhus tox.* was required in 6 per cent cases ; *Pyrogen* (high fever with low pulse, sore bruised, tendency to sepsis, generally exhibited in the 200 potency) in 2 per cent cases ; *Psorinum* 200 was frequently used to overcome inordinate exhaustion after the attack, was given in over 10 per cent cases. *Sterculia* 30 was also used for the purpose, where no indications could be found for any other remedy. Average duration of illness : 6 days.

Six cases required *Eupatorium perf.*; three *Sulphur iod.*; and twenty-five *Bryonia*. Quite a number of cases affected alternate sides of the throat and fifty-two of them recouped under *Lac can.* 200, in single doses. In fact the first case that exercised our skill went from bad to worse until we recognized the new infection, and, guided by the uvula adhering to the left tonsil, the patient received *Lac can.* 200, the resulting recovery being rapid and uninterrupted.

But our most signal success was in prophylaxis. Soon after we had collected data to work with confidence, we used *Gelsemium* 30 and *Natrum mur.* 30, dissolved in half-ounce of boiled and cooled water, given in tea-spoonful doses, in alternation, with an interval of four days between the two, and repeated for six weeks.

Some societies and large employers distributed these powders for the protection of their employees and their families, with signal success. We sold these prophylactic powders at specially reduced rates for the benefit of large families and for those who had faith in Homœopathy. The protection proved effective in 90 per cent cases.

Arsenicum was never used by us, although given a wide publicity in the press and is said to have been extensively used in Delhi and other places, because of that recommendation in the papers. It did not correspond to the *Genus Epidemicus*, but was recommended (as I learnt later) because Dr. John Clarke in his *Prescriber* (p. 211) recommends *Ars.* 3, pil. iii. 8h. for Siberian Influenza. *Infl.* 30, 2—4h has also been used for the same purpose, with what success is not known to the writer.

The most important observation made by me and my colleagues was that GELSEMIUM, a tropical plant, indigenous to India is suited to diseases that attack suddenly and develop quickly, run high temperatures and cause extreme prostration. The symptoms were not covered by *Aconite*, there being no anxiety, anguish or fear of death; nor by *Baptisia*, sensorium being not befogged. Is GELSEMIUM like *Arsenic* and *Phosphorus* both quick paced as well as slow paced, according to the nature of the disease and of the constitution of the patient? Or is it that the sharp heat of the Punjab plains makes it

act like *Aconite* ? I ask the latter question because many times medicines proved in cold climes of Germany and America fail to develop symptoms to which people in hot climates can respond. Must such drugs be proved anew in India to bring out their hidden genius ?

Perhaps the experience of other people will throw the necessary light. Many drugs have double facets : the pains of *Zona* were once stopped in two seconds by a few pills of *Mezer. 200*, while the same medicine has been observed to take hold of a constitution for months together without a repetition. Is *Gelsemium* like that ? Comments are invited.

—*Health & You, Jan., '58*

MIASMATIC TREATMENT OF TYPHOID FEVER

DR. N. SARKAR, CALCUTTA

Of the acute diseases, Homœopathy can legitimately claim marked success in the treatment and cure of Typhoid fever. My experience in daily practice warrants me to say with confidence that Homœopathic treatment when properly done can shorten the course of the disease. Belief is common with many a practitioner in Homœopathy that acute diseases should be treated with acute remedies and chronic diseases with chronic remedies. Such practitioners lose sight of the fact that acute diseases are nothing but the acute manifestation of psora and Master Hahnemann advocates Chronic Miasmatic treatment even in acute diseases. They fail to observe that susceptibility to disease is not removed without Chronic Miasmatic treatment. In the early days of my practice when I was ignorant of the efficiency of Chronic Miasmatic treatment, Typhoid cases under my treatment lingered on indefinitely, whereas by Chronic Miasmatic treatment, the course has been shortened even in cases with serious complications of brain, lungs and intestine. It is seen that many physicians often hesitate to prescribe chronic remedies in acute cases. They hold the view that acute cases should first be managed with acute remedies and then chronic remedies may be applied to round off the course of treatment. But let me remind them of our master's advice that chronic remedies act like acute remedies in acute cases. It is also noticed that acute remedies act as a palliative and after repeated palliations the disease progresses insidiously to such an extent and with such complications that the administrations of chronic remedies become dangerous when, sometimes, the life of the patient is at stake.

So our treatment should be based on miasms, especially on sycotic basis. Typhoid fever is of sycotic origin. But, why is it called sycotic? Typhoid fever is also called enteric. If we look at the pathological changes in a Typhoid patient, we see

that there is marked inflammation in the Peyers' patches in the small intestine. On clinical examination, we find there is marked pain and sensitiveness in the right iliac region. Pain and sensitiveness are the characteristics of sycosis (?). Now, if we look at the onset of Typhoid fever, it is insidious. No body knows when the sycotic symptoms will develop. With slow and insidious onset, it rapidly develops a violent character. Similar is the case with Typhoid fever. During the first week the temperature is not high and other clinical symptoms are not severe. In the second week the temperature becomes steady and all the symptoms of the first week are aggravated. The third week is the dangerous period when all the severe and fatal complications like diarrhoea, hæmorrhage, perforation, etc. develop. These serious complications arise as a result of sycosis and we all know that sycosis does not manifest itself without the help of psora (?). Likewise, without the other two miasms psora cannot suddenly prove fatal. Thus it appears that if at the very outset, we can prescribe the sycotic remedy and do away with the evils of sycosis, psora fails to find an opportunity to make the mischief as prominently as in combination with the others. Vaccinosis, which is another name for sycosis, often becomes a causation factor of Typhoid. Now-a-days every one is vaccinated almost every year, and vaccination, especially its bad effects, make the patient more susceptible to innumerable acute diseases of which Typhoid fever is the foremost. On the other hand, our master recommends vaccination very highly : "This seems to be the reason for the beneficial remarkable fact, namely, that since the general distribution of Jenner Cow Pox vaccination, human small pox never again appeared as epidemically or virulently as forty or fifty years ago."

But it is not the vaccination which is harmful, but its bad effect, vaccinosis, which affects the vital force as deeply as Psora, Sycosis and Syphilis. This vaccinosis develops in a person, if vaccination is given when psora remains in an excited condition ; so we see that vaccinosis does not develop in every constitution. The modern Allopathic physicians boast of vaccination as a great discovery of the modern age. The Allopathic practitioners proclaim that modern science has overcome

the greatest enemies of mankind like small-pox, cholera, typhoid fever, etc. But it is absurd that the vaccination, which prevents such virulent diseases, is innocuous and can do no harm to the vital force. If we look at the people of the modern age, we find how susceptible they are to innumerable acute and chronic diseases, and especially to Typhoid fever, which is so prevalent that very few are immune from it. If we observe the mental side of modern people, they are also found to be of sycotic origin. Today, they are of mean and low mentality, and are very shrewd, selfish and suspicious. They will try to suppress their real nature and will indulge in falsehood. Not a few of them are damned liars. Their minds are occupied with designs against their neighbours and they are extremely revengeful.

Now I am going to discuss the Chronic remedies first and then the acute remedies, as chronic remedies are more effective than the acute ones. Reasons have been discussed in the introductory chapter.

Chronic Remedies :

1. *Thuja* :—At the present age *Thuja* becomes a regal remedy in any and every case, especially when sycosis is on the upper hand and vaccination is so prevalent. As typhoid fever is of sycotic origin, it is natural that *Thuja* should be one of the prominent remedies. *Thuja* is generally indicated in persons with the family history of asthma, chronic bronchitis, rheumatism, gout, gonorrhœa, etc.

As for the symptoms, temperature is generally worse in the early hours of the morning, at about 3 A.M., and in the afternoon at about 3 P.M. There is marked aching in the limbs. Temperature and all the symptoms are aggravated at New Moon. There is sweat only on the uncovered parts and ingrowing nails. Headache which is one of the prominent symptoms of typhoid fever is marked in this remedy, and is generally in the left side. Marked constipation of a peculiar type—stool hard, it comes out of the rectum, then goes back-again. The patient is generally of flabby constitution, anæmic, very susceptible to cold, and is chilly. Occasional burning of the hands and feet is also noticeable. Sweat is also marked in the palms of the

hands and in the feet. Dreams of falling and flying in the air are present. Too much fastidiousness is also another symptom.

2. *Medorrhinum* : Is also a sycotic remedy. It is useful in patients where the symptoms of wasting are marked. The *Medorrhinum* patient is generally very weak, anæmic, and is with a very pale face. The patient gives the history of suppressed gonorrhœa or a maltreatment of gout, rheumatism, neuralgic pains, or of spinal diseases. Family history reveals cancer, paralysis, rheumatism, gonorrhœa, etc. The patient is hot-blooded, wants bathing. Great craving for cold, both external and internal, is also noticeable. There is intense thirst, even dreams that he is drinking. Marked craving for salt, sweets, acids and pungent things is also present. Complaints generally aggravated at noon. Pain, tenderness, and aching in the limbs are marked. The patient wants to be massaged. He suffers from loss of memory. Constantly loses the thread of his conversation. The patient suffers from alternate diarrhœa and constipation. Mucus is present with the stool. There is marked burning sensation in the hands and feet.

So, in a case of typhoid fever, with the above family history and the peculiar constitution and with the following symptoms, viz., temperature generally aggravated after 10 A.M., with marked burning all over the body, and the patient always wanting to be fanned and having intense thirst, mucus diarrhœa and marked aching in the limbs, a timely administration of this remedy makes the disease short in course and there is little chance of any complication like hæmorrhage, perforation, etc. It is also useful in mal-treated cases with its peculiar constitutional symptoms.

3. *Bacillinum* :—Today, when sycosis and syphilis are on the upper hand and are complicated with psora tuberculosis is the natural outcome. *Bacillinum* is generally useful in cases with a history of tuberculosis in the family. We also think of this remedy where there is a history of puerperal diarrhœa, chronic dysentery, gastric ulcer, duodenal ulcer, ringworm, pneumonia, pleurisy, insanity, etc. in the family or when the patient himself or herself suffers from any of the above complaints which

might have been suppressed. The patient is generally susceptible to cold. He is chilly and does not want bathing. Changibility is marked with this remedy. In every walk of life it is marked. He changes his profession often. In diseases, changibility is also marked. The patient is very loquacious. He also talks often in sleep.

With the above constitutional symptoms, temperature is generally aggravated at about 11 A.M. and 11 P.M. Headache is marked on the right side. Pneumonia and Diarrhœa are the commonest complications. Brain symptoms are also marked. There is violent delirium, talks too much, dreams of dog, animals, etc. It is also useful in mal-treated cases or when the best selected remedies fail to act.

4. *Psorinum* :—It is generally useful, when the best selected remedies fail to act, or, when during the convalescence of the disease, the case is not progressing well, the patient has loss of appetite, slow fever, and there is complete hopelessness with unexplained weakness and sweat on the least exertion.

In both acute and chronic diseases, hindrances on the way to cure are the underlying miasms, of which psora is the foremost. Today, every one is psoric, every one is susceptible to innumerable diseases. So, in maltreated cases, when the best selected remedies do not act, and psora is on the upper hand with its peculiar constitutional indications, think of this remedy.

The psorinum patient is very chilly. Bathing is out of the question with him, in season or out of season. Even he feels chilly in the hottest of the weather. He wants to cover from head to foot. The patient is a dirty one—unmethodical, selfish, melancholic, despondent, with a marked religious fanaticism noticed. A feeling of hunger—an empty all gone sensation in the meal hours. Canine hunger is very marked. The patient is very weak. History of suppression of skin disease is present. He is susceptible to skin disease in every winter. There is a marked full-moon aggravation and all the discharges are offensive.

5. *Sulphur* :—It is one of the regal remedies of typhoid fever. It is generally useful in cases when psora is on the upper hand

and there is suppression of skin disease or of any acute disease. It is always accompanied with bronchial conditions from the very onset of the disease, with marked constitutional symptoms. The patient is of a very dirty habit, and is irregular, unmethodical and quick-tempered. He complains of hunger, empty—all gone feeling in the pit of the stomach, in the usual meal hours. Marked burning sensation all over the body is present. He is very susceptible to cold, which is aggravated after cold bathing. He has sensations of heat in the head, he craves for cold and wants fanning. Marked full-moon aggravation is present. All the complaints are aggravated in the noon at about 11 A.M. Diarrhœa is worse in the morning. A marked urge for stool drives the patient out of bed in the early hours of the morning. He dreams of songs or stool and urine.

6. *Calcarea Carb* :—It also is a deep-acting, constitutional, anti-psoric remedy. It is also useful in the mal-treated cases, when the best selected remedies fail to act, or when there is a history of suppression of skin disease or any other disease.

Calcarea has a leuco-phlegmatic constitution. Fair, fat and flabby. Like all fat people he is very weak, exhausted and sweats profusely all over the body but most markedly in the head and nape of the neck. All the discharges are sour smelling—even sweat. Diarrhœa as a rule—but alternate diarrhœa and constipation are also noticed.

7. *Lycopodium* :—It is one of the deep acting constitutional remedies. It is generally useful when the acute remedies fail to act or after mal-treatment. But today we are in need of more deep-acting constitutional remedies like *Lycopodium*, Sulphur, Thuja, Medorrhinum, etc. from the very first week. Constitutional remedies make the disease shorten its course. We should not be biased from the very name of the disease, because in Homœopathy, the name of the disease cuts a very little figure. We are always guided by the symptoms and the constitution of the patient. So, *Lycopodium* patient is *Lycopodium* from the beginning and it is indicated in any and every disease, when the symptoms are present. Now, if he is a *Lycopodium* patient, he is greedy, miserly, fault-finding, irritable at the least trifle and

a quarrel-seeker. The patient is a dyspeptic, is lean and hungry, but a few mouthfuls fill him. There is marked emaciation of the upper part of the body, while the lower part is semi-dropsical. Commonly, the patient is very susceptible to lung and hepatic troubles. All the complaints are generally aggravated in the afternoon, from 4 to 8 P.M. Activity is marked. Constipation as a rule—habitual constipation, with marked ineffectual desire due to constriction of the rectum is present. He has great craving for sweets and warm things. There is unusual distribution of heat and cold. Urine is scanty, with marked brick dust sediments.

So, in case of typhoid fever with the above constitutional symptoms, when the right lung is affected with a marked stertorous breathing, movement of alæ nasi and the patient lies in a comatose condition with considerable tympanitis, scanty high coloured urine or red dust sediment, jaundice, afternoon rise of temperature and a craving for warm things, it makes a sure success.

8. *Phosphorus* :—It is generally useful in patients who are predisposed to lung diseases,—a tubercular diathesis. The patient is a tall, narrow chested person, with a very precocious and intelligent look. He is very susceptible to cold and atmospheric changes, especially thunderstorm, and reveals a history of onanism or sexual excess. It is indicated when Pneumonic symptoms are associated with Typhoid fever. He has marked pain in the chest. Aggravated lying on the left side and in the evening. As the pneumonic symptoms advance, there is marked affection of the brain with stupor and apathy. He has craving for cold, ice, ice-cream, etc., and has intense thirst for cold water. Burning all over the body is noticeable. But burning is marked in the head, pit of the stomach, and palms of the hands and feet. In constipation, the patient passes dry, slender, hard, dog-like stools. In diarrhœa—white sago-like stool is noticed.

9. *Silicea* :—It is useful in delayed convalescence, when the patient becomes emaciated, weak and exhausted. It is also useful in mal-treated cases or when the best selected remedies fail to act. The patient is very susceptible to cold. The consti-

tution is a frail one, reaches the border-land of tuberculosis. Marked offensive sweat on the palms and soles is noticed. Constipation is marked,—requires manual help. Stool comes out and recedes back. Typhoid fever as a result of suppressed foot sweat, otorrhœa, or as a result of vaccination that does not take. Mentally the patient is very mild, yielding, of gentle temperament, but very obstinate. Typhoid fever as a result of continual mental torture may also be an indication.

10. *Nitric Acid* :—It is an anti-syphilitic and anti-sycotic remedy. It is generally useful in cases where there is considerable weakness, exhaustion and wasting. Mentally they are impulsive, irritable, abusive and cannot digest milk. They suffer from chronic diarrhœa and are prone to hæmorrhage. Physical and mental exertion aggravate all complaints. They are very susceptible to cold. Urine is very offensive like that of a horse. There are fissures in the corners of the mouth and joints of the skin and mucus membranes. Constipation and hard stool causing fissure of the anus is noticeable. They have intolerable and splinter-like pain after stool. It is generally useful when the hæmorrhagic symptoms are marked. Blood is bright red, offensive and non-clotted.

11. *Syphilinum* :—It is generally indicated in patients when there is a history of syphilis in the family or in the patient himself. As a result of suppression of syphilis, vitality has been weakened and reaction is late. In this disordered state, when an acute disease like Typhoid fever develops, all the symptoms will be in disorder. The patient experiences an unexplained weakness, unbearable headache, inflammation of the eyes, ears, nose, throat, etc., and these are very common. Marked ulceration in the mouth, tongue, throat, etc. is also noticed. Offensive saliva coming out days and nights is also noticeable. All the discharges are very offensive and excoriating. Fissures in the corners of the mouth or in the folds of the skin and mucus membrane are also noticed. All complaints are aggravated at night time. There is marked delirium. The patient cries all night, with occasional fearful dreams of arson, riot, etc. There is marked constipation with hard ball like stools, and convalescence is prolonged.

