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**HOMŒOPATHIC HERALD**

(Journal of Pure Homoeopathy)



Vol. XIV.

July, 1953.

No. 4.

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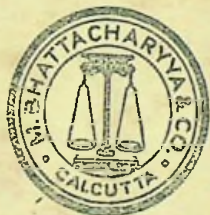
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BUSINESS MANAGER :

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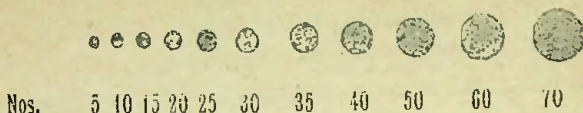
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## Editorial

### HOMŒOPATHIC INJECTIONS AND PATENTS.

It is to be regretted that some Homœopaths have commenced to use Homœo injections and Homœo patent medicines. In Homœopathic Philosophy and in Homœopathic literature we do not find any mention of Homœo patents or of Homœo injections. Homœopathic medicines are to be prescribed on the strength of the totality of the symptoms. A true Homœopath cannot disregard the law of Cure and cannot use the Homœo patents and Homœo injections which have been made by a class of businessmen who never fall under the Category of Homœopathic chemists or of Homœopathic physicians. These clever businessmen for the sake of earning money mislead the inexperienced young Homœopaths and induce them through false propaganda to use these unhomœopathic preparations for the cure of diseases.

We often notice advertisements for Homœopathic injections and Homœopathic patent medicines and these advertisements tempt new entrants to our profession. Our Homœopathic Faculties should stand against such advertisements which tend to undermine the practice of Homœopathic medicine and misguide our professional brothers.

N. C. DAS.

## GLEANINGS.

1. When yawning in morning eyes stand full of water with lachrymation. Nux-v.
2. Dimness of sight when stooping, writing : Nat-m.
3. Lachrymation on writing : Calc-c.
4. All eye symptoms are aggravated by bathing eyes, so that child cannot bear to have any water touch them, and they are worse in open air : Sulph.
5. Pain in eye worse in warm room : Arg-n.
6. Strabismus, as if caused by worms : Spig.
7. Blindness with frequent desire to wink : Ph-ac.
8. Boils around eye and lids, and cystic tumours of lids : Sil.
9. Cataract after contusion ; Con.
10. Cataract after Suppressed foot-sweat or ringworm : Sil.
11. Cataract especially in women : Sep.
12. Syphilitic iritis, choroiditis and corneitis : Kali-Iod.
13. After coition weak eyes : Kali-c.
14. Cold Tears : Lach.
15. Perpendicular half sight in cataract : Caust.
16. Sees better when shading eyes with hand : Phos.
17. Left lower lid hangs down : Graph.
18. Inflammation of eyes following eruptive diseases : Apis.
19. Continual trembling of upper lids with lachrymation ; Ars. A.

N. C. DAS.

## HOMŒOPATHIC MEDICAL EDUCATION IN INDIA

Dr. R. S. RASTOGI, Dehra Dun, U. P.

Now that Homœopathy is fast receiving official recognition in the states, the standards of homœopathic education must seriously engage the attention of the public, the profession and the teaching institutions in this country.

The question of education, whether general or medical, must be viewed with reference to the needs of the society, and this consideration cannot be divorced while fixing the standards of medical education in the country. In almost all the states which have officially recognised the homœopathic system of treatment in India, the recognition was claimed and accorded on the consideration, among other, that homœopathic treatment is pre-eminently suited to the needs of our rural population which is yet groaning under disease and suffering, and which, on account of dire poverty, is unable to derive the least benefit from the so-called modern system of medicine. The era we are living in has necessitated a revision of value and has seen tremendous changes in our outlook and angles of vision in practically every walk of life. Today our cherished objective is the establishment of a welfare state. In our keenness to attain the glamour and status of allopathy, we must not be dominated by complexes and forget the basic needs of the community to the service of which we have pledged ourselves.

Let it not be forgotten that a very expensive medical education which is beyond the reach of students from the rural areas will enable only the rich to send their sons and daughters for medical education, and these young folk, after qualifying themselves, will not be inclined to settle down in rural areas for want of congenial living conditions, modern amenities, and educational facilities for their children. Medical education must not be prohibitively expensive for rural people of moderate means whose sons and daughters alone can find rural life tolerably congenial.

Even for the allopathic medical degree the present Anatomy course is being considered to be unnecessarily long and cumbersome, taxing unduly the memory and the mind of the students. While inaugurating the second annual conference of the Anatomical Society of India at Lucknow on the 30th. of December 1952, our hon'ble health Minister, Shri C. B. Gupta observed that graduate classes should have a suitably short course ( in Anatomy ) while there should be provision of special courses in advance Anatomy for those who took to specialisation. Our needs in this subject as well as Pathology are all the more less. Major Surgery is not possible under the present rural conditions, and the patients needing this service will have to be sent to larger or base hospitals, at least for considerable time to come. Under these circumstances, I see no reason why a three years' Diploma course, after passing the High School Examination, should not suit our present requirements better than the proposed four years' course, to impart a reasonably efficient standard of medical education. The strongest point in favour of homœopathy has been its great simplicity and there does not appear to be much wisdom in making a simple thing complicated by an unnecessarily lengthy education in subjects which are but remotely connected with the basic therapeutic approach of homœopathic treatment and cure of sickness. It may not be out of place here to make a reference to a new item on page 9 of the Hindusthan Times dated 22nd. February, 1953 wherein Shri Jagat Narain, Education and Health Minister of Punjab, is reported to have said, while inaugurating the All India Private Medical Practitioners, Association (Punjab Branch) Conference at Jullundur, that his suggestion for reducing the medical course from four years to two years was supported by six state ministers at the Health Ministers' meeting in Hyderabad the previous month. So far as I remember the Chief Minister of Madras State, Shri C. Rajagopalachari has also expressed himself in favour of a shorter medical course.

I may incidentally refer here to a scheme under the contemplation of the Hon'ble Health Minister of India of

training from amongst the readers how much safer the health of the rural population will be in the hands of our diploma holders than in the hands of such "doctors-side" using (or most probably abusing) the allopathic medicines, and they can be produced in sufficiently large number if the diploma course is kept at three years after the High School Examination. I would further suggest that to attract the students from rural areas, the institutions should offer suitable scholarships to students from rural areas, conditional upon their serving in the rural areas for at least five years after qualifying themselves.

I, however, feel that there should also be a Degree Course covering five years after the Intermediate Examination with the medical group of Science subjects. This is essential to maintain every high standard of efficiency so that there may be a steady flow of highly qualified medical men to man the bigger or base hospitals. They should receive a high grade medical education which may command respect and recognition by the foreign medical institutions as well.

#### LETTER—( 1 ).

#### IS HOMOEOPATHY LOSING GROUND ?

Dear sir,

The "vested interests" bent on decrying Homoeopathy proclaim that it is a fad or cult originally imported from Germany or America but now unknown in America or other civilized parts of the world. I quote a portion of the message from Dr. Wilbur K. Bond, M.D., President of the International Hahnemannian Association Inc. U.S.A., published in the latest issue of the Homoeopathic Recorder of U.S.A.: "All ye who are getting fainthearted about Homoeopathy take fresh courage because the interest in it is coming up by leaps and bounds. People are asking for addresses of good homoeopaths all over the world in the sudden surge of world air travel and change of addresses due

to military necessities. Every day laymen are coming in and asking where they might find more literature about it. Homoeopathy is not dead. The important thing is that it is at least 50 years ahead of its time and it takes a good man to practise it right".

In addition to the International Hahnemannian Association, there are two other big Homoeopathic organisations in U.S.A. viz. the American Foundation for Homoeopathy and the American Institute of Homoeopathy. Then there are in America the Southern Homoeopathic Medical Association and the Pan American Homoeopathic Medical Congress. The joint meeting of these bodies and the World Homoeopathic Congress, according to the report published in the Homoeopathic Recorder, will be held in 1954 at Rio de Janeiro at which all the delegates' expense (except on travelling) will be borne by the Brazillian Government. "The governments of Argentina, Mexico and Brazil have officially recognised the Congress. Brazil will print 2,000,000 postage stamps with Hahnemann's picture upon it for the World Meeting. Homoeopathic medical education in Mexico is still free under government subsidy although there is one fine independent school. Homoeopaths have recetly doubled in Latin America and are keeping pace with Europe".

Homœopathy is quite pupular in France, Germany, and certain other parts of Europe, and Britain also has recognised it officially by a bill passed by the Parliament some time ago. In fact it is an occasion for surprise why the Government of India is so callously indifferent towards Homœopathy inspite of knowing fully well that a number of states in India have officinally recognised it and that the general public is so favourably disposed towards it on account of its being so simple, harmless, scientific and cheap, having rich potentialitis for extending the sorely needed medical relief to the vast poor masses through nationalised medical service.

Yours faithfully,  
R. S. Rastogi.

LETTER—(2).

HOMŒO. INJECTIONS & PATENTS.

Dear sir,

A vast advertisement is observed throughout the market regarding the Homoeopathic Injections and Patents. And the newhand practitioners are very common to use those injections and patents. They take a little care about the formulæ of Homoeopathy. From my knowledge I think it is very harmful for the pathy.

From the allopathic theory public are fond of injections instead of oral administration, specially in mofussil towns. Hence is it right that the physicians will follow the public or the pathy ?

Regarding Injections and Patents it can be learnt that these are prepared as semi-allopathic. I think these injection preparations and patents are nothing but they make the pharmasists rich. They care a little about the improvement of the pathy. As, I think Homoeopathy does not treat any disease but only the symptoms. Thus, how a colic antitoxin or dysentery antitoxin, etc. can be used for a colic pain or a dysentery case. As we can't find any symptoms in the injection ampules.

Would you please clarify, if it can be used harmlessly and the pathy can be improved by its proper use. An early reply will be highly appreciated. With thanks.

Truly yours,  
Sardar Benoy Bose. H.M.B.

## HOMŒOPATHIC NEWS.

OM SOHUM HOMŒOPATHIC MISSION HOSPITAL  
IN BOMBAY STATE.

Om sohum Homoeopathic Mission Hospital was inaugurated by the hands of Nadiad Municipal President Shri Baloobhai Patel on 15-5-53 in the morning when Dr. Rasik Thakar, the president of Western India Homoeopathic Medical Association Bombay presided over the function and many prominent citizens of Nadiad, Bombay, Ahmedabad, including doctors (Allopaths and Homoeopaths) from Gujrat had graced the occasion.

Dr. Jivan, Dr. T. Savan and other sincerely congratulated to float such a benevolent mission at Nadiad city which is the first and foremost venture in Western India. On the occasion many messages of good wishes were received by Dr. Jivan the managing director of the mission.

The board of directors have been formed of following Homoeopaths.

(1) Dr. Jivan. (Nadiad). (2) Dr. T. Savan. (Ahmedabad)  
(3) Dr. Muljibhai Trivedi. (Borivli) (4) Dr. Rasik Thakar.  
(Kandivli) (5) Dr. Hiralal R. Doctor. (Bombay-4).

Aims and objects of mission are to propagate and popularise Homoeopathy by serving the suffering mass homoeopathically only in missionary manners. Om Sohum portrait was unveiled by reciting Ved Mantras after Vagna ceremony.

Dr. T. Savan. D.M.S.  
Ahmedabad-1.

## ESSENTIAL SYMPTOMS.

### *ALLIUM CEPA.*

(1) Coryza, nasal discharge acrid, eye secretion bland, worse in warm room and better in open air, worse in damp cold weather ; excoriation of nose and upper lip ; increased secretion of urine ; thirst ; heat ; rumbling in abdomen.

(2) Cough when inhaling cold air. Bad effects from wet feet. Cough worse in warm room and better in open air.

(3) Toothache better cold air and cold washing.

(4) Thread-like pains ; desire for raw onions.

(5) Facial paralysis, left side ; effects of damp cold wind and weather ; effects of eating spoiled fish ; pains after surgical operation. Neuralgia from old injuries.

(6) Paronychia ; painful affections of fingers about nails ; ulcers on heels.

### *ALLIUM SATIVUM.*

(1) Cough when smoking ; cough giving rise to most fetid breath ; cough worse bending head, after eating, by open air.

(2) Sensation of a hair on tongue or throat.

(3) Pulmonary tuberculosis ; hæmoptysis ; high livers who eat a great deal of meat ; sweetish saliva ; rattling of mucus in bronchi ; sensitive to cold air ; chest complaints worse after eating ; skin peels off the hands ; legs do not grow as rapidly as the rest of the body.

### *ALOE.*

(1) Diarrhœa or dysentery with sense of insecurity in rectum when passing flatus or urine. Involuntary stool when passing wind or urine ; urgent, drives out of bed in morning ; desire for stool after each meal or after drinking or when standing or when walking. Rumbling in abdomen.

(2) Hæmorrhoids better cold application.

(3) Headache, worse heat, better cold application ; heaviness in eyes, must close them.

- (4) Hard stool falls out without being noticed.
- (5) Feeling as of a plug wedged in between pelvish and coccyx.

*ALSTONIA SCHOLARIS.*

- (1) Diarrhœa from bad water and malaria ; painless, watery stools, soon after eating ; stool contains undigested food.
- (2) After exhausting fevers (debility).

*ALUMEN,*

- (1) Obstinate constipation, no desire for stools. Stools as hard as stones ; long-lasting pain in rectum after stool.
- (2) Hæmorrhage from bowels in typhoid (large clots) ; hæmoptysis with great weakness of chest.
- (3) Vertigo better lying on right side ; better opening eyes.
- (4) Headache better drinking cold water.
- (5) Palpitation worse lying on right side.
- (6) Bleeding after tooth extraction.
- (7) Prolapse of iris after cataract operation.
- (8) Nasal polypus, rough skin all over face and body.

*ALUMINA.*

- (1) No desire for stool for days, great straining to evacuate even a soft stool ; must strain at stool in order to urinate ; stool hard, dry, knotty ; constipation, worse in infants and old people.
- (2) Suicidal tendency when seeing knife or blood.
- (3) Potatoes disagree, aversion to meat ; craving for chalk, charcoal, dry food, starch, slate, white rags, dry rice, tea grounds and other indigestible things.
- (4) Leucorrhœa, profuse, excoriating all the adjacent parts, sometimes running down limbs, making walking difficult, relieved by cold water.
- (5) Dry hacking cough from elongated uvula.
- (6) Patient improves for a time, then relapses ; worse on alternate days ; faint and tired, must lie or sit down ;

brittle nails ; itching when heated from any cause ; troubles from spinal affections ; skin of face feels tense, as if white of an egg or glue had dried upon it ; red nose, point of nose cracked ; heat and redness of the ear ; sad thoughts, everything viewed in a sad light ; changeable mood ; time passes too slowly ; can evacuate bowels only when standing (Caust).

(7) Dim sight, wipes her eyes constantly ; left upper eyelid hangs down as if paralyzed.

(8) Vertigo on closing eyes.

(9) Fish-bone sensation in throat.

(10) Hairs fall out all over body.

(11) Burning pains in back.

(12) Symptoms worse at new or full moon, morning on waking, after coitus ; in cold air ; in dry weather ; better cold washing, by moistening the part ; worse from salt.

(13) Green stool in summer complaints.

(14) Sweat on perinaeum at the beginning of erection or during coition ; pains in the perinaeum, during coition and while the erection continues.

(15) Colic better external heat.

(16) Protrusion and incarceration of inguinal hernia.

#### *AMBRA GRISIA.*

(1) Music aggravates symptoms ; cough worse music.

(2) Patient embarrassed in company, bashful, cough worse when many people are present ; cough followed by belching ; cannot pass stool in the presence of others ; lean, delicate, sickly-looking persons.

(3) Apt to drop what one is carrying.

(4) Cough worse from talking or reading aloud.

(5) Asthma in lean and delicate old people and of children.

(6) Heart-burn from drinking milk ; sour eructations ; eructations and cough ; abdomen feels cold ; sour urine.

(7) Menses too early and too profuse, discharge of blood at every little accident or unusual physical exertion.

(8) Itching of inside of soles, finger nails brittle in old people ; cramps in calves at night, itching of palms of hands.

- (9) Numbness of various parts ; hot lips ; thirstlessness, plug sensation in throat.
- (10) Nose-bleed in morning ; long continued dryness in nose.
- (11) Sour taste after taking milk.
- (12) Worse from warm drinks especially from warm milk ; better after eating.
- (13) Coldness of one side of abdomen.
- (14) Sour smelling urine with whooping cough.
- (15) Lying down aggravates the uterine symptoms.
- (16) Long-lasting icy-coldness of hands.
- (17) Tips of fingers are shrivelled ; cold feet ; gouty pain in ball of great toe.
- (18) Soreness of a wart on the finger.
- (19) Lifting a heavy weight aggravates cough.
- (20) Sensation as if a few drops passed through the urethra.

#### AMMONIACUM.

- (1) Bronchial affections in old people brought on by cold weather. Constant motion of alae nasi. Mucus tough and hard ; coarse rattling of chest in old people. Difficult breathing.
- (2) Appendicitis, stitches in the Cæcum at 7 P.M. alternating with pains elsewhere.
- (3) Dim sight from a blow on the head ; from reading.
- (4) Hydrocele.
- (5) Gurgling in left ear on scratching the occiput.
- (6) Sensation of a foreign body in throat which incites efforts to swallow it.

#### AMMONIUM BENZOICUM.

- (1) Gout with deposits in joints ; gout with fluid in great toe-joint.
- (2) Urinary incontinence in the aged.

*AMMONIUM BROMATUM.*

- (1) Chronic laryngeal catarrh of speakers.
- (2) Sudden desire to cough causing strangling ; cough at 3 a.m. ; stringy mucus. Cough on lying down at night ; whooping cough on lying down.
- (3) Pharyngeal catarrh, tickling in throat, burning in fauces. Better warmth and warm drinks, worse open air, cold air.
- (4) Must walk about for fear of suffocation.
- (5) Irritable feeling under finger nails, better only by biting them.

*AMMONIUM CARBONICUM.*

- (1) Nose bleeds when washing the hands or face in the morning, after dinner, after breakfast, after washing or wetting the face.
- (2) At night nose obstructed, has to breathe through mouth ; catarrh of nose, can't breathe through nose. Snuffles of children, child's nose stopped, starts from sleep, strangling for want of breath, because it must breathe through the mouth.
- (3) Diphtheria when the nose is stopped so the child can breath only through its mouth.
- (4) Colic with pain between the scapulæ.
- (5) Patient tired and weary all day, sensitive to open air, children dislike to bathe ; weary and nervous ; disposed to weep, particularly in the evening ; listless, lethargic ; dejection of mind.
- (6) Eyes weak and watery after reading or using them at fine work ; eye affections from over-straining the eyes.
- (7) White spots on face, scale off continually.
- (8) Putrid sore throat, glands of neck enlarged and engorged. Hard swelling of right parotid gland. Hard swelling of chest, also of cervical and parotid glands. Hernia in left groin. bleeding and painful (Hindering walking) piles.
- (9) Diabetes ; urine white sandy, bloody.
- (10) Frequent seminal emissions in the male, impotency, great desire but no erection ; erections but no sexual desire.

(11) Menses blackish, acrid, with Toothache ; cholera like symptoms before menses.

(12) Violent cough at 3 or 4 A.M. Emphysema ; incipient pulmonary phthisis ; oppression of breathing worse physical effort, in warm room ; spits bright red blood ; bloody taste followed by cough ; burning in chest ; sternum cracks on bending backward ; rattling in chest ; Asthmatic oppression worse ascending.

(13) Right hand becomes very heavy ; without strength. Hand looks blue and veins distended after washing in cold water.

(14) In the begining of whitlow.

(15) Big toe red, enlarged, painful in bed, whole foot swells. Gout in great toe.

(16) Legs contracted, tendons feel too short, feel as if narrowed. Cramps in legs and soles, cannot walk ; cracking in joints in walking.

(17) Night-mare nearly every night. Starting up in sleep.

(18) Skin desquamates ; exanthema continually peels off.

(19) Erysipelas in old people with cerebral symptoms.

(20) Hunger and appetite but, very little satisfies, heart-burn, sour eructations.

(21) Great aversion to water ; cannot bear to touch it.

(22) Heaviness in all organs ; fat patients with weak heart feel suffocation.

(23) Uucleanness in body habits.

(24) Fingers swell when arm is hanging down.

(25) Faintly developed eruptions from difective vitality. Chilly patient. Skin peels off from the palms of hands.

(26) Aggravation in wet stormy weather ; from washing ; from wet poultice ; stout women who readily take cold in winter ; at night ; 3 a.m. ; during menses ; on bending down.

*Amelioration* : By warmth ; lying on stomach, lying on right side ; lying on painful side.

(27) Useful in Asthma, Bronchitis, cough. Emphysema, enuresis, erysipelas, piles; measles, parotitis. Rickets; whitlow, uræmia. Toothache.

*AMMONIUM MURIATICUM.*

- (1) Cough at night when lying on the back; worse by eating, drinking anything cold.
- (2) Coldness in the back, especially between the shoulders.
- (3) Skin peels off between the fingers.
- (4) Pain in left hip, limping.
- (5) Coldness of the feet especially evening in bed.
- (6) Soreness (sensation) in different parts of body.
- (7) Body large and fat, legs too thin, indolent and sluggish persons. Full of grief but can't weep.
- (8) Coryza, with obstruction of the nose and loss of smell; discharge acrid, constant but unavailing effort to blow nose.
- (9) Eruption on face better cold application.
- (10) Left groin as if sprained, cannot walk erect.
- (11) Constipation, hard crumbling stools expelled with much difficulty. Hard stool covered with mucus.
- (12) Diarrhœa and vomiting during menses.
- (13) Dry cough worse by lying on back; after cold drinks.
- (14) Asthma from moving the arms with force.
- (15) Pain in coccyx as from a bruise when sitting or lying.
- (16) Fatty swelling on nape of neck. Fatty tumours.
- (17) Pain in heel relieved by rubbing. Feet very cold in evening in bed.
- (18) Neuralgic pains in Stumps of amputated limbs (Al-cep).

## PNEUMONIA.

[Continued from page 102.]

*Type* : Lobar Pneumonia. Broncho Pneumonia. Pneumotyphus. Bronchitis. Pleurisy (Rheumatic)

*Stage* : Second stage.

*Location* : Right side generally. Left side of chest.

*Causes* : Suppressed catarrh. Cold air. Dry weather. Drunkards. Piles. After intoxication. Cold water. Wine. Clear fine weather. Dry cold air. Debauches.

*Expectoration* : Bloody expectoration. blood dark. Sour taste of expectoration. Expectoration during day. Expectoration yellow, gray, cold mucus sour or sweet; bright red blood. Difficult expectoration. Frothy. Greenish. Mucus. Offensive. Purulent. Bitter, metallic Nauseous. Putrid. Rancid. Salty. Sour. Sweet. Tough. Viscid. Watery. Yellow.

*Cough* : Cough dry, fatiguing from titillation in larynx. Worse after mid night and morning causing headache, pain in stomach and soreness in this abdominal wall. Cough aggravated by gaping, mental exertion, cold, exertion, awaking, tobacco, drinking, eating, lying down especially lying on the back; expiration; early morning, motion, use of voice. Night cough better from warm drink; warmth or when quiet. Dry fatiguing cough, seldom loose. Desire to eat during cough. Cough with sensation as if something were torn loose in chest. Tight, dry, hacking cough.

Cough worse after mid night and after acids. Dry teasing cough with great soreness of the chest (Bry).

*Respiration* : Dyspnœa. Difficult respiration, shortness of breath. Oppression of chest worse in morning, night, when lying on back. Slow wheezing respiration. Quick breathing. Breath fetid or of an acid smell. Want to take full inspiration.

*Pain* : Pain as from constriction, and cramp-like contraction in chest. Heavy pressing pain in chest, as from heavy load. Tension pressure in chest as from a weight worse at

night and in open air, with difficult respiration. Shooting in chest and in sides worse breathing. Feeling as if something were torn loose in chest. Heat and burning in chest. Pain as if a bruise in chest (Shortness of breath). Pulsation in chest and sides.

*Pulse* : Pulse full, hard, accelerated. Pulse small and rapid, every fourth or fifth beat intermits. Small, quick during heat.

*Patients* : Drunkards. Persons suffering from piles. Children. "Thin spare, quick active, nervous, irritable". Does a good deal of mental work. Leads a sedentary life. Prolonged office work, overstudy, close application to business. With cares and anxieties. Chilly, avoids open air. Zealous fiery temperament. Irritable.

*Fever* : Heat, with aversion to be uncovered and from it at once chilliness. Chilliness with hot face. Heat of single parts. Perspiration relieves pain in the limbs. Gastric and bilious symptoms : Wants to vomit but cannot. Wants to pass stool but cannot. Wants to pass urine but cannot. First half of the tongue clean, posterior covered with deep fur. Redness of face and chilliness, must remain covered. Heat with anxiety, restlessness or the patient wants to lie quiet like Bryonia. When perspiring wants to throw off covers. Backache, patient cannot turn over. Must be covered in every stage of fever. One-sided perspiration. Great heat, whole body burning hot yet patient must be covered up. Delirium with redness of face. Chilly on least movement, repugnance to cold or cold air. Urine red and fetid.

*Condition* : Gastric symptoms and chilliness with desire to remain covered and constipation with frequent ineffectual urging, after stool feeling as if part remained unexpelled, first part of tongue clean, rest coated, cough worse when lying on the back. Redness of face, desire to lie quiet, painful cough, irritableness, cannot bear noises, odors, light, does not want to be touched. Stools relieve pains for a time. Cannot sleep after 3 a.m. untill towards morning, awakes feeling wretchedly. Morning sleep aggravates all complains.

*Accompaniments* : Spiteful disposition. Fiery, excited temperament. Inclined to find fault and scold. Over-sensitiveness to external impressions. Time passes too slowly. Very irritable persons. Takes cold from dry wind. Anxious staring look. Twitching of eye-lids. Coryza with stoppage of nose. Yellowness around the mouth and nose or around the eyes. Pale face ; twitching of the muscles of the face in the evening when lying down. Painful peeling off of the lips. Crusts on lips ; corners of mouth ulcerated. Tongue black and dark red and cracked on edges. Longing for brandy, chalk ; sour taste in morning, constipation or diarrhoea with ineffectual efforts to go to stool, pain relieved after passing stool. Cold sweaty hands with cold nose. Cramp in the calves at night. Thin slender persons.

*Aggravation* : Morning ; mental exertion ; touch ; dry cold weather. After midnight ; 4 a.m. open air. In cold air ; dry weather, while coughing ; from drinking. In drunkards ; uncovering head ; after intoxication. Lying on the back ; noise ; brandy, wine, cold food, cold water. Pressure of clothes ; clear fine weather, when yawning ; on waking in the night.

*Better* : Lying on side ; from loosening dress, on getting warm. Warmth ; after discharging wind ; damp and wet weather ; while at rest.

#### NITRIC ACID.

*Type* : Lobar Pneumonia ; pleurisy ; typhoid pneumonia (Kent).

*Stages* : Third stage. Protracted cases.

*Location* : Right chest ; upper part of chest. "Left ches" (Guernsy).

*Causes* : Some virulent poison, mercurialization, Psora, Syphilis. Broken down cachectic constitutions ; continued loss of sleep. Long-lasting anxiety ; over exertion of body and mind. Hot weather ; anæmia, change of temperature or weather ; winter.

*Expectoration* : Expectoration ameliorates oppression of chest. Difficult expectoration ; expectoration is greenish, viscid, or thin, dirty, watery, bloody mucus, or dark clotted blood. Rattling yet no expectoration ; sputum bitter, sour or salty ; offensive and putrid. Sweat during efforts to expectorate ; inability to expectorate in Typhoid Pneumonia with rattling in chest ; when he can expectorate (typhoid pneumonia) the sputum is brown and bloody. Expectoration of blood mixed with clots or of yellow, acrid pus tasting bitter, sour or salt and of offensive smell. Black clotted blood ; brown bloody mucus ; muco-purulent.

*Cough* : Violent shaking barking cough caused by tickling in the larynx and pit of stomach. Dry barking cough in the evening, after lying down. Dry hacking cough. Cough during sleep ; cough worse at night and in daytime while lying down. Frequent hacking cough with irritation and crawling in larynx. Rough dry cough before midnight. Cough with sticking pains in rectum while coughing. Cough worse in warm room, from becoming warm. Dry barking cough worse night, lying, before midnight, during sleep. Loose cough in day time, dry at night.

*Respiration* : Breathing oppressed, caused by cough. Painful labored breathing. Difficult, rough, whistling breathing. Breathing slow and feeble, short and anxious. Shortness of breath. Short breath on going upstairs.

*Pain* : Soreness in the chest when breathing and coughing. Stitches in the chest, right side and scapula. Cramp-like contraction pain in the chest. Soseness at lower end of sternum. Rawness and soreness of chest, as if ulcerated. Whistling and rales in chest on inspiration. Sore pain worse breathing and coughing. Stitches in right chest, scapula and larynx, in the upper part of right chest, worse when lying on back. Stitches in left chest in morning making breathing difficult ; in middle of chest when coughing or breathing.

*Pulse* : Pulse rapid, irregular, every fourth beat is missed. Alternate hard, rapid and small beats. Pulse intermits.

"Abatement of pain but increase of the pulse in smallness and quickness."

*Patient*: Dark haired people. Old cachectic people. Lean persons with dark complexion, black hair and eyes. Extremely sensitive to medicine especially high potencies. Offensive. Anger with trembling. Despair of recovery. Chilly.

*Fever*: Heat especially on the hands and face. Flushes of heat with perspiration of hands. At night internal dry heat with inclination to uncover. Sweat smelling like horse urine, offensive or sour. Dryness of throat. Thirstlessness in all stages of fever. Cold hands and feet. Offensive urine. Dark red blood in hæmorrhage.

*Conditions*: Pneumonia, sputa raised with difficulty. Expectoration makes the breathing easy. Sputa of blood mixed with clots during day. Pulse intermits. Typhoid pneumonia, with rattling in chest, inability to expectorate or when he can expectorate, the sputa is brown and bloody, urine smells like that of horse. Nose bleed. Face anxious, haggard, sickly. Dark rings about eyes, mouth, nose.

*Accompaniments*: Anxiety about his disease with fear of death. Great nervousness. Vexed at trifles, irritable hateful, headstrong. Sensitive to noise, pain, touch, jar. Scalp sensitive; headache worse from street noises. Great sensitiveness of the head to the rattling of wagons, especially over the paved streets and against stepping hard; to touch. Headache better from cold air. Very sensitive to noise. Green casts from nose every morning. Fetid yellow discharge from nose. Fetid smell from nose; unsuccessful attempts to sneeze. Nose dry and stopped, complete obstruction of nose. Nose bleed with chest affections; bloody saliva. Yellow teeth, gums white, bleeding; great dryness of mouth with thirst, dry hot throat, white dry tongue in the morning. Tongue coated green and ptyalism. Pale face and sunken eyes. Yellowness around the eyes with red cheeks. Bloating around eyes in the morning. Cracked

lips. Corners of the mouth and lips ulcerated. Ulcers in the red part of the lips.

Violent thirst (suppuration of lungs). Desire for fat, herring, chalk, lime, earth. Loves fat, salt. Aversion to meat, bread. Milk disagrees. Hunger with sweet taste. Constipation with fissures in rectum. Tearing pains during stools. Violent cutting pains after stools lasting for hours; urine cold on passing, smells like horse's urine. Sweating of palms and hands. Fetid sweat of feet and cold hands. White spots on finger nails, suppressed foot sweat. Restless limbs in evening. Condylomata; great inclination to take cold. Pains felt during sleep. Splinter-like pains. Emaciation of upper arms and thighs. Yellow curved nails. Extreme soreness of tibia. Sensitive to cold, always chilly. When coughing stitches in the small of the back.

*Aggravation*: From becoming cold. In cold air; jar; noise; evening; night; after midnight. Contact; change of temperature or weather. During sweat; on walking. Milk; abuse of mercury; cold climate. Hot weather; Lying down. Lying on the back. Breathing (cough).

*Amelioration*: From Eructations. While riding in a carriage. Expectoration (Easy breathing).

#### BROMIUM.

*Type*: Lobar Pneumonia Emphysema following Pneumonia.

*Stages*: Second stage.

*Location*: Lower lobe of right lung. Lower lobes.

*Causes*: Over-heated, becoming; cold air. Cold water. Cold diet. Cold damp weather Heat of sun.

*Expectoration*: Bloody; difficult; scanty; yellow. Plenty of mucus but cannot expectorate it.

*Cough*: Dry spasmodic cough worse by talking, in hot room, rough barking cough from tickling in the throat with short and hurried breathing. Much rattling in larynx during respiration and more during cough. Dry spasmodic

wheezing cough with rattling breathing. Dry tickling cough. Loose cough night and day and no expectoration.

*Respiration*: Rattling. Short hurried breathing. Inspiration very difficult. Cannot inspire deep enough. Respiration very short; obliged to catch for breath. Sensation as if air passages were full of smoke. Sensation as if he could not get air enough into the chest. "Seems as if he could not get enough air into the chest. Every inspiration provokes cough. Bronchitis, great dyspnoea.

*Pain*: Feeling of exhaustion and weakness in chest. Constriction; cold feeling in chest, cold sensation when inspiring. Dry cough with hoarseness and burning pain behind sternum. Difficult and painful breathing. Chest pains run upward.

*Pulse*: Pulse much accelerated.

*Patient*: "Children having thin white, delicate skin, very light hair and eyebrows". Persons with light-blue eyes. Blonde; red-cheeked; scrofulous children with enlarged glands. "Persons with light hair and blue eyes". Lippe.

*Conditions*: Nose bleed. Fan-like motion of the wings of nose. "Seems as if he could not get enough air into the chest. Plenty of mucus in chest but the patient cannot expectorate it. Lower lobe of right lung is affected. Stitches in the chest, inflammation of lungs, right side. Soreness and roughness in the chest. Palpitation, cannot lie on left side. Violent oppression of the chest; cold feeling in chest; emphysema following pneumonia, cannot lie down at night, fears suffocation. Loose cough but no expectoration; every inspiration provokes cough; great dyspnoea; bronchial tubes feel filled with smoke.

*Accompaniments*: Bleeding of the nose relieving the chest (Nit-ac); burning from the mouth to the stomach. Heat in the mouth; craving for acids; water tastes saltish; diarrhoea stools yellow, green, black. Glands of stony hardness; trembling and weak on awaking; hoarseness; sensation of cobweb on the face; cold sensation in larynx

on inspiration ; larynx drawn down ; difficult breathing with rattling through the chest ; bronchitis and Pneumonia.

*Aggravation* : In the first part of the night ; warm room ; warm damp weather ; when at rest ; lying on left side ; cold air, cold water, heat of sun.

*Amelioration* : Motion ; exercise ; at sea.

[To be continued.

N. C. DAS.

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## HEADACHE REPERTORY.

[ Continued from page 107 ]

### AMELIORATION.

*Mental exertion* : Ars, Cal-s, Ign, Nat-m, Psor.

*Motion* : Agar, Ars, Caps, Iris, Lyc, Nux-m, Puls, Rhod, Rhus-t, Valer.

*Violent motion* : Sep.

*Moving head* : Agar, Chin.

*Pressure* : Am-c, Bell, Bry, Calc, Chin, Coloc, Ferr, Glon, Kali-bi, Lac-d, Lach, Lyc, Mag-m, Mag-p, Nat-m, Nux-v, Puls, Stann.

*Cold hand* : Calc.

*Hard pressure* : Chin, Mag-p, Bell, Mag-m, Sang, Zinc.

*Rain* : Cham.

*Raising head* : Ang, Carb-v, Ign, Kali-c, Mag-c, Nat-m, Rhus-tox, Spig.

*Riding in a carriage* : Brom, Graph, Nit-ac, Sanic.

*Riding on cars* : Nit-ac.

*Riding on horse backs* : Calc.

*Lying rising from* : Bell, Phos.

*Shaking head* : Cina, Gels, Hyos.

*Sitting* : Bell, Con, Kreos, Sep, Sulph.

- Sitting up or erect* : Cic, Gels.  
*During sleep* : Aco, Ign, Glon, Sep, Sil.  
*After sleep* : Phos, Gels, Glon, Sang, Sep.  
*Sneezing* : Calc, Lit-t.  
*Spirituuous liquors* : Ign, Kreos, Sep.  
*Stooping* : Cina, Hyos, Nux-v.  
*Sun-exposure to* : Graph Stront.  
*Supper* : Colch.  
*Talking* : Dulc, Lac-d, Sil.  
*Tea* : Cimci, Ferr-p, Kali-bi.  
*Thinking of pain* : Agar, Cic.  
*Smoking Tobacco* : Arn, Am-c, Cal-p, Carb-ac, Naja.  
*Touch* : Calc, Mang, Phos.  
*Urination* : Gels, Aco, Ferr-p, Ign, Kalm, Meli, Sang, Sil,  
 Ter, Verat.  
*Vomiting* : Lach, Sang, Sep, Sil.  
*While walking* : Lyc, Phos, Rhod, Rhus-tox, Thuja.  
*While walking in open air* : Ant-c, Apis, Ars, Kali-s,  
 Lyc, Phos, Puls, Rhod, Sulph.  
*Rapid walking* : Puls, Sep.  
*Warm room* : Chin, Mang, Sulph.  
*Washing head cold* : Ars, Bry, Glon, Phos.  
*Washing feet* : Nat-s.  
*Wine* : Calc, Arg-n.  
*Wrapping up head* : Hep, Nux-v, Rhod, Rhus-t, Sil,  
 Mag-p, Bell, Bry, Gels, Lach, Psor, Thuja.  
*Yawning* : Nat-m, Staph.  
*Joy* : Coffee.

N. C. DAS.

[To be continued.]

## WHAT WE MUST NOT DO IN HOMŒOPATHY.\*

Translated

By Dr. Rajkumar Mukeerji, M.A., L.H.M.S.

[Continued from page 112]

Lastly the process of Dr. Cahis of Barcelona which consists in mixing of dilutions. This method is in my opinion remarkable and I must insist on this method. When you have some medicines, which, systematically cause aggravation in such and such cases, especially in very well characterised diseases, apply first of all a mixture of the high and a low dilution. Arsenicum M is often very difficult to manipulate. If you apply Arsenicum M/6, you will have at the same time a rapid action of the 6th and the intensity and prolonged action of M. This process should besides be applied according to a precise technique, because it adapts to the disease rather to the patient.

I will tell you something on a 5th process which has also been indicated to us by Dr. Nebel. It is that the drainage remedies should be applied with high dilutions, especially in the beginning of the treatment of a chronic case. It is a proved fact that the application from the very beginning of a high dilution may cause very injurious and prolonged aggravation and a very far away amelioration. The observation of patients by the unicists are extremely instructive in this regard for us, because these cases give us the experience of the application of a single remedy. I have known a homœopath who allowed a case of Gonorrhœa to become chronic and increase the flow during a very prolonged treatment. But it is possible that these blanorrhagias treated during two years check a prostatic infection and some late aggravations which we do not relate to their real cause. To establish in a patient who has gonorrhœa a kind of sinus flow continued for two to three years may not be a bad thing for the general health.

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\* From : *Ce qu'il ne faut pas faire en Homœopathie* by Late Dr. Fortier Bernoville, M.D. published in *l'Homœopathie Moderne*.

as well as for avoiding the diseases of the late years, but we must not fall into an inverse error and we must understand the inconveniencies of such a method.

#### SEASONS AND MOMENTS OF APPLICATIONS OF DOSES.

We are now going to see the errors that we may make regarding the time of the application of doses.

Medicinal aggravations are very often caused by the application of doses in wrong moment. The time of action of a remedy is extremely important and it is also sometimes very difficult to fix the proper time. He who knows the proper time of the application of medicines can get rapid results. In other cases on the contrary, if the application is untimely, there are aggravations and the diseased condition of the patient is prolonged. Untimely application of doses is a common error as regards the hour, season, and in women during menses.

The hour of application of remedies and the application of remedies in proper time as regards the menses of women are very easy to fix. We know very clearly the time when some medicines aggravate which indicates to us precisely the hour of drainage. For constitutional remedies it is better to apply them one or two hours before the time of aggravation. As for example we know that in Homœopathy all the hepato-biliary medicines have an aggravation from 4 to 8 p.m. with a *summum* towards 5 to 6 p.m. This is true for Lycopodium, Chelidonium, Sepia, Puls, Myrica, China, Chionathus. Almost all the hepato-biliary medicines have an aggravation from 4 to 8 p.m. This rule is also applicable to Ricinus Communis. Apply the medicine at 4 p.m., at the end of the stomach digestion you will have an amelioration. Ricinus Communis in the case of Cholecystitis acts towards 4 p.m. if the patient has taken his meal at 1 o'clock. This is the moment of the elimination of urea in the urine which is very important. If you establish a curve of that elimination you will find that the maximum is towards 5 p.m. This is what explains the aggravation of Lycopodium.

For China this is not always true. This remedy often acts better when it is given in the evening because it has an aggravation between 2 to 5 a.m. in children when they wake up in the morning. The aggravation of *Natrum Muriaticum* and *Gelsemium* is also at 10 a.m. Apply *Natrum Muriaticum* in children when they wake up in the morning. The aggravation of *Natrum Muriaticum* and *Gelsemium* is due to the solar influence. The patients suitable to these medicines have an aggravation when the solar activity augments during the day. The solar activity is the greatest during 10 a.m. to 3 p.m. If you make a graph you will find that from 10 a.m. to 12 noon the solar influence is the highest. *Natrum Muriaticum* and *Gelsemium*, of which the symptoms follow the solar activity are to be applied during that time.

There are other remedies that have aggravation before storm. As for example *Rhododendron* and *Phosphorous*. These medicines are to be applied before storm. Sometimes they are also applied earlier when great heat indicates storm. If you apply them during the storm, during the fall of the barometer, they will not act very well. Fergie Woods of London has shown that the barometer on the one hand and the season on the other give very valuable indications about the marked action of a remedy specially in children. He said that the month of June is the month of *Sulphur*, the month of *Phosphorus* is July.

These remedies of "Burning" are really useful in a time when the days are the longest during the year.

For seasonal aggravations we have two medicines: *Lachesis* and *Natrum Sulphuricum*. The same rule is to be followed here. Do not be too late or too early to apply these medicines. Apply 15 days before their seasonal aggravation. An asthmatic or a rheumatic who has terrible aggravation of his disease each year in the month of March, he must begin his treatment from the beginning of February. A hay fever should not be treated from the 15th May when the patient has already the attack of the disease. He should be treated from the month of January with *Lachesis*, *Allium*, *Sabadiila* etc.....

This rule is also very true for the Tuberculines. Very often asthmatic and rheumatic aggravation may be checked down by diluted Tuberculins, specially T.R. and also by Lachesis when there is aggravation in extreme temperatures ; in great cold or in great heat.

In Amenorrhœa and in Hypermenorrhœa Sulphur, Graphites, Pulsatilla, Kali Carbonica form the *cuarto* of remedies. Apply high dilution of Sulphur, 8 or 10 days before the period. If you apply it nearer to the period it will not bring back the mense late.

For the sea-sickness the same rule applies : Cocculus, Tabacum, Ignatia are the three medicines given before 4 days of the embarkation. If you apply it on board the result will be nil or insignificant. Generally Ignatia M is to be applied 4 days before embarkation and it should be repeated after 8 days if the crossing is very long. In very troublesome cases apply Cocculus or Tabacum 30, once a day on board the ship. I have got some beautiful results in sailors also who were suffering for 10 or 12 years from sea-sickness because it is not a disease to which one becomes habituated.

In dangerous Hypermenorrhœa or Metrorrhagia apply the ground remedies before 7 or 8 days from the possible date.

In simple cases of Hypermenorrhœa apply only in the beginning of the menses. When it is the question of a case where there is ground for fear of a strong action or the stoppage of the flow apply it only towards the 4th day. There are some women for whom everything is normal upto the 3rd or the 4th day, but who from the 5th day begins to be hemorrhagic. They are types of Pulsatilla. In such cases you can apply China, and Arnica, which will give you good results. The question of time for the menses are very important.

### Chapter III

## HOW TO AVOID MEDICINAL AGGRAVATION.

*Complete hypersensitiveness* : There are patients who react in a general way to all medicines and establish some

pathogenesis even when rarely repeated doses of lower dilutions of some medicines are applied. There are some patients whose sensitiveness is extreme and there is aggravation by all medicines that they take. It is said that they become sensitised to all substances, homœopathic as well as allopathic. It is a kind of general sensitiveness. In such cases it is extremely difficult to prescribe a treatment to them and before placing such patients under Homœopathic treatment they require nature cure.

Fortunately these patients are rare. They are seen one in a thousand. These patients are built up ideally and have controlled pathogenesis. They are very much annoying to treat, but they are mervellous, in the sense that they show us the pathogenesis of our remedies.

To these patients it is necessary to give first of all "Saccharum Lactis" and some inactive globules without telling them that the doses contain no medicine in order to avoid auto-suggestion. Once that hypothesis is eliminated they should be taken up by very mild physical means. When they cannot bear any Homœopathic medicine we should stop all medicines. We should treat them in the method of the naturists. We cannot even apply to them physiotherapy in the form of rays, short waves etc. because they will have aggravations. When we take them up from the point of view of Homœopathy we will give them some medicines acting on their mentality in lower dilutions. One of the best medicines in such case is Ignatia 6 because the 200 and the M has the greatest chance of aggravation. Even Ignatia 6 should be given with prudence.

I have very often said that it becomes necessary to abandon Homœopathy for treating these patients and to apply to them the methods of naturists. You must be very careful for doing such a treatment. Take a subject who is not very sensitive, put him under a vegetable diet, he will become more and more sensitive. You will eliminate some substances from his food which do not suit him but he will end in showing some real anaphylactic accidents the day

when he will begin to take those substances again. It is the sensitiveness.

If you are forced, in these rare cases to abandon Homœopathy and to apply nature cure, you must not keep your patients for a long time under nature cure but you must very slowly bring him back under homœopathic treatment giving him for example Ignatia 6 in the course of a meal and thrice daily.

Now remains for us the question of patients who are aggravated by some particular medicines. We will speak specially of polychrests, ground remedies and remedies of temperament (constitution).

(HYPERSENSITIVENESS TO PARTICULAR MEDICINES AND  
MEDICINAL AGGRAVATION).

We have said that the unicists look for an aggravation and we try to check aggravation by the help of drainage and canalisation. But even after drainage and canalisation there is aggravation. These aggravations are *beneficial aggravations*, we may say, that come *immediately after taking the medicine, which last for a very short period and which is followed by amelioration*. This is perhaps the ordinary history of a gentleman who has taken Sulphur or Natrum Sulphuricum and have aggravation for 24 hours and who will begin to feel better on the second and the third day. If the patient is not pusillanimous, if he does not abandon his medicine after that aggravation, he will very soon feel the good effects of Homœopathic treatment. The effect will continue and it will be better and better.

But that aggravation, should be checked specially in old patients who cannot bear it. There is besides a very characteristic point *i.e.* the constitutional remedies do not cause aggravation in children. Aggravation in children is rare. In adults the aggravation is very frequent and I have not even seen two cases of children in practice. The man of ripe age and the olds have very frequent aggravation. In advanced

age, specially after 50, these temporary aggravations are very dangerous, even though durable amelioration follows.

There is another series of patients, more rare, who react with persistent aggravations, as for example from 8 to 10 or even 15 days after the absorption of a high dilution. They should be treated with still more care. The medicine used should not be repeated, neither the method of Nebel, taken up afterwards by Chiron, nor the methods of Tylor afterwards taken up by Renard should be applied. In a word all the methods that we have proposed should not be applied *on principle*.

The aggravation which lasts for a longtime after taking a high dilution does not become dangerous if the medicines are not repeated very often. Whenever you have such an aggravation you should increase the interval of the following doses and the patient will become normal.

We are now going to study the particular cases of some remedies.

**SULPHUR.** This remedy is easy to understand. It is the centre of our *Materia Medica*, which acts as well in acute cases as in chronic cases. It has the characteristic of being at the limit of the acuteness and chronicity. We give it at the end of an acute case and in the beginning of a chronic case, sometimes also in the beginning of an acute case when the patient falls back from a chronic state which existed before.

The aggravation of Sulphur, we may say, is much more dramatic and evident than they are dangerous or non-apparent. As for example when this remedy causes an eczema to appear or aggravates an eczema which already existed, the aggravation is not dangerous because soon everything will become normal. In these cases do not apply higher than 30. And when a very high dilution, 200 or M, has caused an aggravation come down to 30 and do not repeat it but very rarely.

In arterial hypertension, Sulphur in high dilution is sometimes dangerous in oxygenoid and lean types and in young

patients. But in these cases there is also the question of dilution.

There are two cases where Sulphur may really be dangerous and where one can really make an error in not giving it in proper time :

1. In Lung Phthisis, Sulphur should never be used in more than 30th.
2. In suppurative patients this medicine should rarely be repeated.

Last of all Sulphur should not be trusted in otitis of children. Sulphur is a medicine whose action is LIKE FIRE and which aggravates the disease. *It is a remedy which serves the interest of the organism and which deserts the local interest.* Therefore in children suffering from adenoids, even if the nose alone is affected, Sulphur 30 may, acting well on the general health, be dangerous because it will cause an otitis to appear. Chavanon goes still further and says that Sulphur should be totally avoided in children.

In summary we may say that if you wish to avoid aggravation don't give it higher than 30th and do not even trust 30th in cases of confirmed tuberculosis or in cases of suppurations.

**PHOSPHORUS:** This remedy is to be avoided in some rare cases. First of all we must avoid it in Lung Phthisis. This principle should always be observed in Laryngeal Phthisis or in Lung Phthisis : caseous or fibro-caseous. In certain cases of Asthma with undiagnosed tuberculosis, Phos 30 may be indicated but it should be used very prudently.

On the contrary Phosphorous is very useful in hepatics and in cases of cholecystitis where Phosphorous 200 and M should be applied. In these cases this remedy is not absolutely dangerous. It may only cause a temporary aggravation.

The aggravation of Phosphorous in tuberculosis was a very disputed question. The homœopaths who really dispute over its action are those who have had the chance of using

this medicine twice or thrice in 200 in Lung Phthisis and confronted no aggravation. But they change their opinion when they confront an aggravation. There are a number of homœopaths who have seen their patients to die rapidly with an extremely rapid caseosis, after a dose of Phosphorous 200. When there is pneumothorax the effects of Phosphorous is not dangerous, but it must be said that the aggravation of Phosphorous is dangerous in pulmonary tuberculosis with Caseosis.

*SILICIA* : This remedy follows almost the same rule as Sulphur *i.e.* to say in all cases of pulmonary tuberculosis or when the patient has a tendency to suppurations, it should not be applied in high dilutions.

On the contrary when there is no Tuberculosis, but you find sclerosis and septic tumors, you will not get any effect if you do not use Silicea in high dilutions.

Silicea with Aurum Muriaticum Natronatrum and Calcarea fluorica are in my opinion the *trio* of uterine fibroma, to which are added Thuja, Lachesis and other auto-inflammatory remedies. In this case Silicea acts in 1000 like a ground remedy with Calcarea Fluorica 1000 and Aurum Muriaticum Natronatrum which we apply in 6x. This last medicine acts remarkably well in 6x dilution.

In the same way we must not be afraid of applying it in high dilutions in all sorts of cellulitis, in sclerosis etc... It is the best remedy that we know of in all kinds of cellulitis with peri-cortic inflammation and in symptoms of pseudo anginas. In the last case Cholesterium M and Calcarea Fluorica M are to be added to Silicea M.

Summary :

Sclerosis : Silicea M.

Cellulitis which is a torpid infection : Silicea M.

Acute suppuration : Silicea 30.

Pulmonary Suppurations : Silicea 12 or 30 with care.

*Natrum Muriaticum*—In high dilutions it is a marvellous remedy of the oxygenoid patients, of children, adolescents, of weak and worn out patients.

*On the contrary it should not be applied in hydrogenoid patients having nephritis.* We may use it in this case in a dilution not higher than 6x.

In the second place it should not be applied to patients, suffering from malaria because it antidotes the effects of quinine. On the contrary it is a marvellous remedy for patients suffering from malaria who have not taken quinine for a long time and who is suffering from the sequences of malaria.

Whatever be the temperament and the age, Natrum Muriaticum produces always good results in high dilutions in diabetic patients and patients suffering from migraines even in advanced age.

*Lycopodium*—It has a reputation for aggravations. In fact it is much less dangerous than its reputation for aggravation. It is a marvellous remedy in all dilutions and it may be applied as often as one likes in children in high dilutions. But it is necessary to avoid to give it or to give it with prudence in aged persons. If at all it becomes necessary to apply it in olds, use first of all Liver 200 and then apply it. It will give no bad result. Is it because it is antidoted or canalised by liver ?

On the contrary *Lycopodium* may cause temporary aggravation. Very frequently it gives temporary shocks without danger and it may play tricks with those Homœopaths who have very little experience with it.

*Thuja*—It resembles to *Lycopodium* regarding the aggravations. Very frequently it gives temporary shocks like that of *Lycopodium* ; these shocks are not dangerous. This is a remedy which can be used to anaphylactics and patients having cervico-brachial neuralgias.

*Thuja* is a kind of Sulphur of the central nervous system. As for example it cures the kidney and the liver by causing or ameliorating a sciatica. It will aggravate a cervico-brachial neuralgia by curing the symptoms of Angor. Therefore it will do some good to the patients by provoking some disagreeable symptoms, but it is not dangerous.

There is a way of checking aggravation caused by Thuja. It is to give Cimicifuga at the same time and in the same dilution or Thuja 200 and Cimicifuga M.

*Sepia*—It is a remedy very easy to apply. It is a ground remedy which is, so to say, very well suited to all patients.

In my practice I have never seen a clear-cut aggravation by *Sepia*. Sometimes it does not act when it is well indicated, particularly in melancholics where it is very often indicated, while in these cases *Calcarea Carbonica* M will cause an amelioration of symptoms but will not cause aggravation.

(Chiron says that he treated a woman of the type of *Sepia*. He drained her for a long time, then gave her *Sepia* 200. But she was tubercular and he could not check the damaging evolution.)

(But *Sepia* is an anti-tubercular of the first order.)

It acts marvellously in Tuberculosis of the left apex in women.

(Monod gives *Sepia* 200 and *Nux vomica* 6 in Tuberculosis, and he gets good results. I have also tried this treatment with good results in brunetts having hypotension with aggravation during menses. It is useful for congestive symptoms of tubercular patients.)

What should be remembered of *Sepia* is that it does not act in confirmed melancholia. However if you read the pathogenesis of *Sepia*, you will see that there is a desire for solitude, the recoiling upon oneself etc..... *Sepia* should be applied just at the beginning of the stage of melancholia, if not *Calcarea Carbonica* M will be given which will give good effect because it follows *Sepia*.

*Lachesis*—This remedy is also easy to manipulate.

However there is one danger. In mania or hypomania *Lachesis* may cause aggravation. It may cause a state of acute mania to appear if it is given in the beginning, because, when you study well its pathogenesis you find that *it is a remedy of the type of mental disease which serves as a refuge to the organism. The patient who has some physical troubles take refuge in the mental sphere.* The logorrhœa, the fixed idea

of women during menopause are necessary for the patients. You know that one of the important symptoms of Lachesis is the aggravation of hallucinations which are normal in the beginning of sleep. This state of slight hypnotic hallucination that we have almost all of us before falling deeply asleep are exacerbated in women of Lachesis type. All these unfold in extraordinary rapidity, it is a real succession of Kaleidoscopic visions. The patients have dreams during sleep, and during the day he is liberated from them and becomes loquacious. He is forced to talk much in order that this flux of words act like a real drainage on the mental sphere. But in the maniac state, this condition is at its height with absence of sleep and if you give Lachesis in high dilution you will aggravate the mania.

Therefore if you have to treat a case of hypomania do not give Lachesis. The remedies suitable in such cases are Hyocyamus 6, and Canabis Indica 6. This is what is called the "*Sens d'action*" of medicines. You must know how to apply medicines having centripetal actions when remedies having centrifugal actions are dangerous.

Besides this, Lachesis is a remedy easy to manipulate, like Sepia and Thuja.

I will propose to Dr. Nebel the question why he applies Lachesis and Luesinum together which he calls *Lu-Lu*.

(It is because he considers Lachesis as an important drainer of Luesinum.)

*Drosera*—This remedy should be applied with care. Dr. Curie, homœopath, the grandfather of Pierre Curie, gave us the results of his experiments with this drug. These results are followed by the English school. According to the English school, *Drosera* should very rarely be repeated and even it should never be repeated. It is sometimes given once during the existence of the patient in chronic state, and it is no more repeated.

This remedy is specially indicated in ganglionic tuberculosis but it is also used in pulmonary tuberculosis. It behaves like Phosphorus and Tuberculines at the same time.

I have seen some cases that were marvellously ameliorated by *Drosera*. On the other hand I have observed that the 60th dilution is more easily tolerated by the patient than the 200th.

#### AGGRAVATION FROM THE TUBERCULINS.

The question is extremely complicated. We are going to give a summary. It is necessary that we should know the rules laid down by Dr. Nebel, which are easy to keep in memory. They are :

*In oxygenoids who defend himself well : T. K.*

*In oxygenoids who defends himself badly : Marmoreck.*

*In hydrogenoid with florid type : Denys.*

*In hydrogenoids and carbonitrogenoids : T. R.*

These rules should always be strictly followed.

*Serum de mermoreck* :—It is not dangerous when one is careful and applies it in lower dilutions. It is dangerous in high dilutions because it favours the anaphylactic symptoms. It may be applied in the 5th or 6th and in these dilutions it is often our best arm in tuberculosis with cavity.

*Spengler* :—It is always well borne by the patients and is a satellite of *Marmoreck*. Personally it seems to me that this medicine was completely abandoned by the official school because antegenous tuberculines do not provoke antibodies, and they doubt how the Serum will act. I believe that it acts simply because it is a dilution of tubercular toxine.

This medicine is well tolerated by the patients if *spengler* is given at the same time. But the latter has not an action as powerful as the former. It is a product having a very inconstant action.

(The Serum of *Jouset* acts well. It is much more mild in Homœopathic doses. It acts mildly while the Serum of *Marmoreck* may cause some aggravations specially in Anaphylactics. In the 5th or 6th dilution it does not aggravate.)

*T. K.* It is the tuberculin which is extremely difficult to manipulate in oxygenoids who do not defend well. In fact one can never be sure whether they defend well or when they do not.

*Denys* :—This remedy is very easy to use in Homœopathy. We must begin cautiously, by the 12th or the 30th, and we must always remember that it acts in florid type who have a tendency to become fat.

*T. R.* In spite of its reputation, it is a delicate remedy to manipulate. Don't give *T. R.* to a person having less than 40 years. If you apply it before the age of 40 or 50 you will have to face an aggravation.

(Chiron applied this medicine in young patients alternating it with *Natrum Muriaticum*. In children he applies these two medicines alternately at an interval of 15 days.)

(Among the tuberculines Marmoreck is the best. Some prefers *Bacilinum 200*. This remedy is very mild. It does not cause aggravation but it is very often inactive like *Spengler*. If Marmoreck is properly used, it acts really well.)

*Aurum metallicum*—It is an important remedy indicated by the *desire of suicide*.

Hammel has said that in some cases it may be dangerous and he has made a distinction which seems very peculiar, between the desire and the fear of suicide. But to speak the truth, how is it possible to ask a patient whether he wishes to die or he is afraid of dying?

(The patient who is mysterious and whom you will see to approach to you, but who does not speak anything about his ailments will be aggravated by *Aurum*. He who speaks and describes his symptoms will be ameliorated.)

(*Calcarea Carbonica* is a good remedy of psyconeurosis and it is not dangerous)

(In very high dilution *Aurum* may often soften the cicatrix in tubercular patients.)

(It is sometimes observed that *Silicea* causes emaciation in children if it is not preceded by *Natrum Muriaticum*. *Silicea* is also well preceded by *Pulsatilla* because *Pulsatilla* is a drainer of *Silicea*.

## Chapter IV

THE ERRORS THAT SHOULD BE AVOIDED  
REGARDING PATIENTS.

Now we should see the errors that we are prone to make when treating patients.

While treating this subject we will often be forced to come to some general considerations. The first is the most important. It is that there must be a close relation between the clinic and the therapeutic. We must always keep in mind that in Homœopathy we must make a triple diagnosis :

1. *Diagnosis of the disease.*
2. *Diagnosis of the patient.*
3. *Diagnosis of the remedy or remedies.*

If we apply the law of Similars directly without taking into consideration the patient on the one hand and the disease on the other, we will end very often only in partial amelioration or in some ephemeral ameliorations. Therefore it is necessary to practice an etiologic therapeutic and this cannot be realised without good diagnosis.

I will speak here only regarding some diseases for which this principle has much more importance.

1. *Disease of the heart and of the blood vessels.*

I take for example the case of the diseases of the heart and of the disease of the circulatory apparatus in general. The modern methods of investigation, particularly electrocardiogram may help us in certain cases to eliminate some homœopathic medicines, of which the patients have all the symptoms, but the application of which might have been dangerous or useless according to a given diagnosis.

This is true for some cases of myocarditis. You have to deal with a patient who has fever, an intense pericordial pain and a sudden fall of blood-pressure. Before the age of cardiogram, or even before when it was not possible to arrive clinically at a proper diagnosis of the infractus of myocardia, one was tempted to apply Homœopathy to these patients on symptomatic basis, without knowing how they have got lesions. In such case one could not get the desired results

that are now obtained. We know now that it is necessary to abstain in these cases from the *toni-cardiacs*. We know now that if in these cases we apply medicines to act on the fever we will arrive at nothing and the most indicated remedies like, Naja, Bothrops, Arnica, Arsenicum, are specially indicated to us because we have the physio pathologic knowledge of that disease, an idea which we wanted totally until clinic on the one hand and electro cardiogram on the other hand taught us what happens at the moment of a cardiac infarctus.

Therefore in a general way, we must keep in mind that the diagnosis of the disease has an importance, and an importance on which one cannot have the slightest doubt, not only from the point of view of the prognosis as it is believed by the unicists, but from the point of view of the therapeutic, because it may have all sorts of extremely important consequences. The kertain homœopaths have the habit to say that the practice must be based purely on symptoms and that the diagnosis of the disease has no importance for the treatment; it is important only from the point of view of prognosis. This idea is absolutely erroneous.

## 2. *Toni-cardiacs and Homœopathy.*

Now I must speak on the question of the relation between the *toni-cardiacs* and symptomatic and etiologic Homœopathic treatment.

This is important as regards asystoly. There are causes where we are forced to apply some *toni-cardiacs*. In a general way, we may use them in minimum doses. We agree with the official school in this case but rather with the *minimalists* than with the *maximalists* and by so doing we will have good results keeping a good relation with our therapeutics. *Oubain* for example is good for acute heart weakness. It is a marvellous remedy in this case. But in chronic cases this medicine is used in intravaneous injections and in repeated doses. I have often observed that it does not succeed well. By this kind of application of medicine we get only a momentary amelioration and after which there is established a kind of obstruction. We may say that the heart having made its last attempt has become completely tired.

[ To be continued.

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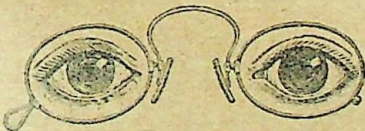
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