THE RATIONAL MEDICINE

Dr. V. K. GUPTA

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T. ANJIAH
CHIEF MINISTER

HYDERABAD

Dated 24-9-1981

I am happy to learn that a Bi-monthly official journal is being released by the Indian Institute of Homoeopathic Physicians.

I send my best wishes to you all on this happy occasion for the success of Journal.

With best wishes,

Yours sincerely

(T. Anjiah)

T. HAYAGRIVACHARY
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& INDIAN MEDICINE

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DATED 22-9-1981

I am very happy to know that a journal of the Institute of Homoeopathic Physicians is going to be released soon. I hope it will focus the attention of all concerned on the problems of Homoeopathic profession.

I wish success to the journal.

Yours sincerely,

(T. Hayagrivachary)

NEDURUMALLI
JANARDHANA REDDY
MINISTER FOR REVENUE

HYDERABAD.

Dated 15-9-1981

I am glad to learn that 'The Rational Medicine' the official organ of the Institute of Homoeopathic Physicians is going to be released soon. Homoeopathic medicine is ideally suited to the medical needs of our country. I hope this journal will carry this message to every nook and corner of our country.

(N. Janardhana Reddy)

K. PRABHAKAR REDDY
MINISTER FOR FINANCE, PLANNING AND SPORTS

HYDERABA

Dated 15-9-19

I am happy to know that the Indian Institute of Homoeopathic Physicians an organisation devoted to the cause of Homoeopathy is going to release its first issue of "The Rational Medicine". I am confident it will try to propogate the system and serve the cause of Homoeopathy.

(K. Prabhakar Reddy)

C. JAGANNATH RAO
MINISTER FOR HOME

HYDERABAD.

Date 24-9-1981

Homoeopathy has taken deep roots in our country. It is ideally suited to our conditions. Hope the journal will take the message of this system to the people.

Yours sincerely

(C. Jagannath Rao)

Prof. G. RAM REDDY
M. A., M. Sc. (LOND), PhD.
VICE-CHANCELLOR

OSMANIA UNIVERSITY
Hyderabad-500 007
Andhra Pradesh India

Dated 25-9-1981

I am happy to learn that a Bi-monthly Journal— 'The Rational Medicine' — is going to be released soon. Homoeopathic system of medicine has many merits which have not been popularised properly. I hope, this deficiency will be fulfilled by "The Rational Medicine" being brought out by the Indian Institute of Homoeopathic Physicians.

(G. Ram Reddy)

Y. SIVA SANKAR REDDY
M.A., M.Litt.,
CHAIRMAN, ANDHRA PRADESH
PUBLIC SERVICE COMMISSION
HYDERABAD.

HYDERABAD.

Date 5-10-1981

Homoeopathic Medicine had been accepted by the people even before the Government came forward to recognize it. The votaries of this system have to popularize it still further and I am confident that" the Rational Medicine" going to be released by the Indian Institute of Homoeopathic Physicians will act as a proper vehicle in this direction.

(Y. Siva Sankar Reddy)

M. V. RANGA REDDY,
Director. I. A. S.

DIRECTORATE OF INDIA
MEDICINES & HOMOEOPATH
Chiragali Lane, Hyderaba

Dated : Sept. 8, 198

I am happy to learn that the Indian Institute of Homoeopathic physicians is bringing out a Bi-monthly Journal " THE RATIONAL MEDICINE ".

I hope that the journal will not only focus the professional matters but also tackle the academic issues and brighten the image of Homoeopathic System.

I wish the journal all success.

Yours faithfully,

(M. V. Ranga Reddy)



Master Samuel Christian Hahnemann

Born.
10th April 1755.

Died
2nd July 1843



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President, Indian Institute of Homoeopathic Physicians.

The Tenth All India Congress of the Indian Institute of Homoeopathic Physicians

HYDERABAD, ANDHRA PRADESH

The preparation for the Tenth All India Congress of the Indian Institute of Homoeopathic Physicians scheduled to be held on the 12th, 13th, 14th and 15th November 1981 are in the final stage and this conference is going to be an intellectual feast to the profession. The scientific sessions are also going to be thought - stimulants to one and all as almost all the leading luminaries of the fratermity are going to descend on Hyderabad, with innumerable slides and projectors to elucidate their experiences and illuminate the inquiring minds. The topics for discussion are The art of Healing, Cancer, Heart ailments, Viral infections, Homoeo Philosophy and Repertory.

The delegates will have the rare honour of hearing the powerful speaches of the two distinguished physicians from America on 12th and 13th November 1981

Dr. WILLIAM BAHAN, D C. EPPING, NEW HAMPSHIRE : A 1949 graduate of the Palmer school of Chiropractic, Dr. Bahan was responsible for developing the largest successful chiropractic practice in America in Derry, New Hamspshire. In recent years Dr. Bahan has devoted his energies to conducting symposia, classes and lecture tours throughout America, Canada, Europe, India, Australia, Newzealand and Africa.

He offers powerful influence in to the healing field in a most practical way through his vibrant spirit and genuine enthusiasm for life.

JOSEPH HOULTON D. C. KING, ONSARIO : Dr. Houlton has lectured around the globe most recently on tour through parts of Europe and India, to professional groups and the general public on matters related to wholistic health and the proper handling of stress. He is internationally known through numerous television and radio appearances for his penetrating perspective in to the role of emotions in the healing process.

The programme of Scientific sessions is as follows :

12-11-1981	— 10-30 A. M. —	Address by the Chairman Reception Committee Honourable Minister for Indian Medicine and Homoeopathy Sri T. Hayagrivachary,

12-11-1981

— 10-45 A. M. — Inaugural address by Guest of Honour Honourable Minister for Health and Family Welfare, Govt. of India. Sri Shankaranand.

— 11-30 A. M. — Presidential Address by Sri N. Das Gupta, President of Indian Institute of Homoeopathic Physicians.

— 12-00 Noon — Guest Lecture by Dr. William Bahan, M. D. (U. S. A) on "Art of Healing"

— 12-45 P. M — Thanks giving by Dr. K. G. Saxena Secretary/General, Indian Institute of Homoeopathic Physicians, New Delhi.

— 12-55 P. M. — JANAGANAMANA

SCIENTIFIC SEMINAR

— 3-00 P. M. — Inaugural Address by Dr. Diwan Harishchand President - International Homoeopathic league, Advisor in Homoeopathic affairs to the Govt. of India.

— Subject : — "Art of Healing" President : Dr. N. Das Gupta Calcutta.

— Speakers : —
1. Dr. Joseph Houlton M. D. (U S.A.)
2. Dr. S. P. Dey, Calcutta.
3. Dr. Balraj Bhatnagar. New Delhi.
4. Dr. William Bahan M.D. (USA)

13-11-1981 — 9-00 A. M. to 1-00 P. M. : SCIENTIFIC SEMINAR

Subject : Cancer

Inaugurator : Dr. S R. Wadia, Bombay

President : Dr. M. C. Batra, Bombay

Speakers :
1. Dr. T. P. Elias, Kottayam
2. Dr. S. N. Saksena, Lucknow
3. Dr. William Bahan, MD. (USA) "Art of Healing by Art of Living"

13-11-1981 — 2-00 P. M. to 6-00 P. M. Scientific Seminar

Subject : Heart Ailments

Inaugurator : Dr. B. N. Chakravarty, Calcutta

President : Dr. U. Ramakrishnan, Madras

Speakers :
1. Dr. C. C. Desai, Bombay
2. Dr. Devendra Mohan, Chandigarh
3. Dr. P. C. Vakil, Bombay
4. Dr. H. T. Rangaswamy, Bangalore

14-11-1981 — 9-00 A. M. to 1-00 P. M. SCIENTIFIC SEMINAR

Subject : Viral Infections

Inaugurator : Dr. J. N. Sircar, Calcutta

President : Dr. P. Nagabhushanam, Hyderabad.

Speakers :
1. Dr. Dilip Saha, Calcutta
2. Dr. Girish Gupta, Lucknow
3. Dr. M. C. Batra, Bombay.

— 2-00 P. M. to 6-00 P. M.

President : Dr. N. Das Gupta Election of Office Bearers of Indian Institute of Homoeopathic Physicians.

15-11-1981 — 9-00 A. M. to 1-00 P. M. SCIENTIFIC SEMINAR

Subject : Homoeopathic Philosophy

Inaugurator : Dr. K. Z. George, Trivandrum

President : Dr. G. N. Tandon, Kanpur

Speakers :
1. Dr. Narayan Rao, Bhuvaneshwar
2. Dr. Shanti Dev,
3. Dr. S. N. S. Capoor, Bhagalpur
4. Dr. D. N. Banerjee, Jaipur

— 2-00 P. M. to 6-00 P. M.

Subject : Homoeopathic Repertory

Inaugurator : Dr. T. R. Chaddha, New Delhi

President : Dr. K S Prakasham. Calicut

Speakers :
1. Dr. P. C. Mehta, New Delhi
2. Dr. Devendra Sigh Virk, Patia
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The viewes expressed by the authors are not necessarily those of the Editor.

EDITORIAL

Dr. Rabindra Nath Tagore the Nobel Laureate had given the following message to the Indo-German Homoeopathic Review in August, 1936. We inaugurate our sacred Journal "the Rational Medicine" with this message as it will be appropriate to recall it at this juncture of the development of Homoeopathy in India. "I have long been an ardent believer in the Science of Homoeopathy and I feel happy that it has got now a greater hold in India than even in the land of its origin. It is not merely a collection of few medicines, but a real science with a rational philosophy as its base. We require more scientific interest and enquiry in to the matter with special stress upon the Indian environments. I, therefore, heartily welcome the advent of the Indo-German Homoeopathic Review which I hope will be a popular forum of scientific discussion. I wish the Journal a very useful and prosperous career."

"The Rational Medicine" shall be the mouth-piece of the Indian Institute of Homoeopathic Physicians, an all India organisation of the qualified homoeopaths of India. This Journal will replace the Dynamic Medicine, the first Journal of the All India Institute of Homoeopathy. This Journal will propagate the scientific outlook and requisite standards for the development of Homoeopathic System of Medicine in this country. It will try to achieve a rightful place to Homoeopathic medicine in the future planning of the nation. It will help to recognise homoeopathic medicine in the service of the people.

It will strive for equal status to qualified homoeopaths equivalent to qualified practitioners of dominant school of medicine. It will strive for recognition of Homoeopathy by the World Health Organisation similar to the patronage conferred on Traditional Systems of Medicine, e. g. Ayurveda and Unani. The Journal will strive for high standards of Homoeopathic education and training and suggest ways and means for scientific research on various problems of human ailments as well as evolution of homoeopathic drugs. The Journal will also help in conducting reserch for finding out drugs for Familly Planning.

The Journey is long and arduous, the road is full of pitfalls and the 'yatra' would at times turn out yet another quest for holy grill. Possibly we might trip and fall many times but there shall be no retreat, no compromise and no bending backward. For the moment we can only pray with Cardinal Newman, "Lead kindly light Lead us on amidst the encircling gloom for we have miles to go."

The Journal expects earnest co-operation from thousands of qualified homoeopathic practitioners of this country and abroad in this new venture of service to this Art of Healing.

—**K. G. Saxena**

The New Organisation and its Conference

The Profession is well aware of all the circumstances under which the two All India Organizations—The All India Institute of Homeopathy owing allegience to only qualified people and the All India Homeopathic association having all and sundry in it, had been amalgamated in Calcutta. It was felt that one organization for all will serve the cause of Homeopathy better. The result was the birth of the Homeopathic Medical Association of India (HMAI).

As the new organization began showing signs of working some of the leaders holding the reins of office began behaving erratically and at times eccentrically. The gentleman's agreement entered in to during merger had been shattered to pieces and they began to lean beavily on the R.M.Ps, the numerically major constituent of the organization. With the result the whole block of qualified Homeopaths felt that they were given raw deal and shown scant respect. Many resolutions detrimental to the interests of qualified people have been carried out ignoring the warning of those leading people in the organization who were instrumental in bringing HMAI in to existence. In a democratic setup, it is true numbers definitely count when division is there but it is undemocratic to discount the voice of numerical minority when unity is aimed at.

A sufficiently long rope and a reasonably much time were given to them to retrace their foot-steps. But those who want to cling to power eternally by hook or crook know where it lies and how to sustain it. They began to dance to t tunes of RMPs. Having observed all tha nefarious designs with inordina patience the leaders of the old institu of Homoeopathic Physicians in HM could not tolerate the indignities perp rated on the qualified people, any furth They thought that no useful purpose w be served by being in HMAI any long and decided to come out of it. So havi failed in this experiment of a comm organization the institute of Homoe pathic Physicians had been revived l year with the leading stalwarts, under t pioneering guidance of padmasri Dr. K. Saxena, Dr. Das Gupta and many other

They have set before themselves t task of organizing the qualified Homoe paths coming out of the large number institutions in the country. They requ total attention and proper direction as t future of Homoeopathy lies in their hand It is a sacred duty to organize and ed cate them and channelize their boun less energies. Breaking our heads convincing the impervious and trying see reason in the unreasonable are exce cises in futility and a mere dissipation energy in fruitless pursuits.

With this end in view branches this organization have been started various states. The response is u precedented Enquires are pouring in. A most an irreristible zeal had seized t qualified people throughout the countr Whomsoever we met in connection w the proposed conference had alread been waiting for the green signal t come in to this new organization. The is no dearth for the supporters. Today or tomorrow all qualified people should take shelter under the banner of H.H.P. coordination and consolidation of the state units will produce a storng organization. Some good seuls are still waiting in the wings in a hesitant mood. One need not be ashamed of coming back home after straying a while. Hearty welcome awaits them in this new organization.

To mark the revival of the institute and to integrate the work done, preparations are going on to organize the 10th All India congress on the 12th 13th 14th and 15th November, 1981 at Hyderabad, Andhra Pradesh. Delegates from all over the country and abroad are enthusiastic to attend and take active part in all its deliberations. Sri T. Hayagrivachary, Hon'ble Minister for Indian Medicine and Homoeopathy is the chairman of the reception committee Sri Sankarananand, Honourable Minister, Health and Family Welfare is going to inaugurate the congress. A Souvenir of a very high academic standard is going to be released on this occasion.

Eclipses appear to be irrevocable cosmic phenomena. Yet even the Sun and the Moon come out of them without any loss to ther orginal radiance and effulgence. Though beclouded temporarily and overpowered by a bad dream for some time the Institute of Homeopathic Physicians had come out with all its glory unscathed and chastened.

It is time for all the qualified physicians of the country to gird up their loins contribute their mite to this holy cause and see that this organization becomes mighty and invincible.

I was called to see Dr. Furnell who had an embolus in the left femoral vein during the course of an attack of Typhoid fever. There was slight temperature, prostration, Dyspnoea and slow pulse. I gave him vipera under which he made repid recovery.

—BOGER.

In Memory of Dr. B. K. Sarkar

—Dr. N. Dass Gu

Golden memories flock to my mind when I remember the name of Dr. B. K. Sarkar, M. B. (Cal , D.M.S. (Hom.), M.D. (Hom.).

Dr. B. K. Sarkar was born in December 1901 at Midnapore (West-Bengal). He was a brilliant student of R. G. Kar Medical College, Calcutta and a Gold Medalist of the University of Calcutta. After graduating as an allopath, Dr. Sarkar came in contact with the father of Dr. S. K. Ghosh, B. Sc., M.B., Though the father of Dr. Ghosh was a judge, he was a great scholar and a great believer in Homoeopathy. Dr. S. K. Ghosh and Dr. B. K. Sarkar were class friends in the R. G. Kar Medical College, they were both converted to Homoeopathy through the influence of Dr. Ghosh's father.

Dr. Sarkar's life long struggle and his fussle for the upliftment of Homoeopathy fully justify the adage that truth is stranger than fiction.

Dr B. K. Sarkar was one of the most learned homoeopaths, I have ever come across during his life time. He was a great writer both in Bengali and English languages, as well as a great orator. He was an outspoken man and always fought for the upliftment of homoeopathic education. For government recognition, Dr. Sarkar led many depulations to the high officials and could impress upon them of the efficacy and scientificity of Homoeopathy

Due to his abilities as a versatile genius, Dr. Sarkar became the member of General Council and State Faculty of Homoeopathy, West Bengal and also the Chairman of its executive committee. He became the Principal of D.N. De Homoeopathic College and Midnap Homoeopathic College. He was Chairman of the Pharmacopoeia Com ttee, member of the Homoeopat Advisory Committee and the Cen Council of Research for Indian System Medicine and Homoeopathy. Dr. Sar was the President of The All India Ins tute of Homoeopathy, through wh organisation the government of states and the centre were often appro ched for the recognition of Homeopat He became the President of many hom opathic Science Congresses.

Dr. Sarkar has written many boo on homoeopathy, out of them-A Crit Commentary on Organon, Drug Relatio ship and Essays on Homoeopathy worth mentioning.

Dr. Sarkar was a voracious read and had a vast practice in South Calcut He always practised pure homoeopat according to the principles laid down Hahnemann.

Men come and go· princes may flo rish or may fade, but there appear, fro time to time in all ages some towerin personalities who stem the tide, of tim as it were, whom death cannot decay-a tradition does not allow to sink th names into oblivion. Such was Dr. B. Sarkar.

In this critical time of Homoeopat in our country, I feel to say "Bijoy D you should be living in our midst this hour. The whole of India, partic larly West Bengal needs you very badly

Dr. B. K. Sarkar left us for heaven abode in February 1981. May his so rest in peace.

The Doctor - Patient Relationship in Homeopathic Prescribing

—George Vithoulkas

The Indian medicine man sees himself as a *Channel* for cosmic healing energy,. After all, the body is a self-repairing mechanism it *has* the power to heal itself. Apparently some kind of ritual is necessary. Medicine men transmit religious or magical powers through ritual This autonomous healing factor is under the complete control of the psyche which, by varying its rate of vibration, can cause disease or initiate healing ... Two elements had to be present for me to be an effective physician. First I had to be convinced from my own experience that my reality structure and its healing system were valid and effective. I made a mental image which I tried to convey convincingly to the patient ..... if the patient belives that I know what I am doing and I firmly belive in my therapeutic ritual, healing usually takes place ..... if a patient chooses not to recover from an illness, there is very little that can be done.....is the body in these cases responding to an unwitting command? Are diseases like rheumatoid arthritis and multiple sclerosis a subtle form of suicide? Does the patient's mental picture of the disease affect the course of that disease? .....

Physicians throughout history, such as the 16th century alchemist and physician, Paracelsus, and the 20th century contemporary of Freud, Carl Jung, have been attracted to the study of mental imagery as the quintessence of all healing rituals·

It is through physical disease that we all *suffer the slings and arrows* of an outraged subconscious. Ease as opposed to disease, may be seen as a state of harmonious equilibrium between the two equipotent, cerebral hemispheres, one of which is conscious (sun, yang, male) and one of which is subconcious (moon, yin. female). If contact is established between the two hemispheres (the alchemical mystical marriage), healing energy (the panacea) is released. The right cerebral hemisphere, the female makes the pictures we call dreams,. mental images or empirical reality depending on the bias of our particular society. The left cerebral hemisphere, the male side, names and classified images. Both are processing cosmic energy in opposite modes, yin and yang... Consider physical symptoms to be blockages of free flow of the energy see a visual image in your head which represents total health. It is suggested that the world is crystallized thought. By that we mean that your mental image of empirical reality may possibly be creating that reality. If this is true than the device to stop thinking and remain quiet during periods of stress may well be considered...Prof. Einstein : "The simpler our picture of the external world, and the more facts it embraces, the stronger it reflects in our mind the harmony of the universe."

"The Health Mind"
Dr. Irving Oyle,
Celestial Arts 1975

The Healing art in the temples of Aesculapius and at the shrines of Egypt

and the East, had always been magical... where are the Chaldees of old, those who wrought marvellous cures ? Where is an Appollonius of Tyana, who healed the sick and raised the dead under any climate and circumstances ?. Most important .. the relief of human suffering under any and every form, moral as well as physical... the true goal: that of helping suffering mankind..."Inaction in a deed of mercy becomes an action in a deadly sin." It is always "right" to try and alleviate suffering whenever we can, and to do our best for it every noble thought and every unselfish deed are stepping stones to the higher and more glorious planes of being.

H. P. Blavatsky
from "The Key to Theosophy"

The docter - patient relationship - because of the homeopathic treatment - is a unique and dynamic one that may have a lot of repercussions on the final objective of treatment, which is the restoration of the patient's health.

It is therefore useful for the young homeopathic physician who is starting his carreer in homeopathic medicine to have clarified certain conditions and dynamic interactions that usually take place between him and the patient, from the time that the patient comes to him for his first visit with a disturbance in his health, until finally the equilibrium of the patient's condition is re-established and the patient's health restored.

Before we go further to the development of these ideas it is necessary to give certain numbers or percentages of patients to whom the oncoming thoughts are mainly applying.

Out of my experience I would say that an approximate 60% of the patients are going to come for a second or third time to be treated by the homeopathic physician. It is easy to understand that this 60% are those with the most serious problems and the ones that need a lot of attention, careful prescribing, and right support until their health is completely restored. The other 40% either did very well with the first prescription and did not care to come back and report, or discontinued the treatment for one of the following reasons:

(a) the initial aggravation scared them,

(b) they had neither reaction nor any amelioration and therefore got disappointed,

(c) they got involved in some other form of therapy because they were influenced by the next doctor they discussed their problem with,

(d) their rapport with the doctor was of a negative nature.

The group of people to which the following thoughts are applying is mainly the first one, with which the physician is going to establish a kind of relationship which varies in its details with almost each individual case. But on the whole the nature of the rapport was positive.

The homeopathic physician cannot see a patient the way that an allopathic physician sees his patients, cannot afford to have a mechanistic relationship with the patient, because such a relationship will be superficial and the doctor cannot possibly elicit from his patient the whole range of information he is seeking from him.

Therefore the physician will have to have, or develop, a technique which will allow him to establish maxmum contact with the patient in minimum time.

order to attain this there must be certain conditions in existence.

1. The physician should have a tremendous concern for the welfare of the patient.

He must want really and deeply in his heart to help the patient. This compassion, this real obsession to help the sick, is the landmark that differentiates the born healer from the doctor who is performing his duty conscienciously but coolly. Allopathy does not need details about the inner workings of pathology presented with a fine symptomatology. It is concerned with the diagnosis, not the individual way in which the patient's defense mechanism is responding to nosological stimuli, and bases its prescriptions mostly on findings of the laboratory rather than the whole range of the symptomatology of the patient. You must never see your patient as a mechanical object that needs regulation, but you have to have total awareness during the taking of his case in order to be able to see him OBJECTIVELY and understand where the pathology really lies. A good homeopathic physician, after some years of experience, will be able to locate much more easily the seat of the trouble, than his allopathic colleague.

2. The homeopathic physician should know well and in depth the Materia Medica.

Total awareness and care during the interview cannot really have the desired effect, unless it is coupled with a fair knowledge of the Materia Medica and a perfect understanding of the laws and principles of Homeopathy. This is easily understood by those versed in homeopathy who know that the whole effort of the homeopathic physician is aiming at matching the symptoms of the patient with those of the remedy

All the care and awareness could be useless if it were wasted in irrelevant topics or discussions that do not bring out his symptomatology. The care, and interest that the physician shows is mainly and primarily for the patient's symptomatology. The physician should understand in depth what is going on really with the patient's health, what are the distractive processes, from where they originate. In such a process of real concern, the patient feels automatically at ease and volunteers the whole range of his mental-emotional symptomatology. It is only in such a case of good rapport that he will give also details and peculiarities of his physical symptoms as well. In a way the patient perceives that there is a genuine interest on the part of the physician to help him and senses also that there is a possibility for him to be helped. This is the reason why many patients, even if they were not helped at all after the first prescription, they come back to the same doctor and give him a second chance. The process is exactly the opposite with the doctor who sees the patient and his symptomatolgy superficially and prescribes with little thinking a remedy. The rapport is of a negative nature and even if he was helped by chance with the first prescription he will not want to go back to the same doctor.

If the homeopathic physician understands our Materia Medica as living images of a complex pathology on all levels-physical, emotional, mental and not as a dead pharmacology, then he is certain to perceive the dynamics of inner disturbance in the patient's organism and match it easily with the correct remedy.

3. Do never put the patient to the shoulder, do or say something nice superficially with the objective of putting him at ease.

Never mind how much you may try externally to attain that, the patient will remain on his guard, he senses that somewhere else is your real interest not in his medical case: he will become concerned-whether he has come to the right doctor-he will give you minimum and superficial information (of what is going on in him really) and he will make sure not to see you again. Even if your remedy has helped him he will rather see another homeopath than have this hard experience all over again. But most of all this type of experience is going to be felt by the patient if the doctor feels egotistical, superior and sure of himself. Of course everybody knows that this game is played mostly by the ignorant doctor who believes that in this way he can bluff the patient and hide his scientific inefficiencies. The days of the Godlike image of the doctor who hides his ignorance under a mask of wisdom and superiority are long past. If, on the contrary, your whole attention is with the patient, if his problem is of the highest priority in your mind at the time, then you will know almost automatically when to talk and when to interrupt, when to console and when to remain silent, in order to elucidate the information needed without severing the established rapport.

I have a rule to know whether I have given all my attention to a case and that rule is for how long I do remember his case, his remedy, or even sequence of remedies. If your whole attention was there at the moment you were taking the case. then you cannot forget easily.

4. There should be no emotional involvement with the patient.

It happens sometimes that a kind of emotional rapport is established with the patient immediatly, and also a tendency of mutual admiration is expressed ... can happen mostly on male - fe... contacts, or it can happen with intell... people, or celebrities, that the hom... pathic physician happens to see. In s... cases there is a tendency of the patie... embelish his symptoms and the physi... accepts superficial and abstract exp... sions of the patient without pro... deeper in his pathology, especially ... which refers to the mental and emoti... side of the patient. Something whic... of the utmost value for discovering ... indicated remedy. This kind of emoti... involvement can also happen betw... the physician and his own family. ... is why many physicians are not ab... see objectively their own children ... wives and call in another colleague.

The emotional involvement clouds ... perception, the physician looses ... objectivity, and though this kind of rap... puts the patient at ease and it may ... have a "placebo effect", the elation of ... patient that meets such a "nice pers... as the homeopathic physician pas... away quickly and if the remedy was ... the correct one the patient's he... remains practically unaffected.

5. You will need a lot of patie... and undertanding for the "closed ... patients.

The naturally "closed up" patie... present always a major problem ... challenge for the homeopathic physic... Such cases take awy a lot of energy f... the consciencious physician who w... badly the information that is ... volunteered by the patient. Never ... how hard he tries, the answer is a ... yes, or no, or mayble. To open up s... patient and make him talk from ... heart one needs a mastering of the ... the homeopathic case-taking that co... only with years of experience, pa... application of our art, the apprentice ... with a master homeopath, and of co... your inner aptitude and will to alle... the suffering of the human beings ... will come to you to be treated.

A case of Myocarditis with C. C. F. and Atrial Fibrillation

—Dr. Sarabhai Kapadia

Mr. J. H. P. was from a village near Surat, aged 48 years, who was diagnosed as a case of Myocarditis with C.C.F. and Artial fibrillation. His E. C. G. of 12th Feb., 1962 showed findings suggestive of Atrial fibrillation; partial RBBB; and multiple ectopic beats with right ventricular hypertrophy. X - ray showed heart size + + +. As the allopathic treatment could not prevent deterioration of his condition, he opted for homoeopathic treatment. Lyco, Ignatia, Dig., Puls etc. Were given without much effect.

Patient C/O 1) Dyspnoea, 2) Clutching pain at the cardiac end of oesophagus on attempting to walk, to such an extent that he was compelled to stop, and even sit down. On 16th Aug. '62 he was prescribed Kali. Ars. 200 b. d. on the following indications;

1) Puffiness of upper eye-lids.
2) Early morning aggravation
3) Anxiety and restlessness.
4) Blackish discoloration of skin with lichenoid type of eruption, with severe itching.

With Kali. Ars. the symptoms gradually reduced. However, at this stage the patient C/O a peculiar sensation "As if the heart were ceasing its beat, and then started with a thud again". On this peculiar sensation, along with suicidal thoughts, night aggravation, and having used mercurial diuretics in the past, he was given Aurum met. 30t. d. s. This did not help much.

Since Aurum met did not produce the desired response, Sepia was prescribed to tackle the block of malaria and quinine complex on the following indications;

1) Chloasma of the face
2) H/O Malaria and Quinine
3) In general aggravated at the beginning of movement and amelioration on continuing the movement, he was given Sepia 1m q. d. s. on 5th Oct., 1962. Oedema went on increasing and urine out put reduced further.

On *6th Oct.,'62* he was given *Sepia 10M* 2 hrly. There was no relief, again, and severe dyspnoea due to C. C. F. became worse, and urine out put went down to less than 4 oz per day. At this stage, we noticed one more mental symptom of Aurum. He asked many questions yet never cared to get answer from us. So he was put on *Aurum met. 1 M* 3 hrly, to which he responded miraculously by passing urine in increasing quantities, and in 36 hours he passed more than 100 oz of urine. There was over all relief and a sense of well being. Orthopnoea was relieved and patient could sleep in lying position on the next night. Later, *Aurum met 10 M* b. d. was given and continued till 16th Jan., '63. Meanwhile his E. C G. was taken and he was examined by a cardiologist who opined that signs of C. C. F. and atrial fibrillation had totally disappeared.

On 16th January, '63 the patient on *Aurum Met. CM* b. d. for further improvement.

E.C.G. taken on 5th July, '63 and 7th Nov. '63 continued to show improvement. X-ray revealed the heart size to have become smaller compared to the previous examinations. *Aurum Met CM* b. d. was continued.

Aurum met. case of C. C. F. has been reported in 'Testimony of the clinic' by E. B. Nash.

HOMOEOPATHY IN GERIATRICS*

Jara chikitsa/Rasayan tantra/Kalpa chikitsa

—Dr. Diwan Harish Chand **
M.B.B.S., L.R.C.P. (EDIN); D.T.M.&H. (L'Poo
M.D. HOM.; F.F. HOM. (LOND.); D-HT (USA

A healthy old fellow,
Who is not a fool, is
the happiest creature living

—Sir Richard Steele

If wrinkles must be written upon our brows, let them not be written upon the heart. The spirit should not grow old

—James Abram Garfield

(Vriddhatwam Jarasa Vina)

—Kalidasa (Circa I cent. B.C.)

AGEING WITHOUT SENESCENCE

These three words from the immortal sanskrit poet, Kalidasa, who lived in the I century before the beginning of Christian era, sums up the aim of Gerentology, a study of the science of ageing.

HISTORICAL

In orthodox medicine, Gerentology and Geriatrics, are subjects of comparatively, recent study even though now considerable attention is being given to them. However, in the ancient Ayurvedic system of medicine, developed and practised in India for centuries, great attenti has been paid to the problem of the age The Word 'AYURVEDA' itself implies t science of longevity.

In Indian mythology, Dhanvanta the God of Medicine, is shown holding pot, Amrit Kumbha, that contains t 'Elixir of Life' which is supposed t prevent untimely death and till the maintain youth.

In the daily prayer of the Hindus or of the mantrams (repititive incantation) as follows:-

"Jivemah Sharadh Shatam Shrun yamah Sharadah Shatam Pashyem Sharadah Shatam Prabravamah Sharad Shatam Bhuyashca Sharadah Satam"

—(Rig Ve

It says not only that one should li for a hundred years but also one shou be in the full possession of one's facu ties of mind, of hearing, of sight and speech. According to the Vedic concep a full life was constituted by a hundre years and the function of each quart was clearly mentioned. The latter h of life was to be devoted to increasin

* A paper (Profusely illustrated with slides (diapositives) presented at International Homoeopathic Congress at Rome (Italy) on 11th May, 1981.

** President, International Homeopathic Medical League Recipient Dhanvantari Award–1979, Hony. Homoepathic Physician to the President of India. Advisor for Homoeopathy, Govt. of India etc.,

activity in spiritualism, a retirement from worldly activity and recluse.

Medical historians find that matters connected with ageing were already a subject of special study in the AGNIVESA SAMHITA dated to the 10th Century BC it is more elaborately mentioned as one of the eight specialities of Indian medicine in SUSHRUTA SAMHITA and CHARAKA SAMHITA, both dated to the 6th Century B. C. The study comprised not only in what is to be done for the medical problems of the aged, but, also gave detailed instructions as to how senility can be prevented as also measures for rejuvanation.

One of the methods of KAYAKALPA (rejuvenation) is KUTI PRAVESIKA, which could be likened to a sort of hibernation for a period of 3 months. The only diet in this period is Amal (Emblica Officinalis) prepared in a special way.

A double blind clinical study with an Indian medicine ASWAGANDHA (Withania somnifera) showed an effect of Rasayana (delaying the process of ageing) in a treatment period of one year.

—(CCRIMH, Newsletter Nov. 78)

Many other medicines and measures are mentioned for this purpose and are under study.

William Shakespeare with a deep insight described seven different stages of man.

" At first the infant

Mewling and puking in the nurse's arm;

Then the whining school-boy, with his satchel and shining morning face, creeping like snail Unwillingly to school.

And then the lover, sighing like furnace. With a woeful balland made to his mistress eyebrow

Then a soldier,

Full of strange oaths, and beard like the pard,
Jealous in honour, sudden and quick in quarrel,
Seeking the bubble reputation
Even in the cannon's mouth

And then the justice

In fair round belly with good capon lin'd
With eyes severe and beard of formal cut
Full of wise saws and modern instances
And so he plays his part.

The sixth age shifts

Into the lean and slipper's pantaloon, with spectacles on nose and pouch on side,
His youthful house, will sav'd a world too wide
For his shrunk shank and his big manly voice,
Turning again toward childish treble, pipes and whistles in his sound

Last scene of all,

That ends this strange evantful history
Is second childishness and mere oblivion;
Sans teeth, sans eyes, sans taste, sans everything'

—WILLIAM SHAKESPEARE
"As you like it"

Homoeopathy covers not only all the seven ages from the cradle to the grave, but, can cover the extra forty weeks from the moment of beginning of life with impregnation of the ovum. It is likely that it can help in the treatment of the chronic miasms and thus greatly improve or remove inherited tendencies. However this paper concerns the last two stages mentioned by Shakespeare.

THE INCREASING IMPORTANCE OF GERIATRICS

Improved health care, in recent decades, has directly enlarged the once insignificant group of the aged into a major subject of the population.

"The single factor that has put gerontology in the forefront is the number of the aged in the Society. "In 1970 the world population of people aged 60 years was 291 millions. This figure is expected to reach 585 millions in the year 2000 A.D., i. e. doubling in 30 years."

This has led to the recognition that the aged have problems which are quite distinct from those of the others.

WHEN DOES OLD AGE BEGIN

About a person grewing old there's heen a lot of chatter,

But if a person doesn't mind, Age doesn't really matter

—AGNES W. THOMAS

Ageing begins with conception itself but the first question that very naturally arises is "when does old age begin?" 65 years is an arbitrary demarcation between middle and old age based on the social legislation of Bismarck. Chancellor of Germany in 1880s. But it is well known that the physiological and chronological periods are not identical nor do they run parallel in all men and women. All do not reach their senescence point at a particular fixed age. Therefore, it has little releavance to functioning as general health, mental capacity, psychological or physical endurance or creativity. It is thus not a chronological but a physiological, biological process.

PHYSIOLOGICAL CHANGES WITH ADVANCING YEARS

I would only very briefly touch o the physiological changes in as far a they reflect on the medical problems th we are called upon to treat

As will be seen from the slides pr jected there is a steady fall in function capacity of most of the organs and sy tems in the body after the age of 30 yea Maximum oxygen uptake, heart rate an maximum pulmonary ventilation durin maximal work on a treadmill or ergomet all decrease.

It is also seen that progressively the is an increased accumulation of the pig ment lipofuscin in the human myocar dium. This pigment and lysosomes ma be related with ageing.

Liver decreases in mass by abou 30% between young adulthood and old.

There is a falling off in activity of th microsomal enzymes thus reducing th efficiency of metabolic activity.

Renal function decreases steadi with age from maturity onwards. It ha been shown that glomerular filteratio falls by 46% and renal blood flow by 53 between youth and old age.

Because of these physiologica changes it is said that likelihood of dyin doubles every eight years after 30 (Ben jamin Gompertz).

Medawar expressed succinctly th defining ageing as 'that change of th bodily faculties, sensibilities and energie which renders the individual progressive more likely to die from accidental causes

THEORIES OF AGEING

The exact cause of ageing has be a matter of speculation. 'Natural ageing

may be due to occurence of genemutations. According to some, it is "progressive masochism of somatic cells". Some harmful substances produced in course of time decrease the vitality of the organism or its certain organ system.

Probably no tissue ages completely independantly of the rest of the body yet it may not be altogether an omnibus simultaneous cellular phenomenon. Ovary is an exception as mentioned under menopause.

Tissues most likely to control ageing are those which have the greatest influence over other cells e.g. the vascular nervous and endocrine systems.

The body's ability to cope with stress and to control deviations from homeostatic 'set-points' as also the body's ability to cope with infection decrease with age.

The most popular theory of ageing is that it is due to mutations in D N A of somatic cells, random in time.

Structural events leading to blocking of the transcription step of protein synthesis in ageing cells are described. Using the methods of thermal denaturation, it is shown that in ageing cells,there are alterations in the bonds between the basic proteins and the D N A within the nucleoprotein. The increased stability of these bonds in nucleoprotein from aged cells inhibits the separation of the two strands in the D N A double helix, an essential step in transcription. A progressive, irreversible loss of genetic information for the cell results leading to a loss in adaptive capacity and eventually to cell death.

There appears some built in code that limits the capacity of the cell to divide only fifty times. In a rare disease Progeria they divide only a few times and this child shows ageing when 1–2 years old, is an old man by 7-8 years and dies at 11 or 12 years.

Therefore it seems at present that life span of a normal human cell cannot be extended without making it either pathological like a cancer cell or truncated like a germ cell, the sperm or ovum.

In 1976, at the Athens Congress I felt full of admiration for our nonagenarian, Dr. Franklin Cookinham whom we affectionatelly called Cookie, attending not only the Congress but taking keen interest in the teaching Seminar that followed He being one of the senior-most Homoeopaths then living I asked him how did he keep himself so active and alert. His advice was No. (1) Be your age and (2) keep your genitals where they belong. You can draw your conclusions as to what he meant.

Yet it should be remembered that one of the most striking features of age changes is their great variation between individuals and in nature.

Life patterns and longevity is dictated by our genes and it has been said that, "The best way to attain old age is to have old parents". Do we have a choice ?

POSTPONEMENT OF AGEING/PROLONGING LIFE

Based on knowledge of cell functioning attempts have been made to postpone the ageing process.

Dr. Paul Niehans M. D. of Switzerland injected people with cells taken from lamb embryos, using cells from specific organs like the heart, kidney or liver to treat ailments of same organ in humans. He claimed excellent results and his

clientale included Charles de Gaulle and W. Somerset Maugham.

This has been called the cell vital therapy.

Cellular therapy practiced today is similar to Niehan's original method but more controlled and under better sterile conditions.

More recently Dr. Banjamin S. Frank has developed a method of injecting RNA into the body of the patient through his diet.

Transplant of organs is another new method to increase life.

Plastic Surgery can be used for Cosmetic purposes but that cannot alter ageing process except possibly by giving a boost to the sagging spirits of the old:

In recent times Vitamin E and Vitamin C and the mineral Selenium have been mentioned as a help in delaying the process of ageing. Of course, the Nobel Laureate Linus Pauling comes out with Vitamin C almost as panacea for many conditions including Cancer. Choline is known to improve brain function and stimulate memory. Thymosia improves body's immune system and thus ward off diseases that threaten life. Bio-Engineering offers a possibility for the future by way of modifications in the genes.

A bold attempt is made in a surgical technique called Parabiosis. This consists of joining blood circulation of ageing animals with the young. It has been tried in rats, cockroaches etc. with remarkable regenerative changes in the old.

It has been known since 1917 that Hypothermia can slow down the ageing process.

The chemists have studied the enzyme systems and protein synthesis in ageing and came out with their contribution to retard it. An equimolecular combination of dihydroergocristine, dihydroergocormine and dihydroergoriptine put up as Hydergine is claimed to be useful.

Hewever, fantastic these measures may be and perhaps in the future yield positive results but for the moment, we have to agree with those researchers who say that warding off old age is in large part of a matter of self image, positive thinking and staying active.

Exercise is crucial, for exercising an organ presents a strategy for modifying the ageing process. The body is now felt to rust out rather than to wear out.

It is certain that no advance in medicine will enable us to escape death through old age. It is even doubtful if they can help in the making of Methuselahs. Therefore, all one can do is to ensure that it is a healthier period of life It is said that death is the genes way of ensuring their own survival. A study of some areas of the globe where there is comparatively more longevity in the population brings out some common features. They are generally in agricultural society with much physical activity, worry-free lives, recreation, moderate eating habits and regular sleep. Fruits are consumed daily. Smoking and alcohal is rare. They continue to lead active sex lives.

(To be contd.)

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Specifics in Homoeopathy - The fourth degree method

—**Dr. M. C. Batra**

While attempting to write on this sensitive subject I am aware I am tresspassing into forbidden pastures because the word "specifics" is a taboo in homoeopathy. Homoeopathy and specifics are two opposite poles which can never meet according to master himself and stalwarts since his time. They are the very Many anti-thesis of each other because homoeopathy believes in and practises individualisation. It prescribes an individual medicine for every individual according to the total picture of his case irrespective of the fact that all may be suffering from the same disease. The diagnosis may be the same but prescription has to vary according to an individual's peculiar, symptoms as found in his particulars and generals. Homoeopaths loudly claim and proclaim that they treat the patient and not the disease. Obviously what they mean is that they do treat the disease as an individual entity but by treating the sufferer as a whole by a medicine which corresponds to his total symptom picture. It does aim to treat sick patients by the same common medicine even when their complaint to be treated is the same. Nor does it call for different medicines for each of the different complaints in the same individual. One sick man needs one medicine no matter how many be his "diseases" One medicine for many different diagnostic entities and many medicines for the same disease entity is Homoeopathy's oft-proclaimed principle.

It is none of my intentions to displace this central priniciple or to substitute it with anything better. Individualisation according to the totality of symptoms of a case remains and will remain always as the central guiding cardinal principle of homoeopathic prescribing. But there are diseased situations where we have to set individualisation aside and prescribe a medicine on a basis of just those conditions and situations. Here, definite medicines determined by their physiology and pathology are possible. This technique, the fourth degree method as it is known in Police parlours is an addition to the method of individualisation. It should be an additional formula of prescribing to supplement the golden formula of individualisation.

To those who remain deeply brainwashed and consider that our masters taught only the law of individualisation and we cannot deviate in the slightest degree from it, I have to remind them of what master had himself advised. Repeatedly he told us to experiment everything ourselves and to stick to what we found true and to reject what did not stand the test of experimentation. Betit as it may, let us not forget that we have also inherited many medicines as specifics found useful in various disease situations. Some of these are as follows-

Arnica is the only medicine prescribed by a beginner as well as a master for various kinds of trauma or its complications recent or remote. No individualisation is

done or advised when Arnica is prescribed for various kinds of injuries from a simple fal lto the soreness of the uterus after repeated labour pains or even to prevent sepsis after handling after labour. Staphysagria is recommended for wounds if they are incised as in the case of surgical operations. Acetic acid is useful in charcoal poisoning and ofcourse Calendula the age old vulnerary in many kinds of open wounds. How much individulisation is employed in the choice of these medicines in these conditions. Then there are other medicine like crataegus for heart weakness, Passiflora for Insomnia and Alfa Alfa for malnutrition and loss of appetite. There are many more 'jewels' in our materia medica. We have accepted these kinds of directions in favour of specifics and have adopted them in our day to day practice and yet like quacks we do not know why we do it inspite of our adherence to the principle of individualisation it is my intention here to high light some more examples of such drugs which can be prescribed without individualisation and then to enumerate the indications guiding and determining their employment as specifics.

Some of the drugs accepted over the world as being successful for the conditions written against them are these.

Aconite for - (i) foreign body in the eye
(ii) fear of death during pregnancy.

Arnica for all kinds of Trauma, Crataegus as a heart tonic.

Calendula as a healing agent for all kinds of open wounds.

Alfa Alfa for poor appetite and mal nutrition and under development.

Pasiflora for poor and disturbed sleep
Staphysagria for clear cut surgical wounds

Now we enlarge this list and introduce some other drugs which can be useful in conditions given below.

(A) Respiratory System :

1) Acute coryza - Avena sativa mother tincture.
2) Beginning of coryza - preventing its further development. Camph
3) Quillaya Saponaria - To drain out supressed cold - Hepar Sulph 1 × Chionanthus.
4) Pharyngeal and post nasal coryza with Eustachian tube affection-Panthorum
5) Breathlessness of aged people - Emphysematous Condition - Coca Strophanthus.
6) Asphyxia due to charcoal fumes - Bovista.
7) Loss of voice - i) 5 to 6 drops of coca every 1/2 hourly before the demand of voice.
ii) one pea size piece of Borax under the tongue.

(B) Cardiovascular System :

8) Low Haemoglobin or Iron - Ferrum phos 3X
9) Collapse - (i) Enema of hot coffee per rectum.
(ii) Camphor 1 × orally.
10) Troubles incidental to mountaineering coca.
11) Pernicious anaemia-pure glycerine in teaspoonful dose - t. d. s. with lemon juice.
12) Cardiac asthama - Aspidosperma.
13) High systolic and low diastolic Blood pressure i.e. high pulse pressure - with cerebral and cardiac symptoms - Baryta mur.
14) High blood pressure - Ceanothus C
15) High blood pressure with chronic nephritis with prostatitis-pituitary gland 30, ten drops after meals.
16) Anticoagulant - Ceanothus.

INJURIES :

17) Disinfectant or douche - oil of Cinamonum in water
18) Bed sores - Arnica, Bovinine locally
19) Cuts, bruises and sprains-Anemopsis
20) Injuries to nerves - bellis. p.
21) Injuries to deep tissues after abdominal operations - bellis P.
22) Burns - 1) Paraffin externally even in 3rd degree burns until granulation tissue forms.
2) Momordica-Tincture used externally as a liniment and poultice for burns and chapped hands etc.
23) Bites - Snake bites and insect bites-cedron to be rubbed into bite wounds

EYE -

24) Haemorrhages in conjunctiva or retina Bothrops
25) Vitreous opacities-cholesterine.
26) Unresolved tags in vitreous humour after cataract operation - Senega
27) Detachment of retina - Naphthaline.
28) Colour blindness - santoninum.
29) Day blindness - Bothrops.
30) Night blindness - Cadmium sulph
31) Myopia - pilocarpine
32) Increasing myopia - physostigma
33) Cinders in eyes - Aco, coccus cacti.
34) To prevent optic atropy - Iodoform.
35) Squint due to worms - Santonine.
36) Tarsal tumours with granular deformed lids - platanus occidentalis.

G. I. Symptoms :

37) Flatulence with chamomilla like colic in children - Micromaria mother tincture.
38) Anal itching due to irritation from worms - apply Honey on the anus.
39) Flatulence - 10 - 25 drops of Sulphurous acid in water before major meals.
40) Hiccough - 3 drops of cinamonum on sugar.
41) Constipation - 2 drops of tincture night and morning of staphysagria or Hydrastis or Aesculus H.

Antidotes :

42) To Cortisone therapy - Thyroidinum.
43) Addiction - Morphine – Avena sativa
Alcohol - Sulphuric acid.
Tobacco - Caladium 200
followed by calc phos 3 ×

Antidotes-To opiates-Kali permanganate before opiate is absorbed in the system.

44) Antityphoid serum - Baptisia.
45) Narcotics - coffea.

Prophylatic :

46) To limit the duration of mumps - Pilocarpine
47) To modify favourably all cases of cancer or to prevent them in cases with family history - Carcinosin
48) To prevent sepsis after mis handling as in the case of deliveries or operation Arnica.
49) To prevent complications after operation on rectum - Collinsonia.

Female sex :

50) Blemishes in young girls - cimicifuga
51) To convert transverse position of foetus to vertex position Arnica and puls
52) Uterine inertia towards the end of labour without any mechanical defect sugar of milk 25 mgm in hot water repeated couple of times.
53) To shift menstruation from expected date - lachesis 12.
54) To increase quality and improve quantity of mother's milk - Alfa Alfa.
55) Large breasts of women with urinary symptoms and tumours of mammae-Chimaphila.
56) Tumours and nodosities in breast-Scrofularia nodosa and ocimum.

Male sex :

57) pain in pelvic organs-ill effects of masturbation - Bellis P.
58) Sterility - X Ray, Borax
59) Undescended Testes - Thyroidinum.

Urinary system :

60) Diuresis in dysurea
  i) Infusion of cochlearia.
  ii) Citric acid plus lime juice.
61) Urinary stricture - with dribbling of Urine-cucurbita citrullus.

Fever :

62) High temparature and accelarated pulse 1) Eucalyptus mother tincture.
  2) Acetanilidum.
63) Endurance – for prolonged physical endurance without fatigue as in fasting or dieting - sterculia.
64) Nervous exhaustion - sexual debility -Avena sativa, alfa-alfa.
65) Tonic after exhausting fever-Alstonia

Other minor conditions :

66) Dandruff-Cochlearia mother tincture (local use)
67) Tropical dysentery-merc Cor 3 X
68) Gout - for acute pains - 10 drops of colchicum mother tincture 2 to 3 times a day.
69) Herpes labialis – Capsicum mother tincture externally
70) leprotic patches without sensation - Bufo
71) To prevent sleep during examination days - scrophularia nodosa - Q.
72) child plays and laughs all night - Cypripedium.
73) child cries all night, playful daytime- Jalapa
74) pseudomusculer hypertrophy - Calotropis.
75) obesity-Fucus, phytolacca.
76) Ankylosis - Thiosinaminum.
77) Abdominal pain of rheumatic origin- Colchicum 3 X
78) Keloid - Thisoinaminum.
79) Worms - i) Any type of worm
  1) Chelone
  2) Cuprum oxidatum nigrum 1 X.
  ii) Ascarides - Aesculus
80) Warts - 1) on hands - Nat M.
  2) small warts on hands
    1) Ferrum magnetic
    2) Ferrum picricum
81) Habits–Snoring and mouth breath after adenoids operation-Kali sulf.
82) Stammering in children–Bovista Stramon Mercury

Thus, We have seen that in conditio where one single vital organ seems to amuck threatening the very survival of vital force, we have (as laid down master himself also) to direct all effo first to the survival, redemption and stre gthening of the vital force and then, wh that is done, to think of the indivi constitutional remedy. This happens advanced pathological conditions cancer or emergences like cardiec failu dehydralion, surgical collapre etc.

Then there are situations where o physiology of the system is required to controlled like in the postponement menstrual cycle with Lachesis 12, or inc asing the endurance with stercula wh fasting; or keeping awake during ex days with scroph note or to present w coca the anticipated complications mountaineering.

We also have to use homeopat medicines as specifics to break certa habits like alcoholism with sulphuric ac with caladium and Calc. Phos the ha of smoking, with coffee for narcotics, w antidote with thyroidinum the evil effe of cortisone thearpy. We also have provide substitutes for certain drugs which a chronic sufferer is very oft addicted.

Homoeopathy & Human Constitution

—Dr. Surendranath Saksena

"No knowledge is perfect unless it includes an understanding of the origin- that is, the beginning, and as all man's diseases originate in his constitution, it is necessary that his constitution should be known, if we wish to know his diseases" - paracelsus.

Constitution, so far as man is concerned, may be defined as disposition upon which morbid complaints appear to develop a disposition, and depends upon inheritance from parents and fore-fathers.

The constitution has primarily no connection with health and illness. It is solely established that a certain general condition of the body, the whole bodily activity, the whole energy and energetic faculties, including mind, work quite decidedly, through abnormal direction. Influnces of a favourable or unfavourable type that include food, housing and climate etc. may prove modifying in their own way, say improving or aggravating. However, they possess inherited tendencies. Mental influences start always from the moment of the development of the embryo.

According to vedantic philosophy, it is spirit which builds the body. Now-a-days, philosophy which regards life not merely from physico-chemical view point, the so-called "vitalism" has gained more recognition by the scientific world. Vitalism - the doctrine that there is a vital principle distinct from the organisation of living bodies–directs all their actions and functions. The constitution of human beings can be influenced only with higher potencies which affect the mysterious life and activity of the whole wonderful structure of the human body stimulating and changing the direction, without taking into consideration particular sphere.

Acute diseases very often take quite a different course on the foundation of general predisposition. Here applies the maxim. "There is only one disease but different patients". Medium potencies which act again function are employed in acute illness, or in low potencies nutritively. To change the constitution, however, we resort to high potencies, Which act stimulatively. For instance. to remove the actue symptoms of Ozena (foetied nose) on a scrofulous-syphilitic basis, we prescribe normally low potencies but for constitutional improvement, we select advantageously high potencies in less frequent doses. Without later, we can hardly obtain permanent result in such cases. In acute intermediate stages or when chronic states become temporarily violent, normal or low potencies can be used as inter-media.

To facilitate the selection of constitutional drugs and indicated remedies, rhe following classification of constitution can be made:

(i) Scrofulo-Tuberculosis Constitution also known as lymphatic or exudative diathesis, condition with chronic swellings of the glands in various parts of the body. Tendency to lymphatic glandular diseases, skin affections, catarrahs, inflammation of bones and joints and green sickness in girls during puberty, scrofulousness and tuberculosis preferably develop on that foundation and such patients pass

their disposition to their innocent children- a very annoying inheritance. Even intermittent fevers and Malaria too have an unfavourable tendency in that direction.

(ii) Neuropathic Constitution : It is one of the conditions in which nervous conditions are mostly manifested. Prominent are irritability and debility or the whole nervous system from very childhood. Tendency to convulsions disturbed sleep, quick exhaustion of body and mind, inclination to bad sexual habits, gastric and intestinal disturbances, pulpitation, depression, melancholia, hysteria etc.

(iii) Gonorrhoeal Marasmas- attended by great exhaustion, weakness and threatened by the loss of power of propagation. It is the result of Gonorrhoea which was not properly cured or driven back by other than Homoeopathic measures. There was once a vast army of badly diseased and permanently disabled men and women, who owe their misfortune to Gonorrhoea. Unconditional frankness with the physician becomes a necessity when a chronic wasting disease results from an infection. Gonorrhoea is by no maens cured solely or eradicated merely by disappearance of discharges.

(iv) Chronic syphilis, the consequence of inherited or acquired infection, suppressed, however, by toxic medicaments, superficially appears abated but takes a wrong direction and as such threatens the vital organsand life goes on dissipating.

(v) Dysaemia and Dyscrasia: Literally speaking, Dyscrasia is known as altered condition of blood and fluids of the system leading to a constitutional disease as dropsy, Cancer, Delerium Tremens. A mixed constitution usually develops when several of the constitutions coincide, resulting in a severe type of anaemia, formation of unhealing ulcers malignant tumors, disturbance in the normal functioning ofglands. Favourable and encouraging results can be obtained when we hunt for constitutional drugs.

(vi) Obesity which is a burning problem too, may be caused by constitutional disturbances.

It will not be out of place to mention Dr. Von Grauvogl who had classified the 'constitutions' broadly on the following lines exactly based on Hahmemannian Miasms :

1. Hydrogenoid Constitution corresponding to sycosis.
2. Oxygenoid Constitution, it corresponding to Syphilis.
3. Carbo-Nitrogenoid constitution corresponding to Psora.

Important conclusions for the selection of Homoeopathic remedy can be drawn from symptoms of the past towards certain morbid forms of diseases. They need not necessarily occur and that the constitution can be favourably influenced by our mode of life as well as by a suitable selection of remedies provided, if nature has been correctly diagnosed sufficiently early For getting better results, the picture of the drug concerned and connected constitution must be carefully studied, before employing the drug for achieving the goal

❋

The Surgical mind will appreciate the fact that organic changes and new growths do not thrive in the dead body, nor when extirpated from the living body, which facts furnish conclusive proof that for their fruition they are dependent upon life itself.

The Rights of Health and Wholeness

—Marg. Van Fleque Geiger
(Designer of the Indian Hahnemann stamp 1978)

Biographical Note

Professionally an artist and teacher, Miss Marg. Van Vleck Geiger has studied and taught philosophy and metaphysics, comparative religion, ancient and modern psychology, homoeopathy and alternate natural therapies. She has lectured on these subjects at schools and colleges, libraries, as well as appeared on radio and Television. A family project with her sister and mother has been the water-colour painting of scores of homoeopathic remedies to be collected into a herbal of healing flowers and plants.

The wisdom of the ancients is permeating scientific fields through idealistic psychologists, educators, and medical men. The ancient kings were also healers, so were the priests in the temples, often called temples of healing. They understood that the laws of the physical plane reflect the laws of the universe, using laws of sound, light, and color, technics now being researched and revived today. Healthful living and right thinking were part of the religious life of the people in every high civilization; prevention, the knowledge of how to live, covers every department of life. The object of all true healing is to correct illness at the source, to purge from within out, not to suopress symptoms. Health knowledge includes the feeling nature, the emotions, proper use of the senses and the body, the life-style as well as the life of the mind and the soul. As the mind cleared of error sees truth clearly, so the body cleared of congestion or imbalance, functions smoothly, in bounding energy of health. Is it not right that crippling illness follows crippling thought, depraved diet, wild and black emotions? The natural healer knows that natural law can be violated on many planes: on the physical where air, water, nutrition and environment may all be polluted. The skeleton may be misaligned, the musculature and organs malfunctioning. Or there may be intolerable stresses emotionally, or wrong philosophical concepts - resulting in degenerate patterns of living. Thus the true healer must also become the Teacher of the Right Life, the Good Life, the True Life, as was Samuel Christian Hahnemann.

What Is Health?

"Health is the fullest expression of all the faculties and passions of man, acting together in perfect harmony. Health is entire freedom from pain of body and discordance of mind. Health is beauty, energy, purity, holiness, happiness " according to T.L. Nichols. Georges Ohsawa, the Japanese philosopher who brought the ancient cereal-grain based nutrition to the west wrote: "Health - not merely the absence of disease but the dynamic balance that nature maintains so effortlessly- is a usual state of being in the universe .....If health is natural, what could be more fitting and orderly than to achieve a state of well being by following the simple way of Nature? .... The healthy, happy man has understood that to live a joyful life no matter where on this earth, he must first

of all make himself one with his environment-he must eat. drink, and behave in a manner that doesnot alienate him from the orderly, simple truth of nature ...to recall Nature, to acknowledge Wholeness is the highest wisdom to which a human being can aspire In reality, intuition is the manifestation of Wholeness itself . ..Our human body is part of the Whole .. The whole is Nature and whole Nafure is our Spirit

The health - minded patient reallzes that illness is generally a working out of body poisons accumulated over a period of time. This effort of the vital force to cleanse and re-establish harmony should be wellcomed, never repressed. Acute illness is no disaster but a surfacing of hidden problems which can be dissipated hygienically. The doctor interested in causes will deal with these along with the effect that have erupted into view. The educatd physician nowadays can draw from the wealth of ancient and modern knowledge being widely disseminated, called " alternative " (meaning natural rather than poisonous and suppressive.)

If we regard the body as a temple for the inner man, can we say our temple is well-kept and clean? In order and smoothly functioning? Holistic also means holy. So many ways to disturb the body temple; just as many ways to set it right again. What are the factors affecting health? Air, water, sunshine, nutrition, exercise, relaxation, rest and recreation, environmental chemical toxins, food additives, preservatives and dyes, cosmetic chemicals, allergenic chemicals- in clothing, body structure, hereditary factors, occupational hazards, radiation, infection, climate, air electricity (ionosphere), peace of mind. etc. What percentage of the ideal are you able to maintain? How many of these factors are under yo control?

The subject of freedom is of intens interest nowadays as violations of bas human rights are reported around th world This charter of physical rights offered as a summary of principles health, according to modern naturopath ideals.

HEALTH AND BODY RIGHTS

1) The right to accurate health informa tion, and study of the laws of health

2) The right to share knowledge abou prevention and the health sciences.

3) The right to give your body the sound nutrition you feel it needs, a variet of fresh, poison-free, essential foods plus any needed excercise and rec reation of choice, and checking abuses of these.

4) The right to a safe poison-free envi ronment includs safe shelter, unobs tructed sunlight, clean water, pur air, quiet for rest plus correction o all threats or hazards to these bas necessities.

5) The right to raise your children heal thfully and safely. All should have access to natural unspoiled forest beach or desert; conservation of ou wilderness is basic to the ecology o life on planet earth.

6) The right to cheerful meals, pleasant ness at the table before, during, and after meals. The right to undistur bed rest; constructive recreation.

7) The right to choose your health ser vice including alternate therapies such as acupuncture, spinal adjust ment, yoga, homeopathy, colo therapy, etc. Safe diagnosis throug Iridology, radionics, kinesiology, etc and physiotherapy such as colon irrigation, hydrotherapy, massage reflexology, etc. Plus positive meta physical aids offered by the new

humanist psychology based on eastern philosophy. The right to the happiness of health!

8) The right to life includes the right to be born, to survive, to recover and maintain health under natural law, with natural means & treatment.

9) Supportive, constructive and protective attitudes should prevail in the home, at work, in schools, and in institutions everywhere (hospitals, schools, prisons, universities, etc.) with safeguards for the weak or helpless, the insane and the handicapped.

10) The right to natural death with dignity and peace, with loved ones if desired. The right to life means conversely, - no one has the right to destrory himself physically, mentally, emotionally, or spiritually. Whether self or another, it is still murder.

"Nothing then is unchangeable but the innerent and inalienable rights of man". JEFFERSON.

The "Holistic"- (Wholistic) approach to cure, prevention and health growing so popular now, it is not new but was well known to the advanced therapists of every civilization. Hahnemann but echoed the ancients when he urged examination of the patient's life-style, to seek for causes before attempting a cure. Most conscientious homoeopaths require an extensive questionnaire to be filled out by the sufferer, some running to many pages of symptoms, habits, cravings, peculiarities, mentals and modalities. After asking what treatment the patient had been subjected to, drugs, etc. Hahnemann's holistic inquiry proceeded: "NEXT to this, the patient's age, mode of living and diet, occupation, domestic circumstances, and even his social position ... in order to see of these have been of a nature to augment the disease, or in what respect the cure might be flavoured or impeded thereby. Neither should the physician overlook the patient's state of mind and temperament, and observe if it inclines to prevent the cure, or whether it might be necessary to direct or modify his mental condition by physical means..... the state of the mind is always modified in so-called physical diseases ... of ten of most decisive importance in the homaeopathic selection of a remedy . that should least of all escape the accurate observation of the physician." (Organon) He stresses the importance of recording the totality of the symptoms, "with the utmost care..... the bodily symptoms, .. the complex of symptoms, i. e. of the precise condition of the mind and disposition prevaling in each case." (Organon) In all we never forget his beautiful opening objectives: "The physician's highest and onlycalling is to restore health to the sick, which is called Healing. The highest aim of healing is the speedy, gentle, and permanent restitution of health, or alleviation and obliteration of disease in its entire extent in the shortest, most reliable, and safest manner, according to clearly intelligible reasons". In his valuable work on Chronic Diseases Hahnemann repeats: "The first duty of the homoeopathic physician who appreciates the dignity of his character and the value of human life, is, to enquire into the whole condition of the patient, the cause of disease as far as the patient remembers it, his mode of life the nature of his mind, the tone and character of his sentiments, his physical constitution, and especially the symptoms of the disease. "Symptoms are mentioned last. and as every student of materia medica knows the mental symptoms are listed first.

Following Hahnemann's gentle lead in the treatment of the mentally ill, S.H. Talcott gives valuable guides for prevention and treatment in his work "Mental Diseases and Their Modern Treatment". "To prevent the growth and development of these subtle causes among the young, the vigorous and successful, we must give them a better education, a loftier purpose to shun evil and to do right, a clearer knowledge of what that right is, and a most invincible determination to accomplish the greatest good in life without shattering one's forces upon the rocks of dangerous and needless excess." This humane homoeopath urged study of the pathology, the mental aberrations, and the totality of symptoms of the case. His program listed: 1. Kindness and gentle treatment. 2. Rest as a means for physical and mental recuperation. 3. Bathing and massage. 4. Enforced protection. 5. Artificial feeding. 6. Dietetics. 7. Exercise, amusement, and occuption. 8. Moral hygiene. 9. Medicine. His idea of moral hygiene followed the highest ideal of non-violence-" ... consists in transmitting soul encouragement from the strong to the weak. Doctors and nurses should seek by kind and soothing and stirring words to inspire new spiritual energy in the lives and motives of their patients. Many a patient has been erratic and undisciplined throughout his life, and it is this lack of discipline which often brings a patient to a hospital for the insane ... Every faculty must be cultivated by means of moral hygiene; every emotion must be restrained, and every passion must be subdued, in order to enable mental invalids to possess that perfect self-control which is the loftiest attribute of sanity and strength."

The following character of Emotional Rights suggests preventive principles for the rising tide of emotional and mental breakdowns among all ages, along with the crumbling of the family as a unit.

"Nothing is at last sacred but the integrity of your own mind."

—Emerson

If you can not find the remedy after you have taken all the symptoms then own up to it and do not speculate on some new theory to explain the failure. The mere matching of symptoms with some other symptoms is very largely a child's play.

— BOGER.

Arsenic Album - A Remedy of Modern Civilisation

—Dr. G. L. N. Sastry

The usage of Arsenic oxide or Arsenic-alb is an age old one and it was used for different purposes, largely as an ingredient of calico printing : wall-pastes artificial flowers, for dyeing purpose and as a preservative of skin and timber against white ants. It is used as an insecticide, weed killer as well as a rat-poison etc. It is found as "an impurity in iron pyrites, sulphide ores, mineral acids and in some metals like Zinc, Tin, Iron, Lead, Cobalt etc. Traces may be found in some soils, in mineral waters and coal smoke."

It is odourless and tasteless, insoluble in water, soluble in spirits and wines with equal quantity of water but more soluble inacids and alkalies.

Prior to the introduction in Homoeopathic Materia Medica, it had been used in small doses as a charming remedy for invigorating vitality not only for human beings but also for horses. It was used for suicidal and homicidal purposes also. During middle ages it had been widely used for therapeatic purposes for skin complaints, as a paste for cancer and other malignant conditions and as a remedy for syphilis. It was used as fowler's solution for Anaemic conditions, later for syphilis, substituting or in combination with mercury. Its action on skin, Mucus membranes, gastro-intestinal tract causing nausea, vomiting, diarrhoea etc have been noticed in toxi-cological provings. It had been used in intermittant fevers like ague and its usage in syphilis lasted for a pretty long time till it was replaced by Antibiotics.

The innumerable Toxicological symptoms of Arsenic provoked the great genius of Homoeopathy, Samuel Hahnemann, to prove it in minute doses and to test his theory of law of similars. His experiments in reduction of quantity showed the gratifying results with improvement in qualitative action of life saving properties after 3rd centismal potency. He found how it created mental tension producing the strange fears, leading to anxiety and restlessness physically and mentally finally to prostration apart from its characteristic burning, stitching, lancinating pains along with its impression on skin, gastro-intestinal tract etc.

Today Arsenicum-album is one of the greatest polychrests of our Materia Medica and its action is multifarious when administered in the infinitesmal doses from cold to cancer. It acts curatively, palliatively and as a drug producing Euthanasia. It is one of the important collapse remedies. Apart from its profund action on mental field producing, anxiety, restlessness, fear of death and prostration it produced periodicity of compaints, intolerance of cold and chilly weather except in head complaints, time aggravation of 1 to 2 a.m. or p.m, burning, stitching pains along with extreme thirst are some of the characteristic generals of the remedy. Its usage in colds, skin complaints, like psoriasis, dermatitis etc; intermittant fever like Malaria, filariasis; remittant fevers iike Typhoid; Viral diseases like Influeuza; Epidemics of Cholera and Small pox, distrubances of Gastro-

intestinal tract, like gastritis, Haemorhoids etc , respiratory affections like bronchial asthama, Cardiac affections like Angina, Hypertrophy of Heart, Dropsies of cardiac and renal origin, general anasarca of anaemic states, nervous complaints of sciatica, Migraine etc; septic and zymotic conditions; gangrenous conditions; puerperal sepsis etc even rheumatic conditions, last but not the least in Malignant conditions, like Epithelioma, precancerous and cancerous states ultimately leading to the self destruction by suicide are some of the conditions on which Arsenicum has a marvellous effect.

When we take up the miasmatic aspect starting with psoric state with perverted functions like strange fears and delusious rapidly by-passes the inflamatory conditions of sycosis, slips quickly to the syphlitic state of destruction, mentally and physically or into mixed miasmatic state of malignancy. We notice such a wounderful state in Arsenic that it leaves no tissue or organ.

It is a remedy covering almost all the so-called bacterial, protozoal, rickettsial, venereal and viral infections.

It produces alternating states, two disease conditions either alternately with another or a particular part of the body covered by one modality and the rest exactly by opposite modality, and sometimes the remedy covers both the features. In the present day, we find number of cases with such alternating states specially in allergic disorders. Headaches alternating with physical complaints is one of the characteristic features of this remedy. It happens mainly because of the faulty treatment or suppression of the first complaint. Periodicity is one of the characteristic features of this remedy, producing complaints in particular time or period or seasonally, an etc.

Arsenic is one of the important m dies for the complaints after suppr discharges, or any other type of su ssion, either therapueticaly or surg or even by natural means. In this c nection I may quote from Kent from lectures on Meteria Medica under "A alb". It is the catarrhal remedy for and other organs in broken down co tutions from syphilis or Malaria or a c titution that has gone through the b poisoning from a dissecting wound from erysepalous or Typhoid fever Zymotic states improperly treated, or soning with quinine and like substa that break down the blood and estab a state ef Anaemia." "Arsenicum is of the medicines that will conform to anaemic state that follows each suppr sion. At the present day it is fashiona to use the cautery, to make local app tions to stop Leucorrhoea and other charges and to heal up ulcers. Now w these external troubles go, there is anaemic state established in the econo the patient becomes waxy and pa sickly looking, and these catarrhal d charges come on as a means of re because of the suppression of su other conditions". "Arsenic is also unto the constitution that has b brought about from the absorption animal poisons. It goes to the very roo the evil, as it is similar to the sympto brought on from a dissecting wound and Lach are medicines that will go the cause and antidote the poisons ex blishing harmony and turning things order".

Now to substantiate Arsenicum remedy for modern civilisation, which under constant fear, anxiety and re lessness with great stress and st

physically and mentally. Mind being the axis for our actions, the profund action of Arsenic on it is marvellous. The so-called modern civilised society is in constant hunt after fancies, leading the most artificial life with no moral calibre, and the rule of conduct expressing the disorderlines of the race living in constant anxiety and restlessness, which in, turn reflecting its image on the physical organism with lowered suceptibility vulnerable to various acute and chronic affections. Why such a sad state is prevailing is a point to ponder over and whether it can be restored back to orderliness is another question of enquiry ? Is it all man-made or is it due to any super-natural imposition. Our actions depend upon our thinking faculty. The perversion in the very thinking process naturally leads to perverted actions culminating in suffering in the physical plane. The inquiry into the cause and effect to the disease by Hahnemann, led to the discovery of the Doctrine of Chronic miasms which was very little understood either by his followers or by his opponents. With the advanced knowledge of the modern day, the relative effect of psychic factor on the somatic disturbances and depedence of each on the other is a recognised fact confirming the assertion of Hahnemann, one and a half centuries ago. Had they accepted it earlier, they could have prevented the sad state of health today. Destiny is above all. Had they accepted the therapeutic principle in treating the sick, they would have prevented the present line of thinking and of self destruction and a healthy race would have been established The indiscriminate use of drugs in massive doses basing on unjustifiable theories left a crippled race morally and the role of Arsenic in shaping the order of the such a society is a significant one.

Though Ars is declared as poison, and who so ever used it, branded as "poison doctor", Hahnemann dug out its inherent powers of life-saving properties, and showed the very same poision can be transformed, into a nectar, when administered in the infinitesmal doses. The readers may refer to the introductory part of Ars-alb in his Materia-Medica or chronic diseases. Hahnemann discovered the cause of suffering in mind, and he should be placed as foremost psychiatrist, Though Pinel is said to be the earliest psychriatrist, a contemporary of Hahnemann, we consider Hahnemann to be the first psychriatrist, who not only mentioned about the management of the same but also how to treat them.

Hahnemann converted Ars, a 'life killer to life saviours." Now is it not relevant to state that Arsenic is the remedy of modern civilisation, where, the practice of suppression of each and every condition either with natural means or with several antipyretics, Analgesics, Antibiotics and by tranquilirers, is prevailing, leaving a distorted picture of the disease combined with iatrogenic disorders. There is a loud talk about the iatrogenic disorders and the ways and means of checking the same. There is no immediate hope, since there is no curative principle governing it.

In my personal opinion and observation, 'Arsenic' is the first remedy to be thought of for all iatrogenic disorders and I welcome the views of the readers. It acts, either as curative or as an unlocking remedy, paving the way for correct selection of the remedy in such "inappropriately named chronic diseases".

It is how "Arsenicum album" is an inevitable and invaluable remedy of the modern civilisation.

In the words of Hughes, "I would only ask you to note, in conclusion, the striking testimony borne by the drug to the validity of the method of Hahnemann. Because it is the greatest of the poisons, it is the greatest of the remedies: and its poisonous and remedial effects go hand.' inhand". For myself I can say this that were I reduced to two medicines only out of whole pharmacopea the two I should choose would be 'Aconite' and 'Arsenic'.

But I prefer Arsentic to Aconite the sole remedy for the evil effects modern civilisation.

The remedial effects of 'Arsen' requires lot of research, as an acu chronic and malignant remedy and for the posterity to disclose its enormo powers of healing in different potenc and in different ways.

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❋

Anyone who is practically aquainted with scientific work is awarte that those who refuse to go beyond fact, rarely get as far as fact; and anyone who has studied the history of science knows that almost every step therein has been made by the anticipation of nature.

—T. H. HUXLEY.

Mind over matter

—**Dr. N. S. Prashanth**

Mr. P aged about 50 years with a diagnosis of Cardiospasm has consulted me at my clinic. He was under the treatment of an ENT Specialist at Bombay with some sort of Oesophageal dilatation for Cardiospasm as expressed by the Patient.

He stated that his illness has started about 6 to 7 years back and has been progressive. He has consulted many physicians without any relief. He has spent huge amounts within his means on Swamijis and miraclemen. On interrogation he stated that he was an accountant in a Medical Stores in Bombay (He was in Hyderabad visiting a relative). He had long hours of working and is paid a meagre amount. He was married very young and 5 children followed within the eight years of marital life and it was a job to maintain the family and to make the both ends meet. About five years back his favourite and the eldest son aged 20 years got a good job in Air-lines and gave his salary to his mother. The patient felt overjoyed that the son has come to share his financial burden. The patient always has pictured a great career and looked forward for financial assistance from this son. At this stage one fine morning the patient has learnt that the son has secretly married. In his own terms he said "It was the greatest blow I ever received not only for the financial part of it but the way he was married. For this he felt like crying like a child until his heart would break. He felt this feeling in the epigastrium' He felt cheated and resented the girls parents for stealing his son. It was during this phase he first felt difficulty in swallowing and from then on it was on the increase.

He started seeking medical advice and was informed that there was nothing wrong with him and was prescribed some tranquilizers and hypnotics. Vexed with this treatment approached some local thantric men spending good amount of money without any relief. Being persuaded by his local relative to try homoeopathy, presented himself at my clinic. Basing on the life situation and the appearance of dysphagia I concluded that the patient is "not in a position to swallow the bitter pill his son gave him in the form of a secret marriage".

Since there was no leision I diagnosed it as hysterical dysphagia prescribed IGNATIA 1 m 1 dose. Followed by nine packets of placebo for three days. On the fourth day the patient has reported it was about after 7 years that he got rid off his complaint He demanded some more medicine as a precaution. In case he were to develop the same in future. He was given plenty of placebo for future use.

SUMMARY: It is the Biological law that 'function creates organ.' Here in this case, there is the situation in the

life ot the patient which he is not in a position to agree with or swallow. This swallowing is concerned with the Oesoph agus and the Cardiac end of the stomach. On the normal process, the food that is swallowed traverses through the gullet and there is relaxation of the sphincer at the cardiac end of the stomatch and food passes into the stomach. The difficulty in swallowing or dysphagia resulted here, because the patient was not in a position to swallow the life situation

and that is expressed through the
in other words the 'Organ languag

In my opinion if this difficu
swallowing were to persist for
some time there is a distinct pos
that the patient would head for
gravous disorder in future, as stip
by the Biological law. The fu
either physiological or otherwise
seek an organ to express its resen
THE MIND RULES OVER THE BO

When a physician pronounces a complaint to be nervous, it is sure proof that he knows nothing about it. The term nervous as applied to disease is merely a cloac for ignorance.

—ROBERT MACNIRA
"BOOK OF APHORISMS".

NEWS AND VIEWS

Dr. Diwan Harish Chand Honoured at the Karnataka Conferences

It looks as though the Karnataka Homoeopathic profession had decided at last to bid goodbye to the monotony and call it a day. Through a series of functions and in the immediate presence of Dr. Diwan Harishchand, the doyen of Homoeopathy and the Adviser in Homoeopathy, Government of India, they have exhibited an unique initiative and enlivened the spirit of Homoeopathic profession.

The conference and the Homoeopathic scientific seminar organized by the members of modern homoeopaths society Hubli, Rotary club of Hubli West, inner wheel club of Jayanagar, Banglore and Principal staff and students of Karnataka Homoeopathic college, Hubli, on the 12th September 1981 at the chamber of commerce hall was presided over by Sri. B. A. Desai. Dr. Diwan Harishchand was the chief guest.

At 10 AM on the 13th September, there was the Foundation-laying ceremony for the 200 bedded homoeopathic hospital at Hubli. Dr. Diwan Harish chand and Sri. Govind Rao Purohit I.A.S. Commissioner HDMC were the chief guests who laid the foundation stone for the hospital. This glittering function brought up by the modern homoeopath's society and the chairman and members of Vijayanagar cooperative housing society, Hubli was presided over by Sri B. A. Desai.

The third function which started at 9 AM on the 14th September was the crown of all the three impressive celebrations as it crowned the renowned Dr. P. Schmidt and the veteran Dr. Diwan Harishchand with the "Ashwini Kumar Awards". Dr. Harishchand is already a recipient of the most coveted and prestigious "Dhanwantari award". Now this Ashwini kumar award adds lustre to the former. This solemn function of All India teachers, students and practitioners of allied sciences like Mantra, Yoga, Telecosmic gem therapy, Acupunctury, Naturopathy etc., which was organized by the members of the committee for the scientific seminar on homoeopathy. Modern Homoeopaths society and Karnataka Homoeopathic college, Hubli was presided over by Sri. Abdul Samad, the minister for Health and Family welfare Karnataka. The chief guest, Dr. Harischand was presented with the Ashwini Kumar Award by Sri. K. T. Rathod, the president of the K. P. C. C. (I)

Tha enthusiastic spirit demonstrated by Karnataka Homoeopaths in organizing all these functions and conferences should be emulated by the Homoeopaths of all other states.

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35th Congress for Homoeopathic Medicine, L M H I

Sussex University, From 28th March to 2nd April 1982.

OFFICE ADDRESS : Conference Services Ltd., 3 Bute Street, London SW7 3EY

FEES : Registration - £ 200

Accommodation and Boarding for 5 Nights at Sussex University Campus —£ 70-00

Total — £ 270-00

SELECTED THEMES :

1) Clinical Homoeopathy-with special reference to Acute illness and Chronic illness (Hahnemannian Miasms).

2) Education - including the relative position of homoeopathic and orthodox teaching.

3) Research - including Provings.

4) Pharmacy - including experimental, manufacturing and legal problems.

All papers before despatching must be verified by the National Vice President.

All papers will be ultimately adjudged by a Committee of Faculty of Homoeopathy for their Final acceptance for the Congress, after being endorsed by the National Vice President.

Size of paper not exceeding 400 words, with Normal single spacing, 1 inch margins.

Size of sheets - 29.5 C M. X 25 CM.

Last Date of intimation of the desire for submitting the Paper with the title of the same - 31st July 1981. On expiry of that last date, prior permission from the President of the Congress must be obtained before sending the paper.

Last date for the acceptance of any Paper - 31 October, 1981.

All communication with respect to Papers are to be sent to the following address :-

Dr. C. O. Kennedy, President. 35th Congress for Homoeopathic Medicine, Faculty of Homoeopathy, Royal London Homoeopathic Hospital, Great Ormond Street, London WC IN 3HR

BOOK REVIEW

The Science of Homoeopathy - A modern Text Book

By-George Vithoulkas

Published by) 6, Nikosthnons
and) Str. Pangrati,
Available from) Athens-501 GREECE

Pages - 373

This latest and modern Text Book by George Vit houlkas, initially a civil Engineer but later turned into a Homoeopath. Presently practising and teaching Homoeopathy in the Athenian School of Homoeopathic Medicine, Greece.

Dr. Vithoulkas presented several Scientific papers at international Congress in 1970. He was guest of Honour of American Homoeopaths at the International Congress of Homoeopathy which was held in washington D. C. in 1974. There he was honoured for his contribution in spreading Homoeopathy in the world.

The book contains two main sections i. e. the laws and Principles of cure and the principles of Homoeopathy in practical application. The former contains Chapter on the Human beings in the Environment, the three levels of the human being, the Human being functioning as an Integrated Totality Vital, Force as seen by Modern Science, the Vital force in Disease the Fundamental Law of cure, the Therapeutic agent on the Dynamic plane and Predispositions to Disease and the later contains chapters on the Birth of a Remedy, preperation of medicines, taking the case evaluation of symptioms, case analysis and First Prescription, the follow up interview, principles involved in long-term management, complicated cases, handling of remedies and interfering factors, Homoeopathy in dying patient and socio-economic implications of Homoeopathy.

Amongst the practical aspects, the chapters on case taking and follow up Interviews, Principles involved in long-term management are excellent.

The concept of the planes of disease and its importance in practice is really an original contribution in the field of Homoeopathy. Needless to mention we often find difficulty in tackling cases complicated by modern drugs. The suggested directions are quite refreshing.

This out-standing work appears to be the result of an enthusiasm and deep involvement and devotion in the practice and teaching of fundamentals of Homoeopathy.

The chapter on the proving of remedies has been very finely elaborated and the theory enunciated on Miasms requires a little larger coverage.

The author deserves congratulations for his painstaking and outstanding work. I think the library in all teaching institutions should possess this valuable work for the benefit of the students. This book will also help the practitioner in general at the time of difficulties in treating chronic and complicated cases.

Reviewed by

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THE INDIAN JOURNAL OF HOMŒOPATHY

VOLUME 4 JULY 1966 NUMBER

EDITORIAL

The Goose that laid the Golden Egg.

THE STORY of the goose that laid the golden egg is quite an old story and every one of us must have heard it as a child. The goose laid a golden egg every day but the greedy owner killed it in order to get all the golden eggs inside at once so that he could get rich quickly. The story used to be narrated with the sole idea of impressing on the young mind that avarice and greed don't pay and must be shunned, and also probably that patience is a great virtue. For highlighting those virtues, the story had the desired effect. About that there is no doubt. But may we venture to give a twist to our thought current to draw a different moral and a different lesson useful to a student of Homœopathic Philosophy. The thought that arises in our mind is—had the goose been allowed to live, would it not have continued to produce an egg a day as usual. Indeed it would have, and that is the phenomenon we are more concerned with, as homœopaths. The sick man shall continue to produce renal calculii, biliary calculii, or the tumour etc., the same way as the goose was not a mere store-house [illegible] which produced and manufactured. If the sick man were also a mere store-house, he could be rid of the calculii and the like disease products by an operation. But the sick man, like the living goose is a manufacturing machine, and no amount of chopping, cleansing, evacuating, cutting curretting etc., would put a stop to disease process unless the man is slaughtered and killed or the particular diseased organ is enucleated or cut. With due deference to the surgeon and his usefulness to the sick man, we should not forget that as long as the sick man lives, the disease process will continue and the disease product will form again and again, defying the efforts of the Surgeon. Viewed from that angle, the childish story has a great lesson of Homœopathic Philosophy, namely that the diseased man is a factory and no amount of tinkering by the surgeon will be able to stop the process which can only be temporarily suspended or at best metamorphosed into a different disease entity to be deserved by the Pathologist or the specialist although [illegible] multifacetted, hydra-headed [illegible]

Homœopathic Therapeutics of Common Diseases

*By Dr. K. P. Muzumdar,
B.Sc. D.M.S. (Cal.)

RESPIRATORY SYSTEM

Diseases of the respiratory tract for the sake of convenience, can be divided into two major groups—I.....Diseases of the Upper respiratory and II.....Diseases of the Lower respiratory tract.

I Upper Respiratory Infection :—

Affections of the upper respiratory tract are fairly common and they include conditions like :—

a) Acute rhinitis, b) Common Cold, c) Tonsilitis, d) Laryngitis e) Pharyngitis, f) Acute sinusitis.

Infection starts after inhalation (Droplet infection) and travels antero posteriorly. In whatever anatomical position this infection may primarily settle, if not controlled in time by suitable treatment, it has a tendency to progress down along the tract and to spread to other organs. The rate of extent and progress depends upon the virulence of the infection and the individual resistence of the person. Particularly in the sycotic and psoric personalities there is a constant danger of this infection, spreading faster.

For an effective homœopathic prescription, totality of signs and symptoms is essential, to collect which the physician must try his utmost.

Signs and symptoms :—

Well before any perceptible clinical signs develop, the patient starts with subjective symptoms of (a) Malaise, (b) Fatigue, (c) Slight feverishness and gradually in a couple of hours, other signs appear. These are (i) Running of the nose. (ii) Slight to severe headache. (iii) Itching or burning of the eyes. (iv) Irritation of the throat (v) Actual fever.

These are the most common signs and symptoms that we come across in uncomplicated cases of upper respiratory infections.

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As these signs and symptoms progress they settle down at any of the sites of the tract and that we call as 'itis' of that site.

In the initial stages of the upper respiratory infection the following drugs are most commonly indicated.

Aconite Nap : It is very rare that a patient comes to us with the symptomatology of this drug. However, this is one of our anti allergic drug which has a power to nib the condition in the bud and cures it there and then. It acts best within the first few hours of onset.

Acute Rhinitis
Common Cold.
Laryngitis.

Symptoms appear like a storm. The causative factor that is exposure to dry cold winds is important. Onset is sudden. There is dry nose and headache. This picture changes within a short time to wet nose, running of the nose, watering of the eyes, throat gets bad, with rawness, redness and burning in the fauces. To begin with, there is scanty sputum, but there is slight expectoration later on. The fever is accompanied by restlessness fear of death and precordial anxiety. All these complaints not only come on suddenly during sleep at night but are also worse usually during night.

Acute Rhinitis.
Laryngitis.
Tonsilitis
Sinusitis.
Bronchitis.

Bellandonna : Symptoms appear so suddenly that the patient himself is surprised about its onset. They appear mainly due to exposure to cold, patient is of hydrogenoid constitution. Even after a head bath he may start his symptoms. The face looks flushed, red, with burning and dry heat. Frontal headache, throbbing in character, relieved by tight bandaging, and rest. It becomes worse by least light touch, movement, noises etc., The coryza is often suppressed and then such a headache develops. Even when the patient coughs the congestion in the brain stunns the head.

As above.

Allium Cepa : This with Euphrasia, Dulcamara, and Rhus tox is a remedy to be thought of in monsoon. Coryza from nose which is acrid, sneezing badly, lacrymation is bland but nasal discharges are acrid which cause redness of the nasal commisures. The patient is quite hot and feels thirsty and coryza in open air. The cough is very severe giving a sensation as if the larynx would split.

As above.

Euphrasia : Here the nasal catarrh is bland but the lacrymation is very acrid, and excoriating; the nasal discharge is more at night by lying down. But the cough is aggravated during the day and relieved by lying down. There is aversion to light. Heat < the condition.

As above.
and
Measles.

Natrum Muriaticum : Constitutionally the patient is anaemic and therefore has the tendency to catch the infection soon. The nasal discharge is thin and copious, so much so that it even drips down excoriates the surrounding tissues making them red and raw causing

Influenza

them to itch and forms watary small blisters. The sinuses get inflammed, giving headache, perticularly by 11 a. m. there is aggravation of this symptom - Patient is aggravated by going in the open air. Temperamentally he is irritable. There is lot of thirst and stubborn constipation with dry sheep dung like stool.

Laryngitis
Ac bronchitis
Ac dry pleurisy
Early picture of
Measles.

Bryonia Alba : It starts with rawness of the throat causing dry cough; this cough is so severe that the patient has to hold the chest while coughing for relief. This pain in the chest shows the involvement of the pleura. Deep pressure gives relief to the patient. Rest also helps the patient considerably. He is quite thirsty and drinks quite a large quantity at a time but at longer intervals. Irritability is his nature. There is no stool for days together.

Common
Cold
Rhinitis
Sore throat
Ac—Sinusitis
Sinusitis.

Dulcamara : A wet weather remedy. When getting wet or chilled after getting heated, when the weather suddenly changes especially to damp cold. The complaints start as sore throat stiff back, neck, Coryza aggravated by warm weather, rather than the open air, - the nose gets blocked with rains and when the heat outside falls down.

Cough sore throat
Measles.
Influenza.

Rhus Tox : Wet weather remedy. With damp and cold atmosphere. Patient may come with body pain, feverishness and slight irritation of throat. Cough is nonproductive, all this may start by getting wet or exposing to chill and damp winds, few doses will promptly relieve the patient of all the complaints.

Early meningial
picture, suppressed
eruptions like
measles Ch. pox. etc.
Toxaemia

Gelsemium : Here the conditions are those of hot and humid climate. The nostrils get blocked. sore but with this acrid discharges. Onset is very slow, teasing and tickling cough which gets relieved by going near the fire, the whole body feels tired, weak, and painful. There is a chill runing up and down the spine, perticularly remaining between the scapula. The patient is absolutely thirstless, but headaches are relieved by passing profuse colourless urination–

The above remedies are sufficient to control and ward off the early attack. It may happen that patient may not come for the consultation during the initial period of the disease, but may see the physician after he has aggravated his own condition and the disease has passed in the second stage.

In the second stage all the existing symptoms become pronounced and the discharges tend to become thick, and mucoid.

Ac rhinitis
sore throat,

Arsenic alb : This, as a matter of fact is indicated in long drawn troubles but can also be thought of in the acute stage. Many a time the characteristics are not well developed if the virulence of the disease

is mild. The cold starts in the nose, with acrid watery discharges. The patient is chilly, restless, burnings which are relieved by warmth. There is thirst for small quantities of water at frequent intervals.

Ac rhinitis laryngitis sinusitis Influenza

Pulsatilla : The discharges become thick, bland, yellow, relieved in the open air, the nose gets stuffed at night with copious flow in the morning. Thirstless inspite of dryness of mouth.

As above. except Influenza.

Phosphorus : The nasal discharge instead of flowing out starts following inwards through the posterior nares and starts irritating the throat. The larynx therefore gets raw cough ∠ laughing ∠ talking ∠ change of temperature ∠ in the evening. Hoarsness agg. morning and evening. The expeetoration is thick greenish or yellow, may be blood tinged. Cloudy weather, and pre monsoon showers aggravate the respiratory complaints.

Rhinitis Aphonia Sore throat

Causticum : The cough is dry with rawness and burning in throat with aphonia agg. in the morning. With every cough the patient spurts out little amount of urine. This cough is relieved in damp cold weather. Cough is also relieved by drinking cold water.

As above

Sabadilla : Causes much sneezing and hot nasal and lachrymal discharge. The nose gets stopped up at night. The nose and throat is better by warm drinks and warmth. Allergic rhinitis.

Ac Rhinitis Ac Sinusitis Sore throat

Kali Iodatum : Starts as acrid nasal discharges, The sneezings are most distressing to the patient. Every exposure to cold aggravates the condition. The patient develops nasal voice. There is alternating heat and cold. Frontal headache due to inflammation of the mucus membranes of the sinuses.

As mentioned earlier upper respiratory infections are fairly common, and therefore their handling needs a thoughtful prescription. One always finds that the same patient comes of and on for the same complaints. This means that there is a miasmatic background which should be carefully studied and treated on constitutional lines. As mentioned before these are patients with Scrofulous and Sycotic diathesis.

Drugs like Tuberculinum, Bacillinum, Thuja, Medorrhinum, Psorinum and drugs belonging to hydrogenoid constitution are the most helpful to eradicate the repeated attacks of this infection.

Management : Dosages and potencies in each individual cases will vary depending upon the merit of the individual case. No hard and fast rule can be put forth. However it is always safer to start with potency 30 three to four times a day. Quicker repetition will

be indicated when the disease condition takes a faster course. The drug can be gradually withdrawn as signs of general well being is noticed. Higher potencies like 200, 1 M, and so on can be prescribed by more experienced prescribers. Nosodes, act better in higher potencies like 1 M. 10 M, etc. Single, or couple of doses are enough to arouse this activity.

In upper respiratory infections patients should be advised not to take chilled and fried things. Also all fruits which are sour to taste are to be avoided. Food should be bland, non greasy, and warm. Frequent gargles after a drink or food will help. There is no need to restrict the food intake as long the alimentary system is not involved. Smoking should be completely cut off.

In the next issue, diseases of Lower Respiratory will be discussed.

(to be continued)

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The psychosomatic approach of Homoeopathy

P. SANKARAN
L.I.M., D.F. HOM.

With the discovery of the antibiotics, corticosteroids, etc., and the advances in hygiene and sanitation, it seems that various types of physical diseases are being controlled and relieved rapidly and satisfactorily. The incidence of infectious diseases has been quickly brought down. Surgical techniques have become more developed, precise and dependable. The expectation of life has become longer. The picture appears quite rosy all round except for the fact that the incidence of mental illness appears to be increasing so that larger numbers of persons are becoming useless members of the society & hence a burden to it. The stress and strain of modern civilized life seems to have a definite role to play in this. Individuals who fail to adjust successfully to their circumstances break down mentally. Apart from the millions of frankly insane persons confined to asylums, a much larger number who are accepted by society as sane seem to be on the borderline or in a potential state of imbalance sufficiently marked as to interfere with their normal and complete functioning. To quote Dr. Bayliss: [1]

"...Perhaps the most outstanding advance, involving all branches of medicine, in recent years has been the realization of the protean manifestations of depression. Those patients with obvious depression whether or not they have suicidal inclinations, who find their way to a psychiatrist constitute but the small visible apex of the iceberg. A much larger number of patients the underwater component of the clinical iceberg, present to their family doctor with somatic symptoms ranging in spectrum from tension headaches, backache general malaise and abdominal symptoms shortness of breath, chest pain and neurological disturbances (Ayd, 1961). To establish that the patient does not have organic disease requires not only a careful elucidation of the patient's complaint, and usually the disparity between the symptoms and those produced by organic disease becomes clear, but also a careful physical examination and laboratory investigation. In addition, positive features are found in the history which are indicative and sometimes pathognomonic of depression. The diagnosis becomes more complex when depression and organic disease co-exist, and satisfactory results are only likely to be achieved when both are treated.

"The importance of this state of affairs is the large amount of resultant ill health and the fact that such patients find their way into every department of a hospital. To call them all cases of depression is a lamentable over-simplification, contingent upon our ignorance of psychiatric illness but at least it is an advance not to treat them as though they were suffering from organic disease, and despite our ignorance of causation, successful methods of treatment are readily available with 'anti-depressive' drugs."

Though Dr. Sigmund Freud made such brilliant studies into the working of the human mind and illuminated many of its hitherto dark and unfathomed labyrinths and explained with such clarity its various mechanisms and adaptations in health and in disease, though his famous students and successors have made further probings and shed much additional light on this subject so that the constant modifying influence of the mental and emotional processes upon the various bodily functions has been undoubtedly understood and accepted, yet when the application of such knowledge in practice arises we find severe limitations imposing themselves. Modern medical practice is still obsessed with pathological and biochemical processes and data and finds itself, so it seems, fettered by such knowledge. And since many mental processes are still obscure and immeasurable in terms of material entities, we find that what it realizes and concedes in theory, it is unable to apprehend and apply in practice. And so the routine investigations and classifications go on, with the physician measuring blood cholesterol and BMR and diagnosing myasthenia and myxœdema, not concerning himself with the real origins of the illnesses nor with their actual dynamic progress but only with their purely material end-results. Perhaps there is neither the time nor the patience to closely consider the social, domestic, economical and emotional situation of the patient in this age of mass medicine. Whatever the cause, the medical profession at large is content to correct the gross pathological deviations of the body and to anyhow restore the biochemical state to its original level or to bring them into conformity with accepted norms. Where the physicians fail, the surgeons are ever available at hand, with their improved techniques to fill the gap.

In contrast to this, the homœopathic approach is like a fresh wind. Not satisfied with the diagnosis of hæmorrhoids, hypertension or peptic ulcer, the homœopathic physician endeavours to explore and expects to elicit the real origins and the course of the illnesses, together with significant individual variations exhibited by each patient. To the homœopath, a hypertension that has originated from suppressed anger is in a different category from the hypertension that has originated from grief or disappointment. A peptic ulcer pain which is relieved by hot food or by lying down is required to be treated differently from one that is relieved by cold food and by walking about. Of course, so much time and attention to each patient is possibly difficult to give but that is unavoidable if we desire to restore the patient to health in the real sense and not merely to correct the pathology. However, looking at the way that modern medicine has started stressing the individual approach to cases and the comprehension and understanding of the patient as a whole as against treating his symptoms, one is led to wonder whether Homœopathy is out of date or ahead of its time!

When the patient's condition is studied as a whole, his various reactions, emotional, physical, etc., his attitudes and his background, etc., are studied as a whole and are matched by the homœopathic remedy, everything falls into its place and the pathological, biochemical and other deviations correct themselves. This is a

A paper read at the Triennial Congress of the International Homœopathic League, London, July 1965.

fact that we have repeatedly observed but the modern medical men seem loathe to accept this in spite of the proofs placed before them.

Coming to the sphere of psychological medicine one is very much perturbed by the limitations of modern medical methods. When sedatives and tranquillizers fail to make the patient sedate or tranquil, a basic alteration in the attitude of the patient not being expected or attempted, he is given shock treatment either in the form of electro-convulsive therapy (ECT) or insulin shock, though its mode of action is not known, nor can its effect be completely relied upon.

Besides these a very large number of people are daily being apprehended and punished for various crimes from the very petty to the very serious. These offenders are to be considered as individuals unable to adjust themselves to the laws of society, the inadequacy of adjustment itself being taken as a sign of ill health. That these offenders are a source of terrible strain to and a drain on society needs no mention. It is quite probable that if we evolve any method of successful treatment by which the insane, the neurotics and the criminals, both actual and potential, can be successfully made to adjust to their environment and to their society so that they all become useful members it would make for tremendous progress.

Homœopathic treatment offers a wonderful method of restoring such persons to normalcy. It would seem that when Hahnemann was put in charge of a mental asylum by the Duke of Coethen, he was able to successfully rehabilitate all the inmates both by his humane treatment and by homœopathic medicine. The materia medica of Homœopathy presents a wa array of delightful mental symptoms whic not only help us in selecting the remedy i somatic conditions but also in predomine psychological states. I propose to quot only three cases to illustrate this fact.

I was once consulted by a lady, Mr B., who had developed severe itching in he neck. She had been suffering thus for sever years. She had been scratching her neck day in and day out, till it bled profuse and had the appearance of raw beef. She had naturally gone to a skin specialist, wh having done his best and failed, had given up. She had then gone to a psychiatrist b without any effect. When she applied to m for treatment I naturally made ver close enquiry about the origin of th ailment and was rewarded by a very intere sting account. It seems that one day he husband, Mr. B., had gone to his nativ town. It so happened that Mr. B.'s boss wife, Mrs X., had also gone to the sam city at the same time, and so when Mr. B was about to return, his boss Mr. X sent him a letter and requested him t escort Mrs. X. to Bombay. When Mr. B accompanied by Mrs. X., disembarke from the steamer, Mrs. B. was present at the pier to receive them. Just there a friend of Mrs. B. also present there whispered into her ears that surely Mr. B. and Mrs. X. must have travelled in the same cabin, perhaps in intimate com pany. Thereupon, Mrs. B. got intensely suspicious and jealous. The subsequent behaviour of Mr. B. seemed to confirm her worst fears. It was during this period that she had developed the skin disorder. Later on her husband had convinced Mrs. B. by various acts that he was completly loyal to her and he had nothing to do with Mrs. X. Mrs. B. appeared to be thoroughly convinced of his fidelity but it had made no difference to her ailment. The itching continued and she continued to suffer.

It only required of me to put one or two questions to her to ascertain that her remedy was indeed *Lachesis*. Two or three doses of this medicine sufficed to restore her completely to normal health so that Homœopathy earned her eternal gratitude.

In 1963, I was consulted for a lady aged about 35 who was behaving in a funny manner. She was happily married and had two children. About ten days earlier her husband who was an officer in a bank had left for another city about 500 miles away by plane. He had gone to attend a training course. It seems that after leaving Bombay he had not sent her any letter. On the fifth day, the daily newspaper which was supplied to their house happened to carry a photograph of a plane accident (in the USA). The absence of any letter from her husband and the very sight of the photograph of a plane accident (she did not care to read the caption below the photograph) seems to have combined to precipitate an attack. She became mentally unsound and started singing, laughing and weeping by turns. Sometimes she would suddenly leave the house and run away. Sometimes she would expose her person. A physician had been called and he had prescribed some sedatives, but to no effect. She was utterly sleepless and restless. When I visited her she fell at my feet and prayed for help. When I asked her to sit down, she attempted to sit on my lap; later she started removing her clothes. I prescribed *Hyoscyamus* for her and in two or three days she became completely well. After recovery, when she heard from her friends how she had behaved, it made her very much ashamed. She has remained well now for two years.

I was quite puzzled that such trifling circumstances should have precipitated such a major attack. So I made close enquiries. But neither the husband nor the wife could give me any clue as to whether she had any background of tension in her mind and if so the cause of such tension. It was only after a year that I came to know that her husband had knocked down and killed a boy while driving the car and that a law suit had been going on for nearly two years creating utmost tension in their minds around the period when she had the attack; this dispute was, however, happily resolved some months later.

Some time back I was consulted regarding an old lady of 71. For some unknown reason, she had been behaving very oddly for the last 2 years. She was a widow and her three daughters had sacrificed much in order to make her happy. Two of them had remained single for her sake. But the mother had started abusing the daughters using bad language and even obscene words. She would demand from them more and more money, fine clothes, rich food, etc., things they could not afford to give. She would squander and waste money. They had engaged a very good servant-maid but the old lady went after her blood. She would tear away the servant's clothes. She would beat the poor girl and scream and then when people had gathered she would complain that she herself had been beatten! After having eaten well, she would go to her neighbour's house and say she was starving and would eat in their house too! While taking food in her own house, she would pick up some item of food, hide it, take it out and eat it surreptitiously. When her daughters were away at work, she would sell all their furniture and household belongings for a

song. She would put salt or water into the various dishes and spoil them so that no one could consume them. She would bang, damage and destory things. She would pass urine or stool in the room. She would collect old and useless things and treasure them. She would keep awake and roam round the house at night. In fact she made life most miserable for her daughters and neighbours. They had decided that they could endure this no more and were actually going to put her in an asylum. It was then that they thought of trying Homœopathy. One dose of *Tarantula* made an amazing transformation in her personality. Within 24 hours she was utterly changed. She started behaving in a completely normal manner. I was myself surprised, the daughters were delighted, the neighbours were astonished and everyone vastly pleased and relieved.

I have a little experience of homœopathic practice, but the more I learn and experience, the more I learn and experience the limitations of my knowledge and capacity. In fact, I feel like an automobile driver sitting in the pilot's seat of a space-ship. There is such a complicated and confusing multitude of dials, instruments and gadgets, yet their functioning so precise and their scope so vast if properly mastered. Such is the amazing scope of Homœopathy. My standards are far from the standards of a master. Yet I may say in all humility that Homœopathy has enabled me to provide relief to several hundreds of patients many of whom had despaired of ever getting well. Many of my patients have appealed for help for mental ailments and Homœopathy has been able to relieve several such patients. Of course, I cannot pretend that the majority of them were cured; far from it, but I am quite convinced that they were capable of being cured by Homœopathy at the hands of better prescribers. I am sure the several thousands of homœopaths in the world must be bringing similar relief to thousands of their patients. Homœopathic medicine seems to present the ideal solution for the treatment of mental illness and the sooner the people concerned with the subject realize the truth the better it would be for humanity.

REFERENCE

1 Bayliss, R. I. S., M.D., F.R.C.P. (1964) "Advances in med.," *The Practitioner*, Vol. 193, No. 1156.

"There is a principle which is a bar against all information, which is proof against all arguments, and which cannot fail to keep a man in everlasting ignorance—that principle is contempt prior to investigation"

—**Herbert Spencer.**

♦ ♦ ♦

"The most beneficent and most valuable discoveries are recognized and utilized only centuries after they have been made".

—**A Von Humboldt, Kosmos**

ASTHMA— Its Homœopathic Treatment

By *Dr. A. H. Gaikwad,
D.M.S. (Hons.)

ASTHMA is defined as paroxysmal attacks of dyspnoea, chiefly expiratory in nature, associated with spasm of plain muscles of the bronchial musculature.

The causes of Asthma are manifold. Essentially there is lack of resistance of bronchial musculature. From homœopathic point of view Psora superimposed by Sycosis is the real and fundamental cause of asthma.

The causes can be grouped like the parts of a tree. The trunk represents fundamental basis which may be called "asthmatic state". This trunk depends, perhaps on several roots.

1. Inheritance plays a great roll, for it is known that in at least 40% of cases, someone in the family must have had hay fever, asthma, urticaria or some such allergic manifestation.

2. In childhood vaccination plays a very important role. Also metallic poisoning such as iron, lead, mercury, gold etc. in mother during pregnancy has much to do with asthma. The intoxication produced by these factors, has a cumulative effect and leads to "asthmatic state".

3. Suppressive treatment of diseases notably skin eruptions, intermittent fever etc. alters the system in such a way so as to form a suitable base for "asthmatic state".

Upward the trunk divides into two main branches.

The first branch includes those individuals whose asthma is due to some causes outside the body to which they are hypersensitive. (The extrinsic factor). For example inhaling certain substances like pollens dust, powder etc., ingesting certain articles like eggs, milk, fish etc., also administration of certain drugs.

Hypersensitiveness can be demonstrated in at least two ways.

A. Clinically by showing that symptoms occur after contact with offending substance or by skin tests (scratch or intracutaneous).

B. The other group includes those not demonstrably hypersensitive, where the cause is apparently inside the body (an intrinsic factor) For example psychical influences such as emotions, fatigue etc.

In the present paper due to limitation of space and time, we shall deal only with the homœopathic aspects of asthma and that too chiefly-bronchial asthma, while making only a passing reference about the other varieties.

*Lecturer, Bombay Homoeopathic Medical College, Bombay.

Clinically and for convenience of treatment we classify asthma into three classes.

1. Dry (Non-exudative) (2) Exudative and (3) Mixed type.

1. **Dry (Non-exudative)**-exposure to damp cold weather, to rain, or rainy weather, or sitting under fan often precipitates an attack.

In this type patient generally feels better, if his belly is full. The patient, therefore, should not be starved. Pungent things, green vegetables should however be avoided. Thus patient can eat fried and sour food with impunity. As such they can be permitted to eat Bhajias, Halva etc.

2. **Exudative type**:- The attack comes mostly during **closing of one season and beginning of another one.** It is attended with fever in children, and in the beginning it resembles pneumonia, which it is not. If this fact is not well understood confusion in treatment will create complications.

Exudative type is not much affected by cold. Patient can withstand cold drinks, heat etc. well. But any dietetic error will precipitate the attack. Sour things, fried food, rice, milk also food at late hours at night causes aggravation of the condition. **Patient feels better if belly is kept empty at night.** Heavy food especially pulses precipitate the attack. Hence if an attack is acute the belly should be kept empty and light diet may be prescribed.