Acute Remedies :

1. *Bryonia*—Is generally useful in patients, who are of rheumatic diathesis. The patient lies in the bed like a log. It is mostly due to pain all over the body, mostly in the head, back, limbs, on motion,—the least movement aggravating all his complaints. Great weakness and prostration are present. He wants to lie still. Rest ameliorates all his complaints. Dryness pervades through and through in Bryonia patients—dryness from lips to anus. Dryness of the lips makes cracks and fissures of the lips. Dryness of the mouth, tongue, and whole intestinal tract. The patient experiences intense thirst for large quantities of cold water at long intervals. Marked hard stool, like a ball, and scanty urine are present. Headache and faint-feeling in the morning when rising from bed is one of the prominent early symptoms. When the disease is in progress, marked dazed condition of the face, disturbed sleep, dreams of the business of the day, dry racking cough, dryness of the upper air passage with remarkable dry sound in the lungs are noticeable. All complaints generally are ameliorated from cold application, cold air and rest.

2. *Gelsemium*—is generally useful in cases of paralytic type, especially when the motor nerves are affected. So, from the very beginning we see the patients lie on the back in complete prostration, which is mostly physical. With the fullest sense he cannot open the eyes, is averse to talk, cannot open the mouth, cannot protrude the tongue, as the tongue trembles when protruded. Inability to hold up the hands, legs, limbs due to a paralytic weakness. So, drowsiness, dizziness and dullness are found in Gelsemium patients. He may be constipated or diarrhœic but is chilly.

3. *Rhus tox*—It is also useful in rheumatic constitution. It is generally useful in patients, when the complaints arise from wet weather, lying on damp basements, from physical exertion, such as, cycling, horseriding, swimming in a lake or a river, and walking a great distance. It is indicated in the simple acute catarrh as well as in pneumonia or broncho-pneumonia. So, in the first week, with the positive causative factors as stated above,

there are marked pains in the limbs and a want to be massaged. Marked restlessness, mostly due to pain in the limbs and joints, is noticed. Headache, red triangular tip, fever blisters on the lips, etc. are also noticeable. Now, as the disease progresses to the second or the third week, we find the patient lying in a dazed condition, with marked respiratory difficulty. A simple catarrh of the upper air passage progresses to involve the lungs with marked pneumonic or broncho-pneumonic symptoms, stupor, low mild muttering delirium, dreams of excursion, swimming, etc. Pain and tenderness in the abdomen, with offensive bloody mucus, involuntary stool, are found. Marked restlessness and anxiety, and aggravation in the evening, are the prominent general symptoms.

4. *Baptisia*—It is generally useful in a low type of fever and in the Septic type, when early decomposition is marked. It has such a virulent type that all the severe symptoms of the second and third week appear in the first. So, we find that offensive diarrhœa, hæmorrhagic symptoms, marked delirium, all appear in the first week. Whenever we have to prescribe *Baptisia*, the important points to note are : marked prostration in the first week, very offensive, foul smelling stool, marked pain and soreness in the whole body and limbs as if the part rested upon is sore and bruised. Markedly flushed, besotted drunken expression of the face ; finally, stupid appearance is noticed. Restlessness—firstly due to pain, secondly, due to mental condition, delirium, etc. He thinks all the limbs are scattered about and wants to collect them. Stupor, falls asleep in the middle of an answer ;—tongue large and flabby, with dry red tip.

5. *Arnica*—Is one of the regal remedies of Typhoid fever when mental torpor is marked. Marked apathetic condition or indifferent mood is present. In the low type of cases, when the brain symptoms are marked, dullness and dizziness are found. In delirium, when spoken to the patient answers correctly, but unconsciousness returns soon. Pain and tenderness of the body, he complains of the bed feeling too hard. Marked ecchymotic spots in the face and all over the body, are seen. It is useful in hæmorrhage and perforation with the above general symptoms.

Brain affections are marked in this stage. There is a complete apathetic condition and when asked of his condition, he says, he is O.K. There is marked unusual circulation in the body, the upper part of the body is hot, while lower part cold.

6. *Hyos.*—is generally useful in a very low type of fever or in a case of typhoid fever when the patient lies in a comatose condition with no heat whatsoever. Temperature is not marked, with no acute brain symptoms, but the patient is in complete apathetic condition. Low, mild muttering delirium; sings obscene song, immediately shows his private parts, talks lasciviously, looks with starting eyes, grasps at flocks or picks at the bed clothes. Dryness of the tongue and involuntary stool or urine are also other symptoms. In delirium, he thinks he is not at home and wants to go home. He is suspicious and jealous. He wants to be in the dark and in solitude. With apathetic conditions, he may develop pneumonic symptoms, with no fever or with a slight rise of temperature.

7. *Acid Phos.*—It is generally useful in cases where apathy, indifference and listlessness are marked. It is indicated in young persons who have lost their seminal fluid from masturbation or onanism, who are moral wrecks, making the nervous system to be in a ruinous condition. Naturally, in such a background when an acute disease like Typhoid fever develops, the whole nervous system becomes irritated, causing apathy, indifference and listlessness. He lies like a log. He does not pay heed to what is going around. There is marked diarrhoea, which is generally watery, offensive and sago-like, with a noticeable distension of the abdomen.

8. *Stramonium*—Stramonium is generally indicated when the mental symptoms indicate an excited condition. High temperature, and furious raging delirium are present. He wants to talk continually and laughs. The patient has a praying and beseeching mood. He desires light and company. He cannot bear to be alone. He desires to escape. Things look crooked or oblique to him. Tongue becomes stiff and paralysed. Stool looks blackish and is offensive. There is constipation and sup-

pression of urine. Pupils become dilated. Sometimes there is a complete loss of sight, hearing, speech, etc.

9. *Apis*—It is generally indicated in typhoid fever, when brain symptoms are marked, with an acute inflammation of the meninges. There are sharp shrill cries, followed by stupor. Sometimes, low muttering delirium is also present. Other cardinal symptoms are marked aggravation from heat, amelioration from cold, œdematus condition of the face and of the eyelids, especially the lower. Urine becomes scanty, high coloured and is sometimes suppressed. There is a marked unusual distribution of the heat and cold. Sensation of suffocation, as if every breath would be the last.

10. *Cina*—It is indicated as an intercurrent remedy, when the worms-symptoms predominate. With no complications whatsoever, all on a sudden the temperature rises to 105° with convulsions, or there is an irregular type of temperature with pricking at the nose, markedly yellow, watery diarrhœa and white clean tongue.

LETTER TO THE EDITOR

Dear Gentleman,

The following is quoted from Homœopathic Review, August, 1958. (25 Shantisadan Society, Ahmedabad-6.)

If there is no objection, this may be published in the Hahnemannian Gleanings, in the interest of the expansion of homœopathic knowledge,

“Loss of vision by trauma :

by Dr. N. N. Rajpal of Ajmer.

A boy fell from the third floor, became unconscious, skull was factured, Hæmorrhage from the ear and mouth and then convulsive movements started. He was taken to the Victoria Hospital of Ajmer. The boy in three weeks' time recovered from the shock, and the consequences of concussion, except one

main defect which could not be removed inspite of the best effort of the Hospital doctors. The boy lost his vision altogether. Orbits were alright and muscular movements of the eye-ball were alright but the vision was extinct. Then the boy was brought under my treatment. It struck my mind that it was in all probability a case of detached retina caused by trauma. I gave ARNICA, 10M. After 17 hours the boy could see. It was most unusual victory for Homœopathy."

Yours etc.

Bhumananda
Sri Aurobindo Ashram,
Pondicheri.

HOMŒOPATHIC NEWS

(1)

THE RAJASTHAN HOMŒOPATHY ASSN.

Some of the Resolutions passed by the Executive Committee of The Rajasthan Homœopathy Association, New Colony, Jaipur, on 23rd November, 1958.

Resolved that the following gentlemen may be elected as patrons in honorarium for their achievements and services rendered by them for public health, Homœopathy, Scientific knowledge and for their sympathy to the Association :

- (i) Vaidya Shiromani Shri Jairamdasji, Principal, Government Ayurveda College, for his achievements and contributions in the field of Ayurveda, rendering service to the public health, and for his sympathetic attitude towards Homœopathy and this Association for his generous donation to this Association.
- (ii) Shri Kastoormalji Shah for his achievements in public works and for his sympathies for Homœopathy and for his generous donation to this Association.
- (iii) Dr. S. M. Bhattacharjee, Editor, "Hahnemannian Gleanings" for his achievements and contributions to-

wards public health and Homœopathy and for his sympathies with this Association, and "The Torch of Homœopathy."

- (iv) Dr. Chandra Prakash for his achievements and contributions towards public health and Homœopathy and for being the founder President of this Association and the founder editor of "The Torch of Homœopathy" and so on.

(2)

ALL RAJASTHAN HOMŒOPATHS' CONFERENCE

A conference of all the Homœopaths of Rajasthan was held on 30th Nov., 1958, Sunday at Jaipur, to unite themselves into an organised body. It was resolved unanimously that the name of the Association should be "All Rajasthan Homœopaths' Association". A Provisional Committee consisting of 15 members in all was elected, Dr. H. Byack as president and Dr. S. K. Gaur as General Secretary to revise the draft constitution.

A general public meeting was held on the same day under the presidentship of Honourable Shri Hari Bhau Upadhaya, Finance Minister, Rajasthan Govt., and a resolution was unanimously passed that like other states of India, the Rajasthan Govt. should make legislation to form a separate Homœopathic Directorate, to recognise Homœopathy, and to give the necessary help.

(1)

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THE HAHNEMANNIAN GLEANINGS

Vol XXVI

MARCH 1959

No. 3

MEDICAL POLITICS

DR. S. M. BHATTACHERJEE, M.A., P.R.S.M., BERHAMPORE

From ancient times Medicine had been recognized as a branch of Science, concerned with the twin problems of human health and disease. In later years Medicine was dragged into the field of Law, as organized society wanted its inclusion into legal affairs in the shape of Medical Jurisprudence. With the socialization of a country's material resources, the idea of socialized medicine crept in, in more recent years. In its train, naturally, came the concepts of trade-gilds or trade-unionism in medicine. So, we find different groups with different therapies practically brush aside the common welfare of man and fight for their own group-interest. Medicine, now, is more a politics than a therapy, a conclusion which a commoner can not avoid, from the reports of speeches delivered in Medical Conferences, such as the one e.g., the 35th All-India Medical Conference, recently held in Cuttack in December, 1958. A portion of the report, published in the press, testifies to it. There the President Dr. C. O. Karunakaran, M.B.B.S., D.T.M., D.P.H. etc. is reported to have said :

"Homœopathy stands on a totally different footing. History and tradition do not place any obligation on us to show special consideration to it. Dr. Hahnemann started it, 163 years ago, as a crusade against the abuse of Arsenic, Mercury and other poisonous drugs, the unstandardised use of which, prevalent then, did more harm than good.

But with the progress of scientific medicine, during the last 50 years, homœopathy has completely lost

ground in the land of its birth. An intelligent and scientifically minded people like the Germans would not have given up what one of their great men had taught, if it had any survival value. It is not recognized or patronized as an independent system of medicine in other civilized countries also.

Homœopathy has no case for being accorded in India a treatment different from what it gets in other civilized countries—that a basic qualification in modern medicine was essential for the practice of homœopathy, also if the practice was to be recognized. A different policy will lead the country to an extremely complicated position from which it might not be able to extricate itself easily.”

—*Hindusthan Standard, December 27th, 1958.*

Perhaps, it seems irrelevant to the medical leaders, to talk of improving their standards, removing their drawbacks, rectifying their mistakes and filling their deficiencies; but, probably, they think that their conference will be a failure, if they do not criticize and slander other systems of medicine, which, for the simple reason of subscribing to the common good of mankind, could not but infuriate them. They cannot omit to treat the therapies and therapists other than their own as their enemies, since they seem to encroach upon their monopolies and curb their birth rights. The slanders and calumnies that emerge from them seem to add salt to the salads of their hatred and spice their orations. But, it would be more rational, if merit is given to speak for itself. The good old adage is, “The taste of the pudding is in the eating.”

Dr. Karunakaran is extremely ill-informed regarding the facts about Homœopathy. Homœopathy has not altogether lost ground in Germany, the land of its birth. Robert Bosch Hospital in Stuttgart, and the conversions of great physicians and scientists like Otto Leser, August Bier etc. to homœopathy, even in recent years, testify to it. The ‘intelligence’ and ‘scientifically mindedness’ of the Germans can form no logical argument for the scientificity and verity or otherwise of homœopathy. The same ‘intelligent’ and ‘scientifically minded’ Germans had the ‘intelligence’ enough to drive Hahnemann,—on whom

Dr. Karunakaran condescends, though flimsily, to bestow some real praises, out of Germany some 130 years ago, when his outstanding achievements were mostly needed for the redemption of medicine from gross ignorance, and recovery of mankind from intolerable sufferings. It is true that Homœopathy was born in Germany, but in fact it flourished in exile, in France, Austria, and later in America and Great Britain. It was Hahnemann's disciples like Jahr, Gross, Stapf etc., that somehow managed to carry the torch of Homœopathy in Germany in his absence. Yet Homœopathy survived and spread throughout the length and breadth of the world. The survival value of something depends not upon someone's ability to understand it, but upon the truth inherent in the thing itself.

Supposing that Homœopathy has been banished from Germany, does it follow that it has no survival value? If so, the Jews, who had been driven from Germany, by Hitler, would have no survival value, the refugees from Pakistan would never have any claim upon rehabilitation. Between driving and evaluating there may not be any efficient cause. One drives out a person, whom others tend to reward. The crucifixion of Jesus gives the same story.

Homœopathy is a minority in medicine. But to it has never been meted out the same deal that a political minority deserves and receives. A majority has never been as unrealistic and as autocratic as the majority in medicine. The majority, here, with its deep-rooted arrogance, intransigent behaviour, and blindfolded reverence and adherence to its own dogmas, is not inclined to investigate the minority points of view. They claim that their dogmas are all that can be found in heaven and earth.

It is true that Homœopathy was born in the Crusade that Hahnemann started against the unstandardized, unrestrained use of arsenic, mercury and other poisonous drugs. It was more than a century and a half ago. But the said crusade has its revival value today. The unrestrained and injudicious use of synthetics, antibiotics and tranquilizers have almost the same effect as the said poisonous drugs. They have their side-effects, they disturb the vital equilibrium, benumb the defence-mecha-

nism, change the blood-chemistry, and along with killing the guest,—the bacteria, tend to have a killing effect on the host,—the noble human organism. In this crusade atleast, if not anywhere else, Homœopathy has its survival value.

But the said crusade is not the whole story about Homœopathy. It had been only the beginning. From there, it developed into a complex plot and unfolded itself into a science, an art and a philosophy. It has a theory, a theory that materialized into and is verifiable by practice. The practice leads to the tangible and positive amelioration of human sufferings, leaving nothing as sequel. The combined approach of Science and Art in Homœopathy, having its basis upon pure, unsophisticated experience and reasoning, is strictly realistic, and views at a distance a goal,—a destination that is rapidly nearing. The pure experience, unsophisticated reasoning, and conceptions of the destination produce generalisations, that are logical deductions, and are integrated with Principles and a Philosophy of Life. So, we find in Homœopathy an integration of Science, Art and Philosophy, a unification of matter, energy and spirit, the sum-total of living existence, of the created universe. Homœopathy is not the crusade only. It is a distinct Science—Art—and Philosophy, deserving and demanding a distinct treatment.

Homœopathy does not claim any practice without a thorough grounding in the basic medical subjects. Homœopathy is opposed to quackery. Even a casual study of the curriculum as recommended by the Homœopathic Committees, founded by the Government of India, will convince anyone of our contentions. But be it known that we want a separate status for Homœopathy, separate institutions, separate colleges and hospitals, bred and reared in a strictly Homœopathic atmosphere, run by Homœopathic teachers professing and practising Homœopathy only. It is not because we are narrow-minded bigots, not because we have separatist mentalities, that we have been urging thus, but because we have earned a lesson at a tremendous cost,—a lesson from the fate of American Homœopathy, that every one in the Homœopathic world will gainfully, but most painfully, keep by heart. The tactics, that our brothers of the majority group have been utilising here,

had been the same adopted by the dominant school in America. Our brothers in America were beguiled ; they handed over their institutions, and integrated them with the Allopathic ones. Consequently, the Homœopathic atmosphere was gone, the Homœopathic teachers were gradually squeezed out, the curriculum altered, changed, and the treatment given only in Allopathy. Ours had been the greatest blunder in America, which had once practically been the Father of World Homœopathy, and we are in no mood to have the same story repeated in India.

REMARKS ON SOME INFECTIOUS DISEASES AND THEIR NOSODES

MORBILLINUM

DR. Q. MURIEL ADAMS

MR. CHAIRMAN, LADIES AND GENTLEMEN,

The subject this evening is the nosode *Morbillinum*. As there is only time for a short paper, I have confined my remarks to the problem of how the nosode should be used, the method employed in research and the preliminary findings.

Nosodes are disease products prepared after the homœopathic method, administered in potency and given in infrequent doses by mouth.

There are those that think the conception and use of nosodes only date back to the time of Dr. Margaret Tyler. It is true that both by her work in the outpatient department of this Hospital, and as editor of the monthly magazine *Homœopathy*, she gave great prominence to the use of these nosodes, but she herself was the first to acknowledge that they were Hahnemann's own contribution to the successful treatment of

chronic diseases, for he states "they should be used where the simple homœopathic symptoms are apt to fail after brilliant initial successes wherever there is a deep-lying cause at the root of the patient's condition of ill-health". Dr. Clarke, in *The Homœopathic World* of 1906, tells us that "Homœopaths have had nosodes at their service since the days of Hahnemann. Constantine Hering was the first to urge their adoption and Hahnemann was the first to prove one. *Psorinum* has been one of the classic remedies of Homœopathy ever since Hahnemann published his proving of it."

Our nosodes, it should be noticed, are not mere remedies for the diseases they are derived from—they have a much wider range. It has been found that *Tuberculinum* or *Bacillinum* will not do so much in the acute stage of phthisis as in chronic or latent stages, and they are subject to the law of similars like other homœopathic medicines. The provings of *Tuberculinum*, *Psorinum*, *Medorrhinum*, *Syphilinum*, are as well-known as remedies from the animal, vegetable and mineral kingdoms, but the lesser known remedies are *Influenzinum*, *Pertussinum*, *Pneumococcin*, *Streptococcin*, *Typhinum*, *Parotidinum*, *Morbilinum* and *Scarlatinum*.

I was first interested in the nosodes by at least two cases of Dr. Tyler's; (1) a patient in the wards with an anxiety neurosis so bad that Sister felt she would have to be taken to a mental hospital. The history was that a year previously she had had a bad attack of influenza and subsequently developed this condition. One dose of *Influenzinum* 200—and the next morning the patient was well enough to be discharged. Seen later in out-patients, she was still quite well, proving that this was a case of toxæmia. (2) The other case was one Dr. Tyler called a chronic diphtheria. A girl of 19 came to her with a tumour right side of brain, in appearance a monstrosity. The right eye was closed, displaced downwards, left eye sightless; bulgings both sides of the forehead; totally blind and deaf; throat and tongue semi-paralysed; only means of communication now is by her mother writing with a finger on the palm of her hand. She was treated at one of the well-known nerve hospitals for multiple neuro-fibromatosis and endothelioma of

the right frontal lobe. She had diphtheria very badly at seven years old and had never been right since that illness. She was having morphia for the pain. Dr. Tyler gave her *Diphtherinum* 200, three doses six hourly. A month later her mother said the pain was much better, she had never had such good nights with her and the girl could not understand it herself—no pain. The medicine seemed to buck her up. She had no need of the morphia. She was last heard of many months later, still no pain, and one of her eyes was opening. The parents were amazed and felt it was marvellous after twelve years of pain.

Some seventy years ago, an American, Dr. Swan, was a pioneer in the use of disease products for the cure of disease, and he prepared, among many other substances, potentized measles, with which he did some astonishing work. Potentized measles, or *Morbillinum*, as we call it, is made from a blood specimen taken from a patient in the acute catarrhal stage.

In research work on nosodes, there are three separate methods of approach: (1) during an attack of measles, whooping cough, diphtheria etc., give the appropriate nosode and note results. (2) Observation of the nosodes' effects on healthy people who have not had the disease. And (3) to use a nosode for chronic cases—cases so aptly described in Scotland by a country mother who will say "She has never been well since she had the measles. It is the dregs of the measles, Doctor."

Number (1) is Hahnemann in principle, for he says in *Lesser Writings*, page 102, "We observe a few diseases that always arise from one and the same cause, which bear upon them the distinctive mark of always remaining diseases of a peculiar character, and because they arise from a contagious principle that always remains the same they also always retain the same character and pursue the same course. We may therefore term them specific for, if a remedy has been discovered for one of these, it will always be able to cure it, for such a disease always remains essentially identical both in its manifestations and in its cause." Dr. Swan states "These are fixed diseases, always diagnosed by their unvarying character, i.e. diphtheria, scarlet fever, typhus, erysipelas and tuberculosis, etc." He says "That the products of such diseases have proved that such poisons

potentized invariably cure the disease from which they were obtained, except when some other miasm is present and obstructs the curative action, notably psora."

But there are two difficulties in this method—one a practical one that in my practice I do not see enough cases in the early or acute stages, and two, does a virus year by year alter through mutation, for the specific diseases certainly do vary and therefore would a new nosode made yearly be more potent than a grafted one from earlier years?

Number (2)—observations of the nosodes' effects on healthy people who have not had the disease. This is the ideal way of proving homœopathic medicines, but here we are up against a difficulty—most people have had the specific disease or probably sub-clinical attacks which have given them a certain amount of immunity, as in the primary invasion in tuberculosis.

Number (3)—to use a nosode for chronic cases. This is the method I chose and these findings are a collection in my private practice supplemented with a few from the hospital. They include men, women and children, ages from two years old to seventy-two.

The research covered about 35 patients, and I divided it out in the following way:

Weather. Most were better in the warm weather, and although in some cases their symptoms were better in cold weather, such as asthma, they themselves preferred warm weather. Nine were better out of doors or in windy weather. One was worse at the seaside and five were better at the seaside.

Time. Nothing very startling emerged about time—eight were better in the mornings, eight in the evenings.

Position of sleep. Two were better lying on the abdomen, two lying on their side with knees drawn up, otherwise nothing striking.

Food. Seven were very keen on milk, three of them specified hot milk and one craved hot milk when she was not well. Six disliked milk, mostly cold milk.

Five craved salt, three were averse to salt.

Most disliked or were intolerant of fats and rich food.

Most liked savoury foods.

Two or three craved apples and one had headaches relieved by eating sour apples.

Mentals. Irritable, fears of falling over, afraid of driving in a car, nightmares, dreams of what he has been doing before bed-time (only in one case), thunderstorms upset and many could not bear dark and had a fear of imagined things.

Most of them were weepy, with a gentle disposition, very talkative, fond of sympathy but not always giving it in return.

The outstanding symptoms in my mind which came through, were the emotional irritability, talkativeness, fondness of hot milk and intolerance of fat.

In a number of cases I was surprised to find that the aggravation occurred from 2 to 3 weeks after taking the nosode. Six of the most recent cases had a temperature and for one day had to be in bed: one patient had her face so inflamed that she could hardly see out of her eyes. (This only lasted for a day); and three or four of them had itching eyes.

In the cases studied, I have found the best results from those with a history of one or two severe attacks of measles and who have come complaining of:

- (1) Chronic constipation.
- (2) Discharges from ears, catarrhal conditions and chronic coughs.
- (3) Skins—eczemas etc., also including styes.
- (4) Asthma—the largest group of all.
- (5) General retardation, such as mental defectives: in one case a woman of 29 with decaying milk teeth and no sign of a second set.

I have one or two cases here that are of outstanding interest, that I would just like to quote.

To sum up—the nosode of *Morbillinum* is most useful with a history of measles in the past; when the clinical symptoms make one uncertain whether to give *Phosphorus*, *Medorrhinum* or *Pulsatilla*. One should be very careful not to repeat too soon as the reaction may not take place for between two or three weeks, and some of my earlier cases I spoiled by not waiting

long enough for the reaction. *Carcinosin* you will recall also has this lag before the reaction occurs.

It is only when one starts a piece of research work like this that one realizes how inadequate it is and how much more one needs to know and do; for example I am hoping to test out *Morbillinum* on more cases of skin diseases, coughs which resemble the cough of measles, and otitis media.

Morbillinum Cases

S.C. K.2732

Came two years old, with a tendency to constipation. Stools hard and she had a lot of straining—stools very long like a dog.

Affectionate—likes sympathy. Indifference to father—dances to the wireless—very obstinate. Sleeps on abdomen. Does not like onions.

Given *Lycopodium* in 1949. For 2-3 days very much better and had wonderful appetite.

In 1950 she had *Lycopodium* again and then the constipation was very much better.

Chilly—anxious. Likes fish and eggs very much.

In 1951 she had bad measles—given sulphonamides by local doctor. She had very difficult constipation. Then given *Morbillinum*. A fortnight later she was very much better—some constipation but it was less difficult. Had *Morbillinum* again and has been very well since.

S.B. L.3190

Mongol child—would not chew his food, must have it all minced up. Dislikes eggs. Fond of music. Given *Medorrhinum*—talking more. *Morbillinum* given in November and no other remedy needed until July, when he was very much better still, but would not feed himself so Dr. Foubister gave him some *Arnica*.

B.D. J.2035

Girl who had asthma. She has never had a bad turn at the sea. Not keen on salt—very weepy.

She was given *Medorrhinum* but she had an asthma attack, the worst for years. She likes cold water and hot drinks. Better out of doors. Weepy. Spots since operation for T. & A.

She is much better out in wind. Sneezes when peeling potatoes. Loves milk, especially hot milk.

Periods commenced when she was $9\frac{3}{4}$ —she lost 6-7 days in the 28. She had a period twice a month. Now losing two days after being clear one week. Given *Pulsatilla* and she was very good until beginning of November. Right on in February she had the worst turn she had ever had but her periods were very much better. 4.4.51, period twice, 14 days between—she was given *Pulsatilla* again. (She was seen by Miss Hall—who said it was probably ovulation bleeding.) In May she had an ordinary period. July she was not so good—she had a cold all the time. She was given *Morbillinum* and she was quite well until February, when she had a bad turn of bronchitis—her periods seemed to clear up completely after that. No asthma after the *Morbillinum*.

In 1954, not so many colds. Very well now and discharged. Measles twice, at $2\frac{1}{2}$ and $4\frac{1}{2}$ years old.

K. 3442. *Asthma*.

Child with asthma, started when he was 4 years old—attacks after micturition. He had measles after whooping cough. Better at the seaside. Sleeps on side with knees drawn up. Afraid of noise. Feels the cold. Used to be very fond of milk. Likes travel and windy weather. Weepy.

First attack followed diphtheria—got very much better, then went on with some attacks of asthma off and on. Queer for 2 or three days, better last visit. Had German measles which brought on bad attack. Car sickness. Is worse now for wind. Does not like ice cream.

I gave him *Morbillinum* in July and he was quite well. Lost his asthma. Just had some *Lueticum* for a cold in October. No more asthma since the dose of *Morbillinum*.

M.B. L.2276

Partially deaf after measles at 18 months. $4\frac{1}{2}$ when she first came. Deafness was discovered when she was two years old. Other child was stone deaf after measles but is now better.

Dislikes tomatoes, lettuce, milk. Likes pickles and loves bacon fat. Not thirsty. Better out of doors. Very sensitive.

Given *Morbillinum*. Came back in July, hearing a little better—doing well at school. From then she had different remedies, *Puls.*, *Tub. bov.*, etc. for colds and so on.

September, 1953, she came back and said the last two days she had had bad head noises and mouth ulcers—usually wanting cold drinks. Flushed—cervical glands flushed—mouth and throat redness. No ulcers seen. She was given *Belladonna 6c*, b.d. 7 days. Then October, very queer with ulcers in mouth but head noises better.

October 1st, *Morbillinum 1m* and *Ham.* mouth wash. Back on October 28th,—had been very up and down. She developed a cough one week after starting the medicine. Hands and feet were swollen and bright patches on the eyes which cleared after two hours. Woke up frightened with fears that she could not bend. The cough has now cleared up and she is very much better. Has grown a lot during the last few weeks. She had *Sac. lac.* and then she had some *Lachesis* because she was jealous of her sister—and she has not been back since.

R.D. J.19.

C/o crying all day for about a month. Plays quite happily when other children are about. Better out of doors. Not thirsty. Sensitive child. If he has fats or oils, motions are white and he has wind. Well covered, not fat child. He had *Puls.* 200 and different remedies. Went well with different remedies, but then he had measles and he still had a slight cough, January, 1951. In February he still had pains in the knees—not eating properly. Nightmares and dreams of what he has done before going to bed. Intolerant to fats. He had *Morbillinum* in February and was not seen after that until the end of December, when he came complaining of chaps of dry eczema. Not well until he had the *Morbillinum*.

DISCUSSION

Dr. D. M. FOUBISTER said that he had enjoyed the paper very much. Dr. Tyler had used nosodes a great deal towards the latter part of her life and she felt that psora could be divided up, that it was not a single disease. Her conception

of psora was that any acute illness could alter in some way tissue reaction and be the basis of chronic ill health.

When one considered the symptoms of cured patients, such as those Dr. Adams had been relating to them, there was perhaps a tendency to think "This is not as scientific as a proving". That would be the case if all provers were exactly similar constitutionally and in perfect health because then the reaction of a drug on homogeneous material could be tested; but that was not the case and therefore they should not under-estimate findings from the clinical experience of cured cases.

Dr. PRIESTMAN thanked Dr. Adams for her paper and suggested there was a connection between giving the drug and its reaction and the incubation period of measles.

Dr. ADAMS said that she was in fact hoping to go into that in further research and was a point of some significance.

The CHAIRMAN said that he had seen the phenomenon not only with nosodes but with other remedies. He considered that a delayed reaction related to a remedy which was near to an accurate remedy. It meant that one was dealing with the correct group but not the accurate remedy. Nosodes in the majority of cases were near remedies and with wider knowledge and experience they would arrive at something more accurate. It was unfortunate that in the early days of the production of nosodes the potentization was carried out under a method exposed to gross error from contamination and he had not been able to group most of the early nosodes because of their contamination. There were numbers of modern ones which were adding very greatly to their interest and they would be discussed later on.

As a result of delayed reactions patients were apt to be led from one confusing symptom to another and in the end nothing could be done for them at all. He believed that when they secured a reaction by the use of nosodes they should refrain from any other potency, and if it was felt that treatment should be given they should use something crude.

Dr. LAURENCE said that he had treated a patient who had been vomiting for years and who had had whooping cough many years before. The patient was completely sceptical about

such a cause being possible but the treatment by *Pertussin* nosode made a rapid cure.

Dr. BENJAMIN said that it was difficult to come to a conclusion when there was a reaction three weeks after a nosode was given. How could one be sure it was reaction of the nosode ?

The CHAIRMAN said that when an accurate remedy was given there was a neutralization of all the abnormal and disease energies in the patient's secretion. Symptoms produced were sometimes symptoms of cure and not of disease and so one should wait until the patient had got over them before giving another potency.

A MEMBER observed that if after 20 to 22 days the aggravation was a typical type of aggravation, surely one was bound to consider the nosode.

Dr. BENJAMIN said he gathered it was not a question so much of an aggravation of the original symptoms but of some new symptoms.

The CHAIRMAN said he did not think it made any difference. There would be an aggravation of symptoms relating to the patient, not the disease, and each individual patient would present a group of symptoms which was different. The outstanding thing was that these aggravations were of sharp duration and left the patient with a sense of well-being which developed very quickly after. It was the sense of well-being which was the true homœopathic response to which attention should be paid. He thought that when they started dealing with organic things or synthetic things they were outside the realm of nature so much that they were not able to arrive at a clear, good remedy. The true remedy in Homœopathy was derived from something natural, a plant or element or metal, something which existed in the realm of nature.

Dr. BENJAMIN said that illness was surely something natural.

The CHAIRMAN said it was a disease.

Dr. BENJAMIN maintained that that did not stop it from being natural.

Mr. SEYMOUR asked whether Dr. Adams thought that the autogenous nosode might possibly be more effective.

DR. ADAMS said that in the work she had done she had found a better reaction on a patient other than the patient from whom the blood specimen was taken. That was rather interesting.

The CHAIRMAN said that for a patient who had had no previous homœopathic treatment an autogenous vaccine was often very effective, but for a patient who had recently had potentized medicine it was quite a mistake to prepare an autogenous vaccine potency from that patient. If a patient was treated with an autogenous nosode it should be the first prescription.

DR. SANKARAN said that the subject of nosodes was a very interesting one and the author had taken great pains to study the reactions to *Morbillinum*. He had known a child in India who had been ill with variola major and who thereafter went downhill. The allopathic physicians were puzzled because their investigations revealed no clue. Finally a homœopathic physician stepped in and gave a dose of *Variolinum* because the whole trouble had originated from the attack of small pox, to which prescription there was a wonderful response. That was Dr. Sankaran's first taste of Homœopathy and it made him decide it was worth learning. When a patient with a chronic disorder dated his troubles to some particular acute infection, it was so easy to prescribe the appropriate nosode and good results often followed. Measles was not as common in India as in Great Britain but many other infectious diseases were very common there. The incidence of tuberculosis was particularly very high. Most children had been infected and had developed the primary complex. So it was his experience, that very often in chronic illnesses when the appropriate remedy did not help or hold the case, an intercurrent dose of *Tuberculinum* did a great deal of good.

Sir JOHN WEIR said that when aggravation occurred late he thought the best course was to leave it alone and not interfere unless it was causing serious upset ; it usually subsided and the patient felt the benefit. He said that the late Dr. Tyler was very keen on the use of nosodes.

Dr. BENJAMIN said that one of the most striking results of

nosodes that he knew of concerned the use of *Syphilinum*. A young girl with a tumour in one of her breasts was advised to have an operation, but her mother refused to consent to it. When she went to him he tried many remedies which seemed indicated and they did no good. The father was dead but the mother passing some remarks about the father and his death rather suggested that he had had syphilis. The girl was given a dose of *Syphilinum* and after that the remedies worked. It was not suggested that the *Syphilinum* got rid of the tumour but until it was given there was no reaction. Eventually the tumour disappeared completely.

The CHAIRMAN thanked Dr. Adams for her paper and said he was sure the meeting was very ready to accord her a vote of thanks. (Applause.)

—*The British Homœopathic Journal, July-Oct., '56*

A VERY SHORT STUDY IN SUPPRESSION

DR. DAYTON T. PULFORD, M.D.

As it is well known that the writer has a penchant for short papers and as our chairman has given his consent to the same, here is one that is unusually short.

There is an old adage that one should let sleeping dogs lie. In not complying with this, I dug up an old condition which did not help me financially nor gain me much respect. Here is how I did it.

The latter part of November 1955, a lady was referred to me by a patient. The lady had had a bad back pain for five years and of late had been going to a physiotherapist without much result. In taking her case, *Silica* came up as the remedy. Four days after receiving a dose of the 1M and placebo, she

called up delighted to say that she had been forced to look for the pain as her back was so much better ; but that on disappearance of the pain she had symptoms of a cold and the reoccurrence of an old ear discharge. When she said she herself felt much better, I advised her to continue the medicine, and if any change occurred to let me know. The next I heard she had visited her ear specialist who was drying up the discharge. He said she had a fungus infection in the ear and, if the discharge were not dried up, she would lose her hearing completely. Her cold continued and she wanted something for it. I gave her *Pulsatilla* which of course aggravated the ear. Then she called to say she wanted to discontinue my treatment for a while and that is the last I heard from her directly. This all happened in about three weeks' time. In March I heard from the lady who referred her that she was now taking treatments for her back thrice weekly.

Blessed be the specialist ! Whether right or wrong, his word is law !

—*The Homœopathic Recorder, July-Sept., '56*

HOMŒOPATHY, GOVERNMENT AND THE PLAN**

(4)

DR. K. G. SAXENA, B.M.B.S., DELHI

Ladies & Gentlemen,

I am highly grateful to the Kerala Homœopathic Federation for giving me the privilege of Presiding over the celebrations of the inauguration of Athurasramam Homœopathic Medical College and their third Convention which is being held at a unique juncture in the history of Homœopathy in Kerala. I

** All Kerala Homœo. Convention, 1958. Presidential Address.

have to congratulate most heartily the Kerala state Government on their opening of the Homœopathic Medical College and hospital in this state today. By starting this institution, they have demonstrated their keen sense of judgement and devotion for the good of the common man. We had learnt about this proposal at a meeting of the Homœopathic Advisory Committee held in August 1957. I am sure when the state Government has taken up this beneficial scheme, the centre is sure to come to its aid and I shall try my best to secure necessary financial grant for this institution.

Gentlemen, we are passing through a critical stage in the History of Homœopathy in India. There were times when the great Homœopaths of India were busy in their own individual capacities, enhancing the prestige and standard of Homœopathic practice in the different parts of the country. A mass consciousness in favour of this noble science was created and Homœopathic practitioners in hundreds rose up in every town of India. Besides, various types of Homœopathic institutions, Dispensaries, Hospitals, Colleges, and Pharmacies etc., were established in large numbers to cope up with the necessary demand for Homœopathic medicine, education, and treatment. A vast amount of literature, and dozens of journals began to be published.

A further stage arrived when it was felt that mere individual efforts would not solve the pressing problems of the times and that there was a great necessity for a collective organisation of the profession on an all India basis. This gave rise to the establishment of associations, societies, and Institutes of Homœopathy during the course of the last quarter of a century or so.

The position today is that inspite of our best individual and institutional activities no tangible results have so far been achieved towards the advancement of Homœopathy. We have now definitely realised that our further progress is being greatly hampered for want of suitable legislative and executive powers of the Governments at the centre and in the states. And therefore, I would like this day to leave the scientific and educational aspects of Homœopathy to other distinguished members of the

profession and shall confine myself absolutely to the analysis of Government Policies for which I have long been fighting and hope to struggle further for their better formulation and speedy execution.

GOVERNMENT POLICY

The Central Government at a meeting of the Union Cabinet in 1948 decided the following policy on Health :—

“The Central and Provincial Government should decide that modern scientific medicine shall continue to be the basis of the development of national health services in the country.They recommended that facilities for research on scientific lines into the Ayurvedic and Unani systems of medicine should be promoted on as broad basis as possible on the lines recommended by the Chopra Committee's Report and the results of such research when they are proved valid will not only enrich the Ayurvedic and the Unani systems but will also be incorporated in modern medicine so that eventually there will emerge only one system of medicine”.

This cabinet decision of the Union Government was declared in the Rajya Sabha by Raj Kumari Amrit Kaur the then Health Minister of India. It is pertinent to point out that this decision was taken more than 10 years ago and the Government have not reviewed their policy since 1948. There is no mention of Homœopathy in this resolution as the Government includes Homœopathy and all non-allopathic systems under the Indigenous systems.

There are various factors that emerge out of this decision of the Govt. 1. The National Govt. have taken a decision on their Health policy exactly keeping the status quo as followed by the British Government. As a National Government was if not incumbent on them to consider the claims and services of Homœopathy and Indigenous systems of medicine along with the so called modern medicine ?

2. When provincial autonomy had been granted to the state Governments what right had the Central Government to impose their own Health Policy on the State Governments ?

3. If a decision is taken by a democratic Government is it not essential to review that policy in the light of the criticisms in the Parliament, in the Press and by the protagonists of Homœopathy and Indigenous systems ?

4. Whenever any bill or budget on Health has been put up before the Parliament there has been stringent criticism of the health policy and particularly the treatment meted out to Indigenous systems and Homœopathy during the last 10 years.

5. In a democratic cabinet, the Prime Minister is the Chief architect of any policy but is it not essential that the Prime Minister consults his colleagues of the cabinet on all vital policies of national interest ? Surely the cabinet does not mean the Prime Minister, the Health Minister, the Health Secretary and the Director General of Health Services for considering the policies on health. Almost all cabinet ministers have unequivocally declared in favour of Homœopathy and Indigenous systems of Medicine from various platforms, but what can they do when they are not consulted on this particular matter of health policy ? I earnestly appeal to our democratic Prime Minister to consult his colleagues on this health policy and we are sure that the basic policy will be immediately altered.

6. The Congress Working Committee passed a resolution as early as 1947 recommending the recognition of Homœopathy and Indigenous systems of medicine. In various election manifestoes, the Congress has pledged to recognise and utilise Indigenous systems and Homœopathy in their future health plans.

7. The Central Legislative Assembly passed a resolution in 1937 recommending to the Government to recognise Homœopathy. As a result several State Governments have statutorily recognised Homœopathy, e.g. West Bengal, Madhya Pradesh, Utter Pradesh, Bombay, Bihar, Kerala, Assam, Orissa, Andhra and Delhi. The Punjab and Mysore are shortly considering the Homœopathic bills in their assemblies. Thus with the exception of 2 states Homœopathy is on the Statute books in all the states of India. Yet the centre's policy remains the same.

8. The Parliament passed the famous Homœopathic Resolution in 1948, unanimously recommending to the Government

to give recognition to Homœopathy and a Homœopathic Enquiry Committee was instituted which submitted its report in 1949. The Committee recognised the scientific basis, utility and extreme popularity of Homœopathy and recommended the formation of a Central Homœopathic Council to co-ordinate, advise and control the policy on Homœopathy in the whole country.

9. The 3rd All-India Health Ministers' Conference of 1950 considered and approved the Homœopathic Enquiry Committee report and recommended the formation of a Central Homœo. Council.

10. The Planning Commission invited representatives of Homœopathy to a conference in 1952 and discussed and approved 5 out of 7 proposals on Homœopathy. These 5 recommendations are incorporated in the 1st Five Year Plan and include the formation of a Central Homœopathic Council. Practically little action has been taken on these recommendations.

11. The Central Government appointed an Ad Hoc Committee in 1952 of 5 Homœopaths with the Director General of Health as the Chairman. The Committee in its 3 sittings recommended a number of proposals which have yet to be implemented.

12. The Central Government formed the Homœopathic Advisory Committee in 1956. The Committee had 3 sittings and decided many important matters about Homœopathy. I am however pained to point out that very few things have been implemented by the Central Government. Either the centre or the State Governments come in the way of implementing our recommendations.

13. The Central Health Council appointed the Dave Committee in 1955 to advise the Government on the recognition and utilisation of Homœopathy and Indigenous systems of medicine. The Committee recommended the formation of a Central Homœo. Council and State Boards, separate Directorates at the Centre and in the states etc. The Council however did not take any positive decision to implement the recommendations and let the matter to the State Governments to do

whatever they liked. Thus the Dave Committee recommendations have yet to be implemented.

14. Dr. K. G. Saxena was asked by the Homœo Advisory Committee to inspect all the Homœopathic Colleges and Hospitals situated at Bombay, Lucknow, Gudivada and to visit such institutions in Bengal with Dr. J. N. Majumdar and recommend grants for them. The report was submitted to the Government in 1957 but very little action has been taken on these recommendations so far.

Thus it is evident that in spite of the favourable recommendations of the Homœo. Enquiry Committee, the Planning Commission, the Ad Hoc Committee, Dave Committee and all Governmental Committees little tangible has been effected by the Central or State Governments. So long as the fundamental policy of the Union Government is not altered and the Cabinet resolution of 1948 is not revised we are not going to get a fair deal from our Government.

Synthesis or Integration of Medicines. I would like to congratulate the Chief Minister of U.P. on the stand he had taken with regard to Ayurveda. Homœopathy and Ayurveda sail in the same boat and should be treated on the lines advocated by Dr. Sampurnanand. Criticising the so called integrated system taught in Ayurvedic colleges, the Chief Minister said "What was called integration was the imposition of a thin veneer of modern medicine on an equally thinner substratum of Ayurveda. Thick or thin the underlying assumption was that Ayurveda in itself was unscientific and inadequate and need to be energised by a strong admixture of allopathy. Allopathy does not move a single step towards integration with Ayurveda. It is Ayurveda which is being rapidly metamorphosed. This is not integration". I wish the Health Ministers of the States and the Centre could go so deep and understand the implication of Dr. Sampurnand's statement. But the root cause of all this integration is that allopathy has been declared as the basic system of medicine and so long as that fundamental policy of the centre is not altered how can the states change their attitude towards Ayurveda or Homœopathy. To look at all systems of medicines through the allopathic glasses is tantamount to seeing

nothing beyond the allopathic nose. Ayurveda, Unani and Homœopathy are different systems of medicines based on certain fundamental laws and principles. How all these principles can be integrated into the unprincipled theories of allopathy is beyond our comprehension. To take up a number of Ayurvedic and Unani drugs and prepare them on allopathic lines does not mean integration.

The best course for the Union Government should have been to change their fundamental policy on health and allow all systems of medicine to be recognised on equal footing. All the systems be allowed to develop according to their own principles, and geniuses unfettered by any rules or regulation of the state or of the dominating system of medicine for a period of 25 years or so. All facilities be afforded to every system for development and experimentation in the hospitals or Research centres controlled by the best men of every system and a committee of experts of all systems be formed to review the development in an unprejudiced manner. After waiting and observing the developments of all systems, attempts may be made to evolve some method of utilising all systems of medicines. Otherwise integration or amalgamation of different medicines on empirical planes would be most unnatural. A Government cannot integrate different systems by imposing one system on the others. Another suggestion to this problem is that the experts committee should be asked to find out where a particular system acts in a particular disease and then facilities be afforded in each hospital for medicines of every system to be prescribed as indicated. Here every physician should have a knowledge of *materia medica*s of all systems.

PREVENTION IN MEDICINE

The maxim 'Prevention is better than cure' seems to be doing more harm than good at the present times. The emphasis of the so called modern medicine is on the Prevention of Diseases. To my mind prevention does not mean the introduction of various drugs and live or dead germs into the systems of healthy human beings. Prevention means that you

take up external measures of hygiene, public health, regulation of diet and other regimen with a view to develop the natural powers of resistance and thereby helps to protect the human organism from the attacks of disease. The result of the present day prevention is that a large number of inoculations and vaccinations are done on the healthy and delicate systems of children and adults creating a large number of drug diseases on the healthy human beings. It is a pity that innocent school children are annually subjected to these vaccinations and inoculations to prevent them from small pox, measles, dysentery and cholera, diphtheria etc. You are already aware of the great B.C.G. campaign for which the Union Government are determined to spend crores and crores in spite of vehement opposition launched by our worthy veterans like C. Rajagopalachari. This inhuman campaign to introduce live T.B. germs into the healthy body has so far proved of no value whatsoever as is evident from a recent report of the T.B. Association of India.

EVILS OF DRUGGING

In this connection I would like to draw your attention to another evil resulting from the Health Policy of the Government and that is drugging of the human system either for preventing or treating the diseases on a mass scale, which is creating appalling and abominable results on the human race by creating drug diseases that have lowered the vital powers of men and thereby making them prone to fall victims to T.B., cancer, heart diseases and leprosy and various incurable diseases of new type and kind.

DOLES TO HOMŒOPATHY

In the first Five Year Plan, the Planning Commission allotted Rs. 37.5 lakhs for Research in Homœopathy and Indigenous systems. Rs. 15 lakhs were spent on the Jamnagar Institute. Not a single farthing was spent for Homœopathy out of Rs. 10 lakhs reserved for research purpose. The allocation of the money for research only lacks imagination and wisdom. This

could happen only on the assumption that Homœopathy and Indigenous systems are all unscientific and need research and development. But how can there be research unless there are well equipped hospitals and colleges upgraded in accordance with modern requirements? In the second Five Year Plan out of Rs. 218 crores to be spent on the Health plans, 1 crore from the Central and 5.5 crores from the states budget are to be spent on Homœopathy and Indigenous systems. The share of Homœopathy comes to about 36 lakhs. The amount is more on paper than in coins to be spent at all. I consider this amount as doles to Homœopathy or the hush money to strangle the mouths of votaries of this system of medicine.

HEALTH INSURANCE

In Employees State Insurance, Contributory Health Insurance, Community Projects and Rural Health Schemes and in other large scale health projects the Government have refused to employ the services of Homœopathy. The greatest calamity will be that a large number of Homœo. dispensaries functioning in mills, factories and labour areas in various states would likely be closed down as soon as the scheme is started. For the families of labourers I wish such dispensaries should not be closed. The Delhi Cloth Mills Hospital, Delhi, runs outdoor Allopathic, Ayurvedic and Homœopathic departments for its employees. The cost of medicine per patient per day as estimated by this hospital is worth mentioning viz Allopathic : 4 As., Ayurvedic 1 pice, and Homœopathic 1 pie. I wish the Central and State Governments will look into this vast difference of cost in various systems of medicine.

EPIDEMICS

In recent epidemics of Jaundice and Influenza in which thousands of people suffered in Delhi and other parts of the country, the claims of the so called modern medicine to remain the basis of national system of therapy were clearly falsified. The Union Government sent SOS or cables to various

foreign Govts. of U.S.A., U.K., Canada, U.S.S.R., and other countries for getting specific allopathic drugs for the prevention and cure of Jaundice and Influenza. The Government lulled the public by declaring that a new vaccine is under preparation but could not do anything tangible. That vaccine never came and the epidemics were controlled mainly by the Homœopathic, Ayurvedic and Unani dispensaries started by private agencies like the Congress, the Jan Sangh, Bharat Sevak Samaj and other social and private organisations. When the modern medicine has no drugs for controlling epidemics why not utilise the medicines of other systems in vogue in this country? Why not accept the superiority of Homœopathic and Indigenous systems, when the modern medicine has to search for new medicines every time when an epidemic breaks out? Have the Government never thought that this is because Homœopathy, Ayurveda and Unani are based on immutable laws and principles and therefore they can tackle any disease, old or new, while allopathy the so called modern medicine of this age, helplessly looks on and searches about the causative organism for the particular disease and waits in vain for some drug from abroad? Publicity and propaganda by the govt. is undertaken on a large scale but the public knows where they can look for actual relief and cure. Surely the Government should not stick on to their prestige and must change their policy.

HOMŒOPATHIC BOARDS AND FACULTY

There are ten homœopathic Boards and one Faculty constituted by the various State Governments at present. Two state Governments are to constitute two boards very shortly and the remaining states are expected to follow suit. It is significant to note that all the state acts differ intensely from one another, and different policies are being followed in different states. Most of the acts have significantly prescribed for the control and regulation of the profession but few measures have been taken to ensure the future growth of the Homœopathic profession. Thus the acts have been passed to regulate the present practitioners and to annihilate their growth in future.

Due to the reorganisation of states, lots of anomalies were created due to their different forms, texts, and shapes in the various states acts e.g. in the case of Bombay and Madhya Pradesh, Bombay and Mysore etc. It is felt that a Central Council of Homœo Medicine alone can solve these anomalies and ambiguities of state acts and ensure an uniform policy in all states. I am distressed to learn that some state Boards have refused to recognise the graduates of other state Boards or of a Faculty. This shortsighted policy is unwise and cuts at the root of the proper growth of Homœopathy in this country. I am highly pleased to know that the Kerala state has appointed a Council of Homœopaths to guide the destinies of Homœopathy in this state. I wish all the state Governments emulate the enlightened policy of the Kerala state. I would venture to suggest that a separate directorate for Homœopathy is also essential for the proper growth of this system of medicine, which has been advocated by the Dave Committee. In most of the states where boards are functioning nothing tangible could result due to the apathy, indifference and intransigence of the State Health Directorates. So long as the central and the state Governments do not constitute separate directorates for Homœopathy, as advocated by the Dave Committee, Homœopathy will not progress in this country.

In view of the fact that the state Governments are autonomous and no state Government enforces its acts on the other state, there can be no uniform policy regarding Homœopathy. I would therefore propose that an All-India Homœopathic Act be passed for the healthy growth of this system of medicine. This can be done by the recommendation of two state legislatures demanding the enactment of a Homœopathic Act by the Central Government. Will the Kerala Government take the lead in this matter?

The Central Government have appointed an Adviser for the Indigenous systems of medicine as a prelude to the formation of their separate directorate. They have however refused to appoint an adviser for Homœopathy as they consider it unnecessary. The Union Government first discriminated between Allopathy and Indigenous systems of medicine which included

Homœopathy, but now they have started discrimination between Homœopathy and Ayurveda and Unani. So long as the basic policy of the Government is not altered this attitude of discrimination and indifference will continue.

In some states the Directorates of Indigenous systems are controlling the destiny of homœopaths e.g. in Rajasthan. In Andhra the chairman of the Homœopathic Board is a vaid. These are peculiar problems which should be tackled properly. I have received a number of representations from various homœopathic associations complaining against the state acts in prohibiting the use of diplomas or degrees received from recognised institutions of other states. In certain states where Homœopathy has been recognised, the state Governments did not utilise Homœopathic medicines even though representations were made to them. For example during the epidemics of Influenza and Jaundice in Delhi state, the Chief Commissioner hesitated to permit the use of homœopathic medicines for the prevention and cure of the diseases. In U.P. also the policy was similar although Homœopathy is a recognised system of medicine there.

Last but not the least, I have to appeal to the Homœopaths of India to unite on a common platform and stand on their own legs. May we follow the precepts of our Master Hahnemann, one of the greatest benefactors of mankind. Remember we are the custodians of this great legacy of Homœopathy. Remember we have to be true servants of the nation and we have to serve the people rich or poor alike. Let us conquer the hearts of the people through our selfless service and I can assure you Homœopathy will attain the coveted position it so richly deserves.

JAI HIND, JAI HOMŒOPATHY.

OVERCOMING NERVOUS TENSION

DR. PHYLLIS SPEIGHT

"What is this life if full of care
We have no time to stand and stare?"

Life today is such a hustle and bustle that few people have time to stand and stare. People seem to be always rushing hither and yon, they cannot stop to do this or that and the days are never long enough. Where is this constant bustle getting us?

I remember very well going to live in a coastal village some years ago, and after the tempo of London the pace was much more leisurely. Buses did not run nearly so frequently and then according to time-table; the shop assistants liked to have a few friendly words with each customer and although I tried for some time to quicken things I suddenly realized that I was racing along at top speed and now I must slow down, which was a very good thing.

Perhaps living with the great ocean almost on one's doorstep makes that difference—I always feel very humble when looking at that vast expanse of water with its many moods, and when one can walk along and watch it almost every day I think one's values are apt to change. One can "stand and stare" at the sea and realize how little can be accomplished by rushing through life "seeing" very little and doing less of the things that are really worth-while.

This life of wear and tear, however, causes havoc to many people, sooner or later. Nervous tension is experienced, sleeplessness, nervous exhaustion, headaches and, perhaps, a complete nervous breakdown.

Unhappily it isn't only old people who suffer these troubles today, many youngsters appear to have jaded nerves and they need something to pep them up at frequent intervals, particularly if they have to take an examination or something similar.

What a dreadful picture of so-called twentieth-century

civilization, and what is being done to cope with all this mental and emotional upset? Sedatives, shock treatment and tranquillizers seems to be fashionable.

In my opinion none of these can *cure* and I would like to give a warning about the last named—tranquillizers. These can be as habit-forming as many other tablets on the market today and an Allopathic Physician in a programme on television for young people warned that the constant use of tranquillizers destroyed the liver and kidneys to such an extent that no therapy could repair them.

My advice to young folk is do not, on any account, start taking tranquillizers and to adults I would say don't take them yourselves and do not allow the younger members of your family to take them.

What, then, is the answer? It is, of course, Homœopathy, with its many remedies to choose from, knowing as we do the effect each one will have on the mental and emotional side of man, just as we know what each will do for the physical body.

Let us consider a very few of the deep-acting remedies.

Gold—Aurum metallicum—is an interesting remedy. It has a state of hopelessness; the patient seeks solitude, feels dejected and full of grief and that he has lost affection of all his friends. He is melancholy—thinks he is not fit for this world and would welcome death; nothing seems worthwhile.

Patients needing *Calcarea carbonica* are weary people, they get out of breath going up an incline or stairs. They feel the cold and are full of fears. *Fear* runs all through these people—fear that something may happen to them, or to somebody else; fear that they may lose their reason and somebody may notice it; fear of death and so on. They brood over little things that have absolutely no importance. They have great anxiety, restlessness and palpitation.

Now let us consider *Gelsemium*. This is sometimes called the "grief" remedy as it soothes those who have lost loved ones, or hear bad news. Trembling is a keynote, both external and internal. The patient feels tired out both mentally and physically, the mind becomes sluggish and there is incapacity to think or fix the attention; the limbs are so tired and heavy

that it is difficult to move them. Anticipation with trembling is another characteristic of this remedy.

The patient feels so very tired and weary ; is easily fatigued, is very depressed, often has a sad mood without cause. Is aggravated by consolation and fuss and bottles up his troubles. Very rarely cries and when he does it is in private.

And next we must look at *Phosphorus*. Dr. Kent calls this one of the hypersensitive remedies. The fears are many in the patient needing this remedy, fears something will happen, fear of thunder, fear in the twilight, fear of death and fear in the evening. He has attacks of indigestion from fear. He has a fear that strange faces are looking at him from the corner and he is full of strange imaginations. As in *Sepia* there is an apathy, indifference to friends and surroundings, even to his family. He is worse from mental exertion, from noise, worse in the dark and worse alone. There is great fatigue and unwillingness to talk.

And lastly *Sepia*, which is thought of chiefly as a woman's remedy. Often the patient needing this is a family woman doing all the chores until she is so tired that she *must* sit down—her back aches terribly and she feels as though her inside is falling out. Her family worries her and she would like to run away from them all. Like *Phosphorus* there is an indifference to loved ones. She is nervous and jumpy and she wants to scream. She prefers to be alone and would like to creep away and lie down in the dark alone. Irritability and indifference are clearly marked in this remedy.

We could go on, of course, as there are dozens more remedies that have symptoms to cover mental tiredness but these are the chief remedies and they must suffice to illustrate that Homœopathy can CURE mental and emotional states by the law of similars because all the symptoms mentioned above have been brought out in provers (they are healthy persons taking the remedies to observe their effects) of these remedies and we, therefore, *know* that they will CURE sick people who are exhibiting similar symptoms.

I must stress, however, that for mental breakdowns or any illness in the mental field it is wise for the sufferer to consult

an experienced Homœopath because the whole picture or totality of the symptoms must be taken into consideration.

But one thing I can promise, cure is in sight for more people who are mentally and emotionally ill when the laws of Homœopathy are put into operation than with any other therapy.

—*Health & You, Feb., 58*

SECALE CORNUTUM

DR. I. L. MOYER, M.D., COLUMBIA

This fungus growth attacking rye is also known as ergot and has long been used by the regular school because of its action on non-striated muscle fibres, in appreciable doses, through the vasomotor nerves.

The symptomatology is expressed through the nervous system, the circulatory system and organs having non-striated muscles.

Let us consider the nervous symptoms. Convulsions are prominent in poisoning by ergot, but can be prevented by care in handling rye. Characteristically the convulsion shows rigidity, alternating with relaxation, particularly in the fingers. The hands are clinched, or the fingers spread wide apart. Muscular twitching begins in the face and spreads over the body. The abdomen is drawn in by contraction of the abdominal muscles; retention of urine from contraction of the neck of the bladder; retching, not much vomiting, stomach violently contracted.

In the blood vessels, due to its action on involuntary muscle fibres, *Secale* causes dilatation (e.g., blueness of fingers) as well as contraction. The latter action is more marked. The skin is wrinkled, dry; after a while gangrene of the toes of

old people. It has done encouraging work for me in gangrene of a toe in a patient who suffered from diabetes.

Secale's action on the uterus is more pronounced in pregnant than in non-pregnant women. The more the uterine muscular fibres are multiplied during pregnancy, the greater is the action of Ergot. It increases uterine contractions with severe, prolonged labor pains and causes expulsion of the foetus. It is of value in threatened abortion at the third month.

Secale is of use in thin, scrawny women with dry, shrivelled skins, sallow faces in labor whose pains seem to be entirely wanting. The uterus is flabby and easily develops inertia.

Ergot seems to lessen coagulation of the blood. The flow of blood in uterine hæmorrhages becomes persistent, is dark, offensive, unclotted. The cold patient with tingling over the body wants to be rubbed in lower limbs. She holds her fingers spread apart. This symptom bothers her. Though cold, she cannot tolerate warmth.

In the gastro intestinal sphere, *Secale* causes cholera-like symptoms. The patient is cold, pulseless. These are spasmodic twitching in various parts of body; sunken eyes, pinched features; spasmodic retching with no results, skin shriveled and dry. Urine is suppressed. Stools are profuse, watery, ejected with great violence. The patient cold but cannot bear to be covered.

It has been observed that rye thrives under the fumes of arsenic. Medicinally, *Secale* and *Arsenic* have many symptoms in common. Both produce shrivelled up systems, gangrene, cholera symptoms, and they follow each other well. The *Arsenic* gangrene is worse from cold, better from warmth. Nearly all patients want to be wrapped up. The *Secale* patient is better cold.

In Cholera both remedies have profuse, offensive, watery, very exhausting stool. If better from cold or uncovering, *Secale* is most always indicated. The *Arsenic* patient is restless, anxious, irritable and wants to be warm.

Other remedies comparable to *Secale* in cholera are *Camphora*, *Carbo vegetabilis* and *Veratrum album*.

In uterine complaints such as hæmorrhage, abortion, abnor-

mal labors, the following remedies should be studied in relation to *Secale* : *Aconite*, *Ambra grisea*, *Arnica*, *Belladonna*, *Bovista*, *Carbo vegetabilis*, *Erigeron canadensis*, *Ferrum phosphoricum*, *Hamamelis*, *Mitchella repens*, *Trillium pendulum*, *Ustilago*.

—*Jour. of the Am. Inst. of Homœopathy*, Nov., 56

EXCERPT FROM INTERNAL HEALING ART IN SURGICAL DISEASES*

DR. EMIL SCHLEGEL, M.D., GERMANY

(Continued from page 69)

Ear diseases

Boy of 2 became gradually hard of hearing and finally deaf. He was strong, but had suffered from head-eczema for several months; dry crusts covered the scalp. The eyes show scrofulous conjunctivitis, and the ears were surrounded by dry eczema. He was given *Sulphur* 30c and later *Belladonna* 30c. Three months later all was cured, and his hearing normal. He now looked well.

Miss S., 20, I had treated five years before on account of a very severe degree of hardness of hearing, caused by middle ear suppuration with perforation of tympanic membrane. Under longer treatment with *Sulphur*, *Pulsatilla* and *Belladonna*, a head eczema appeared, especially around ears, and her hearing improved proportionately with development of the eczema, to her satisfaction. She discontinued the treatment because she disliked being disfigured by the eczema.

Acute otitis media in children or adults responds nicely to homœopathic treatment, especially to *Arnica*, *Chamomilla*,

* Translated by the late S. W. Steads, M.D.

Dulcamara, Mercurius, Pulsatilla, Rhus, Silicea, etc. In suppurative inflammation with serious involvement of the inner ear (vertigo) *Silicea* helped quickly.

Dangerous is the inflammatory extension to the mastoid process, especially if a physician who loves to operate is in attendance. I have seen bad examples of deep operative cavities, stinky, mouldy. On the other hand I have never seen failures from internal homœopathic treatments. One must choose the remedy according to symptom similarity, e.g. *Belladonna, Mercurius, Hepar* and *Silicea*, also *Pulsatilla* may be indicated. But to me *Capsicum* 30c is the most often indicated remedy in mastoiditis.

F. R., a bright boy of 8, had mastoiditis following inflammation of the throat and tonsils. The left mastoid process was swollen to the size of a hazelnut, and very red. Internal homœopathic treatment cured, and today he is a strong, healthy man.

Three weeks after catarrh of nose and throat I had severe pain in throat and fauces radiating toward ears, especially on left side; I could not hear well in right ear where a severe pain developed like a toothache, extending into throat and right side of neck. Much snapping and crackling in ear when swallowing and chewing, as also from eructations. Chills in evening and very tired. Pain in ear aggravated by insertion of finger. Sensation of general sickness prominent; chills even while in bed; threatening otitis media. Took *Pulsatilla* 4c potency. At about 11 p.m. slight perspiration with general relief from pain and restlessness. Lying on affected side had been impossible. From 11:30 p.m. uninterrupted sleep. The next morning the pain had vanished; hearing much better; still some ear noises; general condition better; eructation now painless. By evening all pain had left, and hearing was again normal. During pain periods I had my boys breathe into my ear which relieved much.

In a case of severe acute otitis with labyrinth vertigo and great pain and profuse suppuration, a 48-year-old lady was quickly cured by *Cocculus* 12c.

Goiter

Mrs. G., 62, has a very hard, tongue-shaped struma extending upward. Dyspnœa; evenings hoarse; pulse frequent; palpi-

tation; flatulence. Skin very dry, hæmorrhoids. *Conium 3c* was given. In two weeks the swelling was much decreased, and after *Belladonna* and *Hepar* the cure was complete.

Miss E., 16, had often suffered from attacks of inflamed throat. During the past year a deepseated, striking swelling of the thyroid isthmus. After four months treatment with *Sulphur*, *Bryonia*, *Pulsatilla* and *Belladonna* the enlargement was decreased. When I saw her again a year later, nothing of the goiter could be found except, when swallowing, a small enlargement in the throat pit is palpable. I have also seen good results from external application of some radium preparation.

Chest operations

Here we have the operation in exudative pleurisy which today is done in many cases, and often unnecessarily. That they are the proper procedure for certain cases where advised by a physician who is not prompted by the love of surgery, but is conservative, I do not dispute. At any rate some such patients have made a brilliant recovery after tapping of watery or suppurative exudates. But I also can point to brilliant cures of such cases by internal homœopathic remedies without operative means. On the other hand, not a few operations of this category have left the patients languishing away and dying from phthisis. Considering all in all, the non-operated cases well balance those which had a favorable operative record. Why then an operation? That even in patients with suppurative exudate, and in old people, splendid natural cures can be accomplished which easily top operative results is evidenced by the following case record.

Mr. R., 71 years old (now 76), had for several weeks suffered from a cough, expectoration, fever and perspiration. Examination proved exudate up to middle level of scapula on right side; pulse weak and intermitting; patient expected to die. Under homœopathic treatment after a week the suppurative exudate found its way into a bronchus, and about a liter of it, blood-tinged, was coughed up. His convalescence was—and is—complete. This former patient is now stronger and fuller than before his sickness.

A farmer of 37 three years ago had recovered from a right-

sided pleurisy for which he had been tapped, yielding 2 liters, water. Gradually he developed coughing with greenish expectoration, stitching chest pains, became emaciated and exhausted. Perspiration from severe coughing, which latter was aggravated by physical exertion and when retiring. Appetite and thirst normal. But dyspnoea prevented him from even light work and walking. Patient was given *Phelandrium aquaticum* 30c and other directions (which are very specific for phthisical patients). Physical examination shows dullness over entire right lung, diminished respiration with dry sound. After 6 weeks patient was relieved, but was given *Calcarea phos.* 6c. I choose this example as a more recent one.

Farmer S., 53, has empyema of left thoracic cavity, has been operated upon repeatedly; finally he had a rib resection followed by drainage of yellow pus (not odorous). Percussion-sound dull, unclear breathing sounds in upper anterior and posterior region with sharp expiration sound. During the past two weeks increased coughing with white, foaming expectoration. *China* was given, and later *Silicea* 30c for a longer time. Gradually patient recovered entirely.

The chiefly indicated homœopathic remedies in exudative pleurisy are: *Aconitum*, *Arsenicum*, *Bryonia*, *Ferrum phos.*, *Kali carb.*, etc. To promote resorption: *Apis*, *Cantharis*, *Hepar*, *Iodum*, *Sulphur*.

Not infrequently so-called cold abscesses are found in the thorax stemming from a diseased bone, especially a rib. These pus accumulations usually date back to some tuberculous process. These have previously been lanced without proper thinking, usually ushering in a quickly unfavorable result. Today's surgery is more careful by aspiration followed by a resorbing fluid, usually iodoform emulsion.

J. B., a very muscular cartwright, has for a year lost weight, is coughing with expectoration. The right lower thoracic region is bulging lately, fluctuating, covered by normal skin. He was given *Calcarea phos.*, and later *Kali sulph.*, then *Silicea* in homœopathic potencies. After about two months the swelling was more red and softer. Axillary lymph glands were enlarged. The lower thoracic swelling opened up about six weeks later

after much stitching pain. Now a small fistula has formed toward the spinal column, which closed spontaneously after a month. Patient has been working all the time, feels well, has no more pulmonary symptoms. When seen again after four weeks he was completely cured.

W. Z., 21, also a cartwright, of phthisical appearance, has had pleurisy twice, is dyspneic, has pleuritic pains, is very thirsty, has night-sweats, slight cough. Dull percussion sound over right lower posterior thorax without breathing sound. He was given *Antimonium arsenicosum* in homœopathic potency. Three weeks later patient reported feeling much better. He dates his sickness back to suppression of foot sweats two years ago. *Silicea* 30c was given. A month later he considered himself cured.

Gallstone Disease

Many case-records of this trouble in my practice prove that homœopathic remedies in *higher* potency can relieve the most painful attacks in 15 minutes. My most helpful remedies were: *Arsenicum*, *Atropin*, *Belladonna*, *Bryonia*, *Berberis*, *Chelidonium*, *China*, *Calcarea carbonica*, *Carduus marianus*, *Coffea*, *Colocynthis*, *Ipecacuanha*, *Lycopodium*, *Nux vomica*, *Pulsatilla*, *Sulphur*. I recommend vegetarian diet with much raw fruit salads, as well as juices of garlic and radishes.

Cystitis

Mr. Z., 40, is suffering from septic cystitis, is bedfast with high fever; alkaline urine of fetid odor with sediment of green pus. Had been under the care of a specialist who had irrigated frequently without result. Homœopathic treatment soon relieved. My advice was that he eat much green salad, and especially radishes. Remedies used were *Belladonna*, *Hepar*, *Mercurius* and finally *Peruvian Balsam* 4c. In all cases the symptoms must correspond with the proving; that is always the key to success.

Coxitis

This and periarticular inflammations, usually of tuberculous nature, are well amenable to homœopathic treatment. The mainly indicated remedies are, aside from *Kali carbonicum* (which is often indicated): *Arsenicum*, *Calcarea carbonica*,

Causticum, Colocynthis, Hepar, Ledum, Pulsatilla and *Silicea*, *Ledum* more on right side, *Causticum* on left side.

Sciatica

This is at times a desperate affliction, often driving patients to surgery, and yet it is one of the most grateful to proper treatment. I have had cases which ran the gamut of therapy, and always obtained good results without resorting to electric treatments, baths, not even bedrest. My treatment was only homœopathic remedies in higher potencies, selected after Hahnemann's "similia, similibus curentur." The most often indicated remedies were: *Aconitum, Bryonia, Colocynthis, Nux vomica, Rhus, Pulsatilla*. At times *Arnica, Arsenicum, Belladonna, Chamomilla, Magnesia phos., Sulphur, Valerianum, Veratrum* may be indicated symptomatically. The similar remedy relieves in a few days, even hours.

Knee

At or around the knee different pathological conditions occur which commonly are supposed to belong to the domain of surgery. Especially in housemaids one may find inflammations starting from rough skin at the lower pole of the patella, and they often look more "angry" than they are. They are usually simple dermatitis, rarely extending to the subcutaneous tissues, and are quickly cured by moist compresses and internal use of *Belladonna* and *Hepar*. Inflammation of the prepatellar bursa with increase of its contents is frequently found in housemaid's knee, and does not demand surgery. Constitutional prescribing and abstaining from causative trauma help quickly, which may be aided by *Rhus* and *Silicea*.

Miss S., 19, has been unable to work for four weeks on account of housemaid's knee with inflammation, which permits patient to walk only with difficulty. Her menses had not appeared 4 weeks ago. Patient has painted the knee with iodine, but recommended washing of knee. Internally she received *Hepar* 30c and *Belladonna* 30c. The swelling is of egg-size, hot and fluctuating. The surrounding tissue is also swollen. In a week patient came marching briskly to my office. Menses had returned.

Mr. K., 45, suffered from severe contusion of knee caused by a kick from a horse, which happened about three months ago. The entire knee was tremendously and diffusely swollen, hard, with inhibited motion. Pains were relieved somewhat from rubbing. Tincture of *Conium* in lanolin was applied and *Conium* 6c given internally. Nine days later the swelling is reduced and softer. Severe weather changes aggravate. *Rhus* and *Bryonia* were used during the next 12 days minus result. Now *Belladonna* and *Hepar* were the remedies for two weeks, and thapsia plaster applied. For two weeks improvement continued, and in a month patient could bend the knee. The swelling now was very minimal. Patient could work daily.

A septic inflammation of the knee joint in a boy of ten, caused by a severe contusion, brought patient into a hospital where amputation was advised. I cured it quickly with internal homœopathic remedies, especially with *Lachesis* in high potency, and after this remedy the ichorous suppuration and stench were soon relieved. A remaining ankylosis was treated by an orthopedic surgeon.

Leg ulcers

Mr. K., 80, very active, has for years suffered from an ulcer on left leg, size of a hand, deep, margins raised, very painful; patient is bedfast because nothing so far has helped him, nor did bed rest relieve. *Sulphur* 30c and *Belladonna* 30c soon caused cicatrization. In a few weeks patient was well and back to his farm work till he died 3 years later.

Cellulitis

Tuberculous, indolent ulcers.

Mrs. W., 71, after a cold the right middle finger began to swell; fever and chills appeared with burning pain in entire arm with swelling of hand extending to forearm, but especially of middle finger with purplish discoloration. Bed rest was ordered and moist warm packs (frequently renewed) of entire extremity. *Belladonna* 30c and *Arsenicum* 30c were given. It was not possible to prevent suppuration which appeared in three foci, especially in palmar surface, discharging green pus, after which patient felt "so weak," but was relieved. Severe night sweats

came regularly. Epidermic desquamation of half of the hand in flaps; the fistulæ healed gradually, leaving the middle finger slightly crooked, but not stiff, fully satisfactory for her work. But what is most important, patient feels rejuvenated. During the course of treatment *Silicea* 30c and *Kali phos.* 30c became indicated and were given.

Farmer K. had suffered from cellulitis of left hand 9 months ago, for which he had been under surgical treatment, ending in loss of index fingers by amputation and stiffness of the other fingers except thumb. Now the same condition started in the right hand. During the past 3 days the right hand is much swollen with burning pain extending up the arm, better in bed and from warmth. The hand is hot, fingers stiff and swollen. So far no pus pocket could be located. Bed rest was ordered with wet compresses. Internally he was given *Arsenicum* and *Hepar* both in the 30c potency. After two weeks several openings discharged much pus. *Silicea* 30c was given. Finally, after two months, patient came to thank me for saving his hand. Only a small fistula remained. Index and middle fingers are stiff. Perhaps even this might have been prevented had he consulted me often during the two months, but at any rate the result was far superior to that of the other hand.

Miss B. of the same hamlet I had treated years ago on account of severe chlorosis. Now she suffers from cellulitis of the right hand, which had been treated by the same physician as in the above case. This physician had now urged amputation of the middle finger. Patient is in a pitiful condition from ichorous suppuration with much pain and fever. The finger dangles. I advised against amputation, dressed the hand, gave *Ferrum* and *Silicea* both in the 30c potency, advised a daily sponge bath. To the surprise of all concerned the discharge was diminished, the patient's general condition improved, and the formerly dangling finger normal (though slightly bent toward the palm) and has sufficient motion, does not bother the patient, and is appreciated as a valuable member of the natural equipment. The dark prophecy of her former physician did not mature.

Mrs. N., 54, is still menstruating, though irregularly at

times, often profuse and dark, lately weaker but regularly. No discharge during intervals. During the last years she has suffered often from furuncles for which she is now consulting me. At the present time she has a furuncle at anus forcing bed rest. She complains much of backache. She was given *Arnica* 30c which gave her the first good night's rest. Examination showed a swelling near the anus, half an egg in size, extending toward perineum, hard, smooth, bright-red, causing severe burning pain "as from a live coal." When patient tried to sit up she fainted. Much thirst. Perspires easily. One dose of *Sulphur* 30c was given. Moist compresses and bed rest were ordered. That *Sulphur* could in this case not relieve immediately was evident, as *Arsenicum* might have done, but I aimed to start nature's cleaning process, which appeared to be most necessary, while the moist compresses would give local relief.

Four days later patient was fully in the form of an abscessing cellulitis. Infiltration was larger and softer. Patient felt very weak, perspired much, very thirsty, slept little. Anus and vulva exuded fetid fluid, but no pus. Patient has not urinated for 24 hours, but did not suffer from the retention.

Now I considered it time for *Arsenicum* 30c. At the same time I ordered a weak tea of *Equisetum* to promote secretion of urine, which was a mistake, clouding observation. *Arsenicum* might possibly have sufficed, but I did not have the courage to forego this special adjunct. With this tea an additional factor was paired: its contents of *Silicea*, in which it is so rich. However, therapeutically my choice was a happy one. The next morning patient was much relieved, in spite of the increased infiltration, which now was soft. The general condition was much improved, and urination was abundant. There was no more fetid discharge. Should the fluctuating swelling now be lanced? I decided to leave that to nature. Patient laid the improvement to the tea which she now desired to continue. I could not object. Three days later the swelling opened spontaneously and discharged about 2 oz. of pus and blood without fetid odor. The next day the skin surrounding the abscess had normal color, and patient "felt fine." After a week I misled myself by giving one dose of *Mercurius* 30c. Two days later

the patient informed me the wound had quickly dried up, and that she felt worse. The posterior portion of the former abscess seemed to be closed, while anteriorly a small abscess had formed, which opened spontaneously the next day. In a week patient was out of bed ; the region of the former abscess looked normal, was only slightly moist. No fistula formed, which usually is the case, hence we had a psoric unloading in the sense of *Hahnemann's* teaching.

Farmer R., 70, two days ago incautiously stepped on a dungfork, a tine entering at the region of the left external malleolus, which was immediately followed by severe pain, preventing sleep for two nights. Aside from a bluish discoloration and slight swelling there was no local reaction. Patient could not stand on foot. *Arsenicum 30c* and *Belladonna 30c* were prescribed, given in alternation every 15 minutes. Moist compresses were ordered. Three days later : Patient sleeps well, no complaints except that he can not yet stand on the foot. Next report : cured.

Builder St. jumped on a rusty nail sticking out of a board ; the nail penetrated from the sole of the right foot, internal to the inner malleolus, to the back of the foot. Help came and pulled the foot off the nail. I ordered bed rest, diluted *Arnica* compresses, and gave internally *Belladonna 30c*. Swelling and inflammation remained minimal, but profuse perspiration set in, and patient disliked staying in bed, feeling so well. Sounding and squeezing foot was never done ; for two weeks blood and serum exuded. Absolutely no antiseptics were used ! That was supplied by the patient's system itself, and could not be stopped by the regular visits of the local allopathic physician sent by the insurance company. Recovery was extraordinarily quick, comfortable and complete. Patient was also given *Arsenicum 30c*, *Silicea 30c*, *Sulphur 30c* and *Pulsatilla 30c* as indicated by prevailing symptoms.

Miss E. comes to me on account of "glandular trouble." In the axilla I found a hard infiltration, the epidermis attached to it, and inflamed. Has used iodine salve. Has had similar long lasting conditions before. I prescribed *Bryonia* and *Calcarea phosphorica*. Three weeks later the inflamed region threatens

abscess formation. *Hepar* 30c and *Belladonna* 30c cured, as her sister reported when she consulted me four months later on account of furunculosis from which she had suffered for a long time, beginning on right leg. Every furuncle had been lanced by the attending physician. When the same condition appeared in the axilla, the same physician deemed necessary and performed total extirpation. Just before this, her menstruation did not come through, which suggested sufficiently that the furunculosis was of a constitutional character. The extirpation would had not healed during four weeks, and around it a new, very hard infiltration appeared. *Hepar* 30c and *Belladonna* 30c were given. After three weeks the general condition was very much improved, but from time to time small axillary abscesses formed, and an eczema was appearing at the neck, which were all cured by *Bryonia* and *Hepar*. Patient says she will never again have surgical treatment.

(To be continued)

—*Jourl. of the Am. Inst. of Homæopathy, Dec., '56*

ALUMINUM POISONING—SOME CASUAL OBSERVATIONS

DR. WILBUR K. BOND, M.D.

Somewhere in the course of treatment of a chronic case, I believe a great many need time out to eliminate the evil effects of aluminum: such complaints as stubborn constipation, soft stool, irritable colon, constipation alternately with diarrhoea; stomach, colon and duodenum show symptoms of ulceration; loss of appetite, dry mouth, astringent metallic taste, slow response to the indicated remedies and history of cooking in aluminum utensils, stool adhesion.

EXCERPTS FROM INTERNAL HEALING ART IN SURGICAL DISEASES*

DR. EMIL SCHLEGEL, M.D., GERMANY

(Continued from page 140)

Tuberculosis—Lupus

The Koch "tuberculin intoxication" of 1890 did not leave a grand inheritance to modern surgery, but we homœopathic internists profited by *tuberculin therapy in smallest doses and with rare repetition*. As a great gain from that time I consider the *careful tuberculin therapy for lupus*.

Apprentice of 16, small, weakly, pale, has been under my care for some time. His parents died early from pulmonary tuberculosis. For a number of years a lupus developed slowly on his right auricle. The upper half of margin and inner surface is covered with a gray-green crust; on the rim is observed slight redness interspersed by paler lupus nodules. Through dietetic directions and suitable medication I have succeeded in building up his general condition to some extent, but the ear affection was not influenced. I then made an injection of tuberculin one afternoon, only 1 mg. Toward evening the temperature was 102 degrees without chills. General condition was not disturbed. The next morning the ear was a trifle more red minus local signs of irritation. Since the action of tuberculin was relatively weak I decided to await the full development of it. During the next few days the crusts were shed almost completely and a relatively normal skin appeared which was dry and slightly red, but had tiny knots. The lymph gland of a small cherry size behind and below the ear diminished in size from day to day. Patient's general condition improved strikingly, and a much increased appetite filled out the emaciated body and gave him a florid appearance. Gradually during several months a slight crust reappeared on the ear, and the gland below the ear developed to the former size.

* Translated by the late S. W. Steads, M.D.

Since the condition now was much less deforming than previously and the lupus did not extend to the former margin and the patient's general condition and his growth increased splendidly, I have not felt it necessary to repeat the tuberculin injection. We can not expect a better and greater impetus toward conquering the obstacles. The young man did not report further.

Mr. R., 50, has for years suffered from lupus on left temple and parietal region, of hand-size, with tightly adherent crusts, which are at times moist; stitching pain. So far he only used salves. I prescribed a low potency of *Mercurius sol.* After three weeks the crusts had disappeared, but the epidermis is unchanged. The former night sweats have ceased, and patient feels better generally. Spots on other parts of his body had changed likewise.

Miss E., 17, of scrofulous habitus, thin, thick nose, feet always cold, has for 2 years suffered from an open, painless sore on right foot, dorsal surface over base of second and little toe. Has been in mineral spas minus result. Hearing slightly impaired; otorrhœa. Since the sore never changed, operation had been suggested. The granulated surface is of dollar size (no area of inflammation) slightly raised, does not bleed easily.

She was advised not to have an operation, but was given instruction as to hygienic living. Balsam of Peru in lanolin was applied. Internally she was given *Calcarea phosph.* 6c trituration. Her weight was 104 lbs. After a month it was 'status idem'. Now *Sulphur*, *Belladonna*, *Pulsatilla*, *Acidum nitricum* were given daily after the rules of Dr. Peczely. Four days later this course of medication had to be given up because it made her sick; on the second day otorrhœa was increased with swelling of cheek. The right tympanic membrane was opaque, moist, perforated, with dark background. Foot condition unchanged. WAIT! Two months later it was "status idem." Weight 102 lb. *Thuja* 30c was given. For the always cold feet I advised a pinch of sulphur flowers to be strewn into the shoes once weekly. From now on patient improved from week to week. Seven weeks later I prescribed *Hensel's Physiological Earths* (B.&T. have it) first trituration. A month later the

granulating surface changed to smooth scar tissue. Two months later patient's weight was $111\frac{1}{2}$ lbs., gradually climbing to 116 lbs. The granulating surface continues diminishing in size. No ear-discharge. Hearing not changed. This was unquestionably a case of tuberculous epidermis ulcer. In such cases everything depends upon improving the entire system, an art which surgery can not accomplish.

Boy R., 6, has eye disease; lid margins eczematous; the right cornea shows a small infiltration; the left eye normal. Head eczema with tightly adherent crusts. *Sulphur* 30c and *Belladonna* 30c were given. In a month the eye was normal. On the right side of the head the eczema was cured, but a granulating ulcer of dollar size is present, indolent. The boy looks miserable and anæmic. *Silicea* 30c was given. A month later the general condition was better; ulcer not changed. *Tuberculinum* 200c was given. In six weeks a great general improvement had taken place, the boy was growing well. Ulcer practically cured. *Tuberculinum* was repeated. Three months later the father came to express his gratitude for the lasting cure of his son.

Glandular Diseases

Mr. K., student, 19, has suffered from glandular enlargement of neck for a year, which had been lanced frequently. Lately he has lost much weight and "gone down" fast. Cough, loss of appetite, headache, very thirsty, night sweats. Cod liver oil had not helped him. The wounds from lanced glands, and from those opened spontaneously, do not heal, but on the right side they have formed two ulcers the size of a hand; the same on the left side, but smaller.

Patient is sallow and very pale. I advised against the planned cauterization and gave *Arsenicum* 30c and Hensel's Tonic (B.&T's Physiological Tonic). From now on improvement began, his strength returned, the ulcers cicatrized rapidly. Today's report states that patient is practically cured, the wounds healed.

I have never cut scrofulous glands and deny emphatically that glands not lanced leave more unsightly scars than those which are lanced; of the latter I have often seen horrible scars.

Inflammation of Tendon Sheaths

Miss G., 35, very anæmic, always has cold feet, suffers from insomnia and rheumatism. Had been operated upon and shows large scars over left wrist and forearm. Flexion is impaired and accompanied by sensation of friction in scar tissue. Lately she has painted the parts with iodine without result. She was given full instructions as to diet and mode of living. *Calcareo phosphorica* 6c trituration was given.

A year later she reported quick results from the medicine, but lately there is again that sensation of friction, can not close hand tightly. Drawing pains in arm before midnight. Her general condition continuously good. *Hensel's Tonic* (B. and T. Physiological Tonic) was given. Four weeks later no improvement locally, but no nocturnal pains. *Hensel's Earths* (B. and T.) 1st trituration was given. In 10 days local condition much better; hand bends much more easily without friction sensation, which latter is felt only from extreme flexion. No more sweating, and soon all was normal.

Bone and Joint Disease

Farmer G., 40, has had a knee-disease for 17 years, for which our local professor of surgery advised amputation. Right knee much swollen and stiff. The University diagnosis was incurable tuberculous arthritis of knee. Compressing bandages and salves, recommended there, did not help. I ordered *Oleum terebinthinae*, one drop morning and night, to be used for a longer time. To the surprise of everybody the chronic inflammation of the knee, and the swelling receded. This oil is a powerful remedy, but only when given in small doses.

Miss W., 20, came to me walking with great difficulty. When she was 14 years old she suffered from left-sided coxitis; a long incision has been made over the trochanter. Following this operation she was in poor general condition for a long time while an abscess formed from the diseased bone which opened spontaneously four months ago at the lower end of the incision. The fistula is still secreting pus. Patient complains of much pain over the entire back. She can not walk without difficulty, suffers from fever, heat and thirst. At one time the pus was fetid, but not now.

The treatment started with *Silicea*, *Calcarea phos.* 30c and interposed vegetable remedies and was carried out for one year, and ended with one dose of *Thuja*. The patient was completely cured without a trace of the former disease.

Miss H., 45, has suffered from multiple bone abscesses on the back and right side of pelvis, which were often lanced. Patient looks bad. Came under my treatment in October. Toward the end of December she reported: "With much happiness I can say that my sickness is much better; can walk with greater ease; have no more nightsweats. A skin eruption appeared, red papules containing pus. My complexion is much better, as remarked by my friends. Have now gained 10 lbs. in weight."

The remedy was *Teucrium scorodonia*, second potency. (Symptoms given in Boericke's "Materia Medica"). About this remedy I wish to append a small proving, which I made on a lady patient of 40, suffering from uterine myoma. She was given the first dilution. It had no effect on the myoma, but it produced the following symptoms: intensive dry heat, throat irritated causing coughing; enlargement of tonsils, headache; patient lost 10 lbs. in weight; hoarseness, voice rough for a longer time with inclination to hawking. The last symptom was night sweats, had to change nightgown twice between 2 and 3 a.m. (very suggestive of tuberculosis). Soon all these symptoms disappeared spontaneously.

Max G., 15, son of a tuberculous father, has for some time showed difficulty in walking and suffers from pain in right knee over the fibular head where there is diffuse swelling, painful to pressure. The lower circumference of knee is also enlarged. Gradually a slight contracture of the knee joint appeared, preventing full extension of the leg. *Silicea* 6c was given.

Ten days later I found a plaster of Paris dressing had been applied by Prof. B., who considered the case severe and deemed operation later necessary.

My advice was not to have the plaster dressing renewed. A month later the boy was brought in again minus the plaster dressing. Slight contraction was again present. I ordered nightly moist packs to the knee, and gave *Calcarea carb.* 30c

internally. The condition improved gradually, and without operation the cure was complete, so that the boy could take his turn at gymnastics and jump around like his healthy brothers.

Peter E., 18, journeyman smith, had been the picture of health up to a year ago when his sickness began. Painless hard knots formed on his chest, and enlarged to egg-size, growing continuously. That did not prevent him from working. The attending physician put him in a hospital, and the now large growth was opened. A drainage tube was inserted deeply into the chest through which much pus was discharged. The wound closed, but soon new hard tumors of thimble size formed near the scar, opening spontaneously. Patient had to leave the hospital after 3 months even though not cured, and returned to his paternal home. The diagnosis was caries of the cartilage. The right leg is swollen from the heel to halfway up the tibia, but shows no hardening. A homeopathic physician had been consulted, who declared the condition similar to that of the patient's older brother who had been operated upon two years previously on account of bone caries. The physician prescribed a powder (I do not know its composition. Schlegel.)

In my patient's case much pus was again discharged. Aside from the previous operation, my patient has had no pain, but about 19 days ago abdominal pains suddenly set in, especially when he had a bowel movement, which occurred only every 3 to 4 days. Any kind of food-intake causes painful pressure in stomach after an hour. The pains prevent him from sleeping. The local physician diagnosed: bilateral caries of one or more ribs. Since then the patient could not be transported to me in Tuebingen. Also a kidney involvement was feared. Under my care the patient was given implicit dietary directions, and for internal use he was given *Mezereum* 30c and *Phosphorus* 30c, later *Silicea*. After a month the report was that soon after again taking my medicine his appetite improved, the abscess on chest had opened spontaneously; but the tibia was much swollen. Patient felt very weak. He was given *China* 30c and *Hepar* 30c. After another month the report was: Continued improvement of boneswelling, pus discharge and night sweats. *Mer-*

curius and *Mezereum* were given. Two weeks later patient presented himself; condition much improved; the fistulae are healing; no more night sweats; has gained in weight. *Calcarea phos.* 30c was given. Three months later patient was well and working.

Magdalena V., 16, has suffered for 1½ years from inflammation of knee joint which had been treated with iodoform emulsion after a subcutaneous abscess was diagnosed. Later drainage tubes were inserted. *Koch's* tuberculin injections had been made without result. Then amputation of the thigh was suggested, but not accepted. Patient is tall and emaciated; has not yet menstruated. Right knee swollen, especially over upper tibia. Several scars and fistulae around joint. Had the last injection a few days previously. Leg very thin, slightly flexed, but knee stiff. *Hepar* 30c and *Belladonna* were given.

Three weeks later: Pus discharge increased; pain around fistulous openings. *Calcarea phos.* 6c was given. After a month there was much improvement. Menses had appeared. Patient feels weak. Discharge from knee has almost ceased. *Pulsatilla* 30c was now given.

A month later knee was again more swollen, but patient feels well generally.

Three weeks later: improvement continues. The almost completed cicatrization interrupted by new activity of fistulae; again more pus discharge. *Hepar* 30c and *Belladonna* 30c were given. During the following months cure was complete without further medication; patient now is well and strong. Gradually the knee became fully movable and cicatrized.

Emilie L., 3, suffers from multiple caries, can not lift her head which falls unsteadily on shoulder and forward. Patient has been repeatedly operated on hands and feet on account of bone suppuration. Glandular swelling on both sides of neck. *Calcarea phos.* 30c was given. A month later: Right hand is again discharging; new bone abscesses on upper left arm, but her general condition is better, and patient can hold head more steadily. *Tuberculinum* 180c was now given internally. Six weeks later: Five bone abscesses with fistulae formation

and pus discharge are present. *Tuberculinum* is continued from time to time. A salve of Peru balsam in lanolin is ordered.

Six months later : The child was again brought to me ; she was generally in good condition, holds and moves head well, talks and is happy. Old cough and glandular swelling have vanished. Two fistulæ discharge slightly. *Oleum terebinthina* 2c was given. After 6 weeks : All affections healed except a small fistula on neck with slight discharge. *Silicea* 6c completed the cure.

(To be continued)

—*Jourl. of the Am. Inst. of Homœopathy, Jan., '57*

THUJA IS THE "TREE OF LIFE"

DR. PHYLLIS SPEIGHT

But do you mean that I should not have my child vaccinated ? Asked one of my patients who looked at me as though I had gone mad !

I did mean just that I would like to discuss the dangers of vaccination because too few people realize that there are any, whilst the Physician of the Allopathic School does not recognize that there are any dangers at all.

It seems incredible to me that anybody could agree to putting pus from a diseased cow into a beautiful new-born baby. Listen to the comments of the late Dr. James Compton Burnette—"Lymph, of course, it is not, but pus—matter—and why specific virulent pus should be persistently called 'lymph' seems somewhat peculiar and is eminently unscientific. As I am a lover of purity, and incidentally also of philological purity, I call this 'Lymph' pus, because it is pus and not 'Lymph'.

Homœopaths owe a great deal to the late Dr. James Compton Burnette for his book "Vaccinosis and its cure by Thuja" from

attacks evenings lasting 1-3 hours. Head does not tolerate slightest touch. Patient cries out from pain.

Zincum 30c was used for smelling two times through each nostril and cured the pain in a few minutes. The following day a mild attack occurred, but again smelling at *Zincum* cured lastingly—*Perry*.

—*Joul. of the Am. Inst. of Homœopathy, Jan., '57*

EXCERPTS FROM INTERNAL HEALING ART IN SURGICAL DISEASES

DR. EMIL SCHLEGEL, M.D. GERMANY

(Continued from page 174)

Maria E., 30, has for years suffered from right sided coxitis, limping on shortened leg; disarticulated femur head; has been treated at University Clinic, four times with iodoform injections into a very large gravitated abscess below trochanter. I instructed patient regarding hygiene and diet, etc., and gave *Calcarea phos.* and *Belladonna* 30c.

Two years later she brings her sick sister, and reports herself as relatively well. During those two years the abscesses were positively cured without using anything but the remedies I had given.

N.Th. on February 7th stated. "Two weeks ago my daughter of 7½ years complained of pain in the right knee; after a few days it began to swell. Our local physician ordered painting with iodine and tight bandaging. Until then the child had not complained of pain, except on account of the tight bandaging. Now our local physician thinks there is pus in the knee joint, and wants to operate, which scares us very much.

The girl has lost her good appetite and complains of much pains at night."

Feb. 8 : I found a delicate child, full of fear, lying helplessly in bed. Knee is much rotated outwards, flexed, much swollen, red, but colored by iodine painting. Leg and thigh also much swollen, tapering off above and below. Knee very painful upon slightest motion of body. Skin moist ; pulse frequent. An operation had been set for the next day. My diagnosis was : suppurative inflammation of knee joint, possibly on a tuberculous basis. I advised against operation ; had the iodine washed off as much as was possible ; and ordered moist compresses ; forbade wine and meat. Internally she was given *Belladonna* 30c and *Bryonia* 30c in alternation.

Feb. 11 : The report was : improvement ; patient sleeps well ; can move leg a little ; swelling unchanged.

Feb. 17 : Appetite better, sleep good, fever less, as also the swelling. Motion less painful.

Feb. 22 : I again called and found swelling of calf gone, and much less on thigh and knee. Above knee an oblong, fluctuating place. Knee still stiff, but can move body well without pain in knee. The expected opening did not happen ; the entire process receded without any skin opening.

March 15 : Patient out of bed, can stand and walk. The knee looks the same as the other.

April 17 : Patient comes to office. Her condition could not have been better (if as good) after an operation, which at least proved unnecessary, and all its dangers and disadvantages were avoided.

Maria R., 13, came to me February 13. For 1½ years she has had a spindle-shaped swelling of volar surface of right forearm with stitching, tearing pains, influenced by weather changes. The swelling shows unquestionable fluctuation, is hot and slightly red. *Ferrum phosphoricum* and *Calcarea phosphorica* 30c were given.

March 27 : Status idem. Patient is tired and has been anemic for a long time. Wet compresses were applied to forearm for nights. *Pulsatilla* 30c was given.

April 13 : The swelling opened spontaneously and dis-

charged about $\frac{1}{2}$ pint of pus. Patient is sleepy and perspires. *Mercurius solubilis* 30c was given.

April 20 : The opening has formed an ulcer of dollar size with inclination to bleeding. *Nitric acid* 30c, and later *Silicea* 30c.

April 27 : No more bleeding ; pale-red granulations spring up, profuse pus discharge. Much perspiration. *China* 30c was given as intercurrent remedy.

May 3 : Ulcer smaller. Patient is still tired, thirsty, perspiring.

May 29 : Ulcer again purplish and looks unfavourable, but patient's general condition is much improved. *Silicea* 30c was given.

June 7 : Very satisfactory toward healing *Calcarea phos.* was given.

July 10 : Remarkably rapid cicatrizing.

August 23 : Cicatrizing complete, but forearm still slightly infiltrated. Patient was given for a longer time *Sulphur* mornings and *Belladonna* evenings to stir up the constitution. There unquestionably must be a deep disease-focus in the forearm, apart from a tubercular taint.

I did not see the patient for six years. She had used my remedies for about six months, and then quit using anything. She has developed into a well looking young lady.

During the past year a dry lupus-like spot of 5 cm. size developed over the old scar ; now it is a flat, granulating mass of 50 cent piece size, which for a week has secreted a yellow-white moisture. Aside from this patient is well ; menses scanty and painful. *Tuberculinum* 60c was given.

After a month, the granulations look better. On right forearm a general eczema appeared. Menses very painful. *Pulsatilla* 30c was given. Four weeks later menses appeared without pain. Granulations practically cicatrized. *Thuja* 30c was chosen.

A month later granulations cured. On left side of forehead she now had a herpes zoster. *Apis* 30c was given. Since then I saw patient no more, but have reason to think she is well.

Mr. K. has had many glandular swellings and has many

resulting scars. He brings his 5 year old daughter on May 1st. Child delicate, blonde. The previous year (probably after a trauma) she had bone necrosis in right hand, and had a bone removed by a surgeon. Suppuration continued profusely and was curetted three times. However, suppuration continued; two drainage tubes had been inserted, leaving a large perforation on dorsum, ending in two openings in palm. Patient has scrofulous conjunctivitis of left eye. The two drains were now removed. The hand was placed in thick cotton packing, to be removed whenever it became saturated. Cold water to be poured over hand and forearm for one minute, and several times daily both dipped quickly in cold water, always followed by thick cotton dressing. Wine and meat were forbidden and proper diet ordered. *Silicea* 30c and *Calcareo phos.* 30c were given internally.

After 10 days fine local and general improvement was observed. The hand was healing, and the dorsal wound almost closed. Three weeks later the three fistulae closed and on Sept. 30 the report was : Cure, patient well.

Student, 19, tall, thin, 114 lbs., has for three years suffered from tubercular disease of left elbow. Rightsided dullness over chest with dry friction sound; elbow had been operated on twice. The joint is much swollen and deformed; copious suppuration through posterior fistula. Proper diet was ordered, and *Oleum terebinthina* given internally. After four weeks general condition much improved, weight now 123 lbs., and patient looks much better. There has been no change in joint. Surgical operation was refused by patient and me. His weight went to 130 lbs., swelling of elbow much less, and suppuration very minimal.

Katharina R., 4, was brought to me May 25th. Looks pale, puffiness around eyes. Two years ago an abscess opened on right foot; during the winter she developed tuberculous inflammation of left elbow joint with much swelling; the same in right ankle, surrounded by six scars from fistulae. Elbow joint is ready to break open. Night sweats. The emaciated child is very restless. The effect of proper diet, bathing and medicines is as follows : June 11th elbow joint opened in three

places which now are healed. Swelling reduced, also of foot; night sweats stopped. Now much facial eruption.

July 20th: Openings almost closed, slight watery discharge. Elbow much thinner, but can not yet be fully extended, but has full motion; can lift a little with the hand, which had been impossible. Can wear shoe on foot.

August 17th: Yellow crusts on wounds are ready to drop off. Patient is happy. Scars normal. Complete cure Oct. 2nd.

Wilhelm B., two years old, was brought to me April 13th with multiple bone abscesses, the largest of apple size over right thigh; four abscesses on fingers, one on chin of nut size. Proper diet was prescribed, and Hensel's earths first trituration was given.

May 16: General improvement. *Kreosotum* 30c internally and tolu balsam externally were used.

August 31st: Only slight discharge on chin; all other places cured.

December 25th: Only chin fistula remains. Abscess on middle of left tibia enlarged to the size of a half egg, covered with unchanged skin. *Silicea* 30c was given.

February 8th: Chin healed. Tibial abscess still present.

Amputations Prevented

Mrs. S., 27, suffers from a hard bony tumor, and comes to me because at the University Clinic amputation of the leg was demanded. The tumour was located on the fibula, of goose-egg size, diagnosed as osteosarcoma. During two years of treatment with homœopathic remedies the tumor became smaller and softer. The leg gradually became fully serviceable, and patient feels well.

Mrs. N., 28, has a similar tumor of fibula, and amputation was demanded by the same University Clinic. She also was given suitable homœopathic remedies by me, after which the pain left her, she gained in weight, the tumor became smaller and softer. Patient felt better, could do her own housework, and the use of leg was fully normal.

Mr. D., 65. Following a scratch on tibia a violent connective tissue inflammation set in. Four weeks later I was consulted. Under homœopathic treatment his general condition im-

proved, but always again new foci are attacked, and necrotic tissues are shed. Senile gangrene was the diagnosis of his homœopathic physician, but I was of a different opinion. Patient went to the University Clinic, and here amputation was also advised on account of vessel-degeneration and threatening septicemia. I counseled against amputation. My advice was continuation of the internal homœopathic treatment, which patient faithfully accepted. The prominent remedy was *Echinacea*. Patient recovered fully, can do all his work, calls on me from time to time to do anything I advise to prevent recurrence, and must be considered cured.

Miss L., 20, consults me on account of tuberculous inflammation of knee joint with large immovable swelling of right knee, and multiple fistulae draining much pus. This has been going on for three years. Patient is emaciated and very miserable. Has been treated at the University Clinic, has also used sun baths. Amputation has been advised at the Clinic. During one year of homœopathic treatment she has gained 15 lbs.; swelling of knee practically gone; suppuration and pain minimal and can now move knee joint. Leg fully serviceable, and patient walks without difficulty. She was at the beginning carried to my office, pale and emaciated.

Young man of 18 has for a year suffered from bone tuberculosis of left metatarsus. The entire foot is deformed; one fistula discharging much pus. At the University Clinic amputation was recommended. Under homœopathic treatment for four months improvement soon was apparent, swelling and pus discharge much less. Has good function.

H. S., 11, had pain in right knee, swelling and stiffness, a chronic condition. Had been treated at the University Clinic for a number of months and diagnosed as tuberculous joint inflammation. Operation had been advised: either resection or amputation, depending on finding during operation. The parents, however, would not consent, for the girl looked too well. Homœopathic treatment soon improved the condition, and patient could leave her bed, and was finally fully cured. In two years the leg was as well as the other leg.

It is plain that our remedies are, to the surgically inclined

physician, a terra incognita, otherwise he would use them, for we can not doubt the good intentions of the medical profession.

Ulcers

Mr. P., 54, has been syphilitic, and now has ulcerative cracks in the tongue which show no healing tendency, and cause much burning pain. Had been treated allopathically with iodine without result, yet, when I gave him *Kali iodatum* 3c the trouble vanished without a trace.

Mr. J. S., farmer, has suffered for 6 months from a burning ulcer on left half of lower lip; much thirst. The ulcer is spreading, flat, situated on the border of the outer third of lip, a place where cancer often starts. He was given *Arsenicum* 30c. Healing in three weeks. Five weeks later recurrence over the former erosion. Lachrymation of both eyes with morning agglutination. *Arsenicum* was continued.

A year later recurrence for the third time has lasted now for a few weeks. *Sulphur* 30c and *Belladonna* 30c were given.

Four weeks later: the lip has been sore for a few weeks, like previously, with much burning. *Nitric acid* 30c was now chosen. His lip has been well for three years.

Mrs. L., 61, has had a suspicious ulcer on left cheek; the surrounding skin feels hard. Patient complains of much heat in head. Salves had been used minus result. *Sulphur* 30c and *Belladonna* 30c cured in two weeks.

Mr. R. had a rapidly growing nodule on left side of neck, adherent to skin and underlying cellular tissue, which in two weeks was the size of a cherry, causing severe burning pain. *Arsenicum* 3c caused involution minus suppuration.

Mr. S., 34, suffered for months from a fistsized tumor below right ear, immovable, steadily increasing in size, with stitching pains. Before the tumor appeared patient often had epistaxis, but that had quit. Thirst; night sweats. No glandular swelling nor tumors in other parts of body were found. The growth had been diagnosed by "authorities" as a hard infiltration and neoplasm. Patient was given *Bryonia* 30c mornings, and *Arsenicum* 30c evenings. After a week the growth was much smaller, softer and movable, and disappeared gradually minus recurrence.

Melanoma

Dr. Lassar states :

"The great malignancy of Melanoma, the tendency to recurrence, the rapidity of becoming general are well known and feared ; and yet there is in all medical literature no report of a single non-operated cure. Rather all such growths have continued to develop, also those which for a time remained stable."

This seemed to be the fate of the lady consulting me who had a growth below the nipple, probably caused by pressure of a corset stay. The little neoplasm had been previously cauterized by a "competent specialist." The immediate result was further growth, and the tumor now was of large cherry-size. Another operation was proposed but refused, as also a particle for histological diagnosis. I gave patient *Arsenicum* internally in the form of Fowler's solution, gtt. 5, t.i.d. after meals. From the first week on, shriveling began. Patient had at times not taken the remedy, which was followed by further enlargement, until she finally continued the remedy until she was completely cured.

Dr. J. S. Mitchell of Chicago cured 7 case of cancer with *Arsenicum* in a low trituration, given internally and dusted externally over the ulcerated surface. His third case was especially interesting :

Mrs. H., 40, had cancer of the left breast, had had six operations at always decreasing intervals, the last one 3 months ago, and another operation had already been planned. In the scar was situated a long hard tumor with numerous small proliferations surrounding. Her axillary glands were enlarged as well as those in clavicular region. Patient was very anemic and weak. Some small knots were ulcerated and gradually disappeared after applying triturated *Arsenicum* locally. Internally she was, in course of time, given *Arsenicum*, *Iodum* and *Kali iod.* Her occupation as seamstress demanded the constant use of the arm on the tumor side. In spite of any difficulties during five years of treatment patient was completely cured. She had no more enlarged glands, the scars are soft and not swollen. Also in the axilla and in the tissues around the clavicle no glands can be palpated. Nothing showed the previous tissue

changes except a network of spiral vessels over the site of the previous proliferations. All former pains have vanished, and patient can do her work without interruption. Mitchell's other cases were : 2 lip carcinomas, 1 breast cancer, 2 uterine and one tongue cancer. All were completely cured by external application of trituration of *Arsenicum*, and internal use of (as indicated) *Arsenicum*, *Calcarea iodata*, *Conium*, *Lachesis*, *Gelsemium*, *Hydrastis* and *Thuja*.

The entire tragedy of breast cancers, inclusive of surgical aid, is unfolded in the following picture :

Mrs. L., 58, has for 18 years suffered from a skin eruption, suppressed repeatedly with salves. Following influenza a lump formed in the left breast. Three operations, each one more severe, were performed. A large part of the left side of chest and axilla to which the practically immovable arm is constantly pressed, has changed into a mass of hard scar tissue. After the last operation the condition became worse. Patient became very emaciated, could not sleep, and did not perspire any more, has a cough, and is short of breath ; depressed. Scars very sensitive to touch, and they are still being treated with zinc ointment. So far no recurrence of the cancer shows. Urine quantity much diminished. She is usually bedridden has no appetite, is the picture of ebbing life. Any treatment now begun would be of little use.

On November 17th I detected a new cancer growth in the scar, hard, reddish, slightly movable which till February 15th was the size of a cherry-stone, but it grows much slower than previous nodules. Patient continued to grow weaker, and a right-sided pneumonia ended the tragedy.

(To be continued)

—Joul. of the Am. Inst. of Homœopathy, Feb., '57

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EXCERPTS FROM INTERNAL HEALING ART IN SURGICAL DISEASES

DR. EMIL SCHLEGEL, M.D., GERMANY

(Continued from page 222)

Uterine Cancer

Mrs. B., 54, was still menstruating, though delayed, followed by blood-tinged fetid discharge; loss of appetite, exhaustion, vomiting, constipation; pelvic pain radiating into thighs. These symptoms aggravated during her 4 weeks stay at the University Clinic where she had been given stimulating diet and was treated gynæcologically with caustics, but was then dismissed in a worse condition, and with the recommendation that her physician was to give her morphine and douches.

Since her condition grew worse constantly, patient came under my care. She naturally was full of fear, weeping, lamenting, was emaciated, face and nose strikingly red. Examination showed an irregular, hard cervix, uterus enlarged and immovable, forming a hard mass with the anterior rectal wall. *Argentum nitricum* 3c was given, and instead of morphine a dose of *Belladonna* 30c evenings. Wine and meat prohibited, but a diet prescribed which would form feces.

Immediately all symptoms were relieved. In 6 weeks I saw her again and was surprised to find cervix smaller, and all hardening had disappeared. The uterus now was freely movable, and the fetid discharge had stopped. She now had a good appetite, she was happy, and could do some of her housework. *Argentum nitricum* 3c, gtt, 5, t.i.d. was continued. All douches were prohibited while under my care.

Prof. von S., my highly esteemed teacher, was absolutely non-plussed when he examined the patient 4 years later, as he desired, since he found every vestige of the former pathology vanished.

Mrs. B., 79, had uterine hæmorrhages 8 years ago, and polypi were then removed, followed by occasional hæmorrhages;

which latter now are very severe. Patient complains of uterine pain and fetid discharge of bright blood. Gynæcological authorities had diagnosed cancer.

Encouraged by the above case, I instituted the same treatment, which immediately stopped the hæmorrhages and discharge. Patient regained her usual health in a few months.

Farrington states that *Argentum nitricum* acts on epithelial tissues of the entire human body; that it is especially indicated in ulcerated cervix, swelling and induration with copious acrid discharges and frequent hæmorrhages; that where *Argentum nitricum* is indicated there usually is vertigo, neurasthenia, fear, excitement, tremor of hands, fearful dreams; aggravation of nervous symptoms at 11 a.m.

Mrs. N. I had treated for abdominal troubles: Pain (during menses when coming early) especially in rectum and pelvis radiating into legs. At menstrual time stool several times daily containing pus and ichorous blood, which is also discharged at other times. Has lost weight, poor appetite; blood-tinged vaginal discharge. My homœopathic remedies satisfied patient, but she did not share my suspicion of malignancy.

When I again examined her and found a tumor the size of an apple above the right side of the uterus in the large pelvis, hard, immovable, she changed her mind. Cervix large, hard. Uterus adherent to rectum. Posterior vaginal wall hard, rough. However, she showed no alarm at my diagnosis, but was tranquil and pale, doing her housework except at menstrual time. I gave her *Argentum nitricum* 30c which brought fine subjective improvement as to pain and discharge. Patient had gained 10 lbs., did not report for a long time, had often been skating which agreed well. Though I had informed her of the grave condition, I had not given a name to it.

During the following year patient's condition was less satisfactory, abdominal pains again, rectal discharges, loss of weight. This may also be connected with the death of her husband from cancer of the stomach with abdominal metastases.

Patient presented herself again: vaginal portion softer and elastic, uterus smaller; pelvic tumor not larger; rectum the

same as before. From now on she was given *Argentum nitricum* 3c. The following reports were very favorable and patient remained well. In my opinion this inoperable case promises well for homœopathic treatment.

Mrs. W., 63, consulted me by letter. For 3 months she has had local treatments at the University Clinic. Three weeks after being discharged from there, she again suffered from vaginal hæmorrhages which during the year had become alarming. Patient has now been bedfast on account of most severe vaginal hæmorrhages, disturbed digestion and backache. At the University Clinic incurable uterine cancer had been diagnosed. She now was given *Argentum nitricum* 3c. Intercurrent remedies given during severe hæmorrhages, etc., were : *Belladonna*, *Bryonia*, *Nux vomica*, *Pulsatilla*, *China*, *Thlaspi bursa pastoris*, *Kreosotum*. Result : Pain, hæmorrhages and other symptoms were much diminished ; patient gained strength. A facial eruption appeared. Patient now can be out of bed most of the time, is able to climb stairs and do light housework. From now on she remained in relatively good health.

Professor Kroenig at the University of Freiburg (Germany), an authority, who had the best results of all German gynæcologists, kept track of 209 of his carcinoma patients for 6 years, gave these statistics ;

Up to 3 years after operation on 199 carcinoma patients 165 were dead, 24 still living.

Up to 5 years after operation for carcinoma on 190 patients 178 died, 11 still living.

Up to 7 years after operation for carcinoma on 121 patients 116 died, 4 still living.

Up to 10 years after operation for carcinoma all 36 patients were dead.

Gynæcology, Obstetrics, Diseases of the Eye and Ear

Mrs. S., 29, mother of 4 children, complained of headache for 2 weeks, beginning in forehead, then pressing into eyes which she then can hardly open, followed by pain extending into throat and neck, worse mornings till noon, better evenings, preventing her from doing her usual housework. Has had local

treatments for a year by a gynæcologist on account of leucorrhœa. She also has fullness in abdomen, sensation of internal tremors; perspires freely. When rising mornings she feels more tired than when she retired, due to poor sleep. These symptoms preceded the headache.

I advised against the local treatments, convinced they were suppressing nature's aim at ridding the system of a pathogenic condition which tried to find an outlet by means of cervical ulceration. Patient was given *Nux vomica* and *Arsenicum*.

Three weeks later the headache was relieved, and patient felt stronger generally, but still sleeps poorly on account of the full sensation in abdomen.

Pulsatilla was given. After two weeks patient felt much better, still has some headache when in open air, and then eyes feel so stiff; has flatulence; some leucorrhœa. *Sulphur*, *Belladonna*, *Pulsatilla* and *Nux vomica* were given daily.

Three months later: Patient has improved in every way, has only slight vaginal discharge, looks well, is happy and satisfied.

Mrs. K., 26, following her second confinement two years ago, has prolapsus uteri during exertion; is always chilly; depressed by family affairs. She was given *Sulphur*, *Belladonna*, *Pulsatilla* and *Nux vomica*. Three years later patient consulted me again, has been entirely well, was confined a year ago. Now her menses are profuse and protracted, has slightly prolapsed uterus. The same treatment was given. One and a half years later patient came back on account of backache (slight prolapsus uteri only rarely), is always tired and feels trembly. *Stannum* was added to the above treatment.

Mrs. W., 44, comes on account of severe degree of uterine prolapse which had not been controlled by pessaries, etc. Much backache; cervical ulceration; leucorrhœa, vertigo, nausea. Feels greatly depressed; fears insanity. *Rhus toxicodendron* and *Aurum*, both in 30c potency were given and cured in six months.

Mrs. S., 48, has for years used pessary on account of prolapsed uterus. Much backache; often colicky abdominal pains

She had removed pessary 5 years ago and felt better after that. But now, after exertion and vexation, the uterine prolapse is worse; patient is exhausted, trembly, aggravation from climbing stairs. She was given *Stannum 30c* with good result.

—*Joul. of the Am. Inst. of Homœopathy, March, '57*

HOMŒOPATHY AND THE ANIMAL

DR. R. C. G. HANCOCK, B.SC., M.R.C.V.S.

If, as I understand, this is the first time a healer of animals has addressed you, you will appreciate that an unusual degree of stage fright is likely to attend my attempt to discharge the great honour you have done me in asking me to speak to you.

It is a curious fact that in this country the members of my profession are all called surgeons—veterinary surgeons. I have often protested that my true metier is that of a veterinary physician, but there seems to be no official recognition of the existence in my branch of the healing art of him whom the ancients called the healer with herbs (as distinct from the healer with the knife). So, in a sense, I stand before you perforce in the guise of a homœopathic surgeon—whatever that is!

Veterinary homœopaths are not numerous in this country. Probably not more than half a dozen members of my Royal College are homœopaths in the sense that you members of the Faculty are. There are some fifty veterinary surgeons, as well as registered veterinary practitioners, with whom I have corresponded in the last ten years who are whole or partial users of the mystery. In addition there are numbers of technicians and laymen of both sexes outside the control and registration of the Royal College who are enthusiastic acolytes. Of the 6,000 members of the Royal College of Veterinary Surgeons some