

Records of Indian Drug-provings.

CHIRATA.

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The Aurvedic names of Chirata are as follows:—"Bha-nimba," "Kirat-Tiktak," "Nadi-Tiktak," "Ardha-Tiktak," "Zwarantak," Sannipath," "Nidrali" and "Chhardighna."

In the month of Bhadra in 1332 B. S., I took at first 10 min. and afterwards 20 min. and last of all full one dram of Chirata lx, 4 times a day for four days. On the 5th day fever made its appearance. It was of a mild but obstinate type. Chill was some day perceptible but other day not. The burning in eyes was so great that it seemed that the eyes were being literally burnt. The pain in the hypochondriac region was felt in the first day of fever. From the 3rd to the 12th day fever rose to 104°. On the 12th day on enquiry it transpired that the spleen was enlarged 2½" in length and 1½" in breadth. There was no fixed time for the attack of fever. Someday in the forenoon, someday in the afternoon or at night. The patient was becoming bloodless day by day, weakness, indifference and despair were having such a hold upon me and head troubles were so great that I could not but take Nat. Ars. 30 three doses each at an interval of 4 hours. The spleen was to some extent softened down. But the progress being very very slow, I took Quinia 30 M. twice a week, after the improved Hahnemannian method. I was completely cured in three weeks.

Symptoms recorded by me during the course of proving are noted below:—

MIND—Vigorless, very lazy, prone to lie down.

HEAD—Dull headache in both temples. It spread gradually all over the head. Forehead constricted tending always to contract. Cold sensation in the head. This symptom persisted from the beginning to the end of the attack.

EYE—Hot burning sensation in both eyes. The capilla-

ries on the upper part of the eye-ball deep red.

EAR—Sound of storms and booming of cannon were always heard in the ears. The upper part of ear hot and red. Heat emitted forth from the ear.

NOSE—Heat came out through the nostrils which were usually dry but occasionally two or three sneezings induced watery secretions through the eyes and nose.

MOUTH—Bad taste and foul odour from the mouth.

TONGUE—Bloodless at the first paroxysm but as the case advanced, the middle part of the tongue was coated yellow. Tongue seemed a little heavy. Words faltered while speaking.

THROAT—Pain in the throat morning and evening. Pain subsided on drinking hot water.

THORAX—Quick and deep breathing during fever. Even deep respiration could not satisfy him. Short dry cough in consequence of the dryness of the bronchi. Pain felt in the lungs while taking deep breath.

ABDOMEN—Mild congestion in the abdomen. Yellow watery stool thrice or four times a day. Sometimes by the 4 p.m. hard lumps evacuated with ease.

HYPOCHONDRIA—Pain in the region of the liver. Spleen painful to touch or on pressure. Enlarged spleen and liver.

KIDNEY—Dull pain in regions of kidneys. Sharp pain in the right kidney subsiding on pressure. Burning sensation during micturation.

MALE SEXUAL ORGAN—Penis relaxed. Burning during micturation, urine dark red, semen escaped with urine.

UPPER LIMBS—Extremities cold, bloodless and shrivelled. Gnawing pain in the limbs.

LOWER LIMBS—Very weak, give way while walking. Toes bloodless. Occasional crampings. Gnawing pain in both legs. An electric sensation ran through the bones, passing downwards. Pressure relieved.

DESIRE & AVERSION—Desire for bitter things, a strong desire to eat *luchi* and meat.

FEVER—Although chill lasted longer, yet no desire for water.

Desire for hot water. Sweat came after hours of heat, but its appearance was partial, appeared in chest, armpit and in thighs. Slight thirst during heat. Cold stage having advanced nausea set in and the patient vomited injeſta mixed with bile and mucus. Periodicity not marked. In acute stage, fever generally came in the forenoon; but when it became chronic, it came in the afternoon between 2 and 4 p.m. Sometimes attack came at 2 to 3 a.m. Eye-burning began at the out break of fever and lasted as long as the fever persisted. Slow remittent of malarial origin. Long persisting malarial fever turning into Kala-azar with enlarged spleen and liver.

COGNATE—Kalmegh, Quinia Indica, Atista Indica.

ANTIDOTE—Ocemum.

It is complementary to Quinia Indica.

CASES TREATED BY ME.

1. A Hindu carpenter, aged 25, had malarial fever. The paroxysm began between 2 and 4 p.m. Vomited bilious watery injeſta shortly after the attack. Thirst moderate, headache considerable. Constipation. Urine brown, scanty. Pulse voluminous and bounding. Headache severe in temples and very slight in other parts. Mouth very bitter. Taste putrid. Tongue slightly whitecoated but red papillæ too were visible. No spleen enlargement yet, but there was a dull pain in the region of the liver. The patient complained of burning in the face and eyes, palms of hands and feet. I gave Sulphur 200 at first and then Nat. M. 30. He had full remission at night but at about 3 p.m. the fever attacked with equal intensity. Then I thought of Apis Mel but its characteristic, viz.,—external heat with internal coldness were wanting. I decided upon Chirata and gave Ix ten drops a dose 4 times every two hours. Three doses effected remission. Next day fever came but very slight. Next day Chirata Ix five drops a dose, every three hours. The fever stopped on the next day. For a week I gave drop doses twice a day and the patient was all right.

2. A child of 6 had fever which assumed a chronic charac-

ter with spleen and liver enlarged. I gave Chirata 12 in globules. The child was cured in a fortnight. Fevers of chronic character are generally cured by Chirata 30, 10M, 30M, 40M, 50M. and even by 100M.

3. A fair youth of 21 years had to travel in the interior of Assam and was down with malarial fever. The paroxysm commenced after 12 and reached the climax at 2 p.m. Thirst was very severe and he drank water very frequently. Heaviness in the head and throbbing pain in the small of back. Cannot lie on back. The fever began with a slight chill, restlessness and burning set in during attack. The youth had a graceful and fair appearance with a good submissive disposition. The fever was intermittent and remission was attended with perspiration. Chirata 1x 8 drops a dose in 4 doses in two ounces of water was given. The attack of fever was milder and temperature rose to 102° against 105.5 on the first day. Next day no attack. From this day the dose was lessened, first four, then two and then one drop a dose, twice daily. Diet first day barley water, then barley with milk, then bread and milk and then rice-diet. The youth was cured in a week.

4. An up-country cooly aged 32 had slow malarial fever, worked in the field, bathed in impure water and also drank it. After 3 or 4 days of suffering he was attacked with a high fever. The attack was generally between 9 and 10 a.m. Chill began with the attack, thirst with chill, and headache was stupefying. Tongue had a white coating with red edges. Papillæ reddish and raised. Bowels moved only once a day. Just after remission I gave Chirata in ten drop doses, 4 doses to be taken every two hours. Fever stopped on the first day. No attack on the following day. Next day two drop doses twice a day. He took rice diet on the day following and went to his daily vocation. No relapse despite irregularities.

5. A Brahmin boy of 16 had been suffering from malaria of a very malignant type for about two weeks. Emaciated to a skeleton he could not even sit on his bed through weakness.

His fever was furious one day and milder on the day following. Violent attack took place generally between 12 and 1 p.m. while the milder one came between 2 and 3 p.m. Fever ushered in generally with shivering chill. Thirst was present from the beginning of the attack. Burning was present in face, eyes, ears, hands and feet. On the 13th day of the attack I examined him and found the following symptoms: Spleen and liver elongated downward. Tongue coated yellowish white. He had 3 or 4 motions three days ago and bowels stopped since. I gave Sulphur 200 two globules dry on the tongue. Remission was effected 6 hours after. I prescribed Chirata 1x 10 drops a dose, every two hours. The following day the attack was much milder. Sulphur 1000 one globule on the tongue. Remission was effected with profuse sweat. Chirata 3x one drop a dose 4 times a day. Fever stopped. Chirata in drop doses twice a day was continued for a week more and the boy was all right.*

6. A boy of 6 years had a sudden chill and fever. Finding it to be of malarial origin I gave Chirata 6x in doses. The boy was cured by the first prescription.

7. A girl of 8 years had malaria in Bengal, was given Quinine on several relapses and was brought to Dhubri. She had another relapse here. Fever came at between 7 and 9 a.m. Chill predominating. Temperature rising to 104° with slight thirst for drink. Head was very hot and eyes reddish. Fever continued whole day and night and remission came in the morning; Chirata 3x given in drop doses, every two hours. Fever stopped. Chirata 6x two globules a dose, given twice a day. No relapse.

N.B.—Although at first I was inclined to use lowest potency in physiological doses, the experience of years pointed out my mistake and now I use from 6x up to 100 M with much better result. It has been truly said,—“ভবতি বিজ্ঞতমঃ ক্রমশোজনঃ”

(to be continued)

*A boy of 17 had the above symptoms but he had only slight chill at the beginning of attack but no shivering. He was cured by Chirata 6x. His fever was of remittent type and of malarial origin.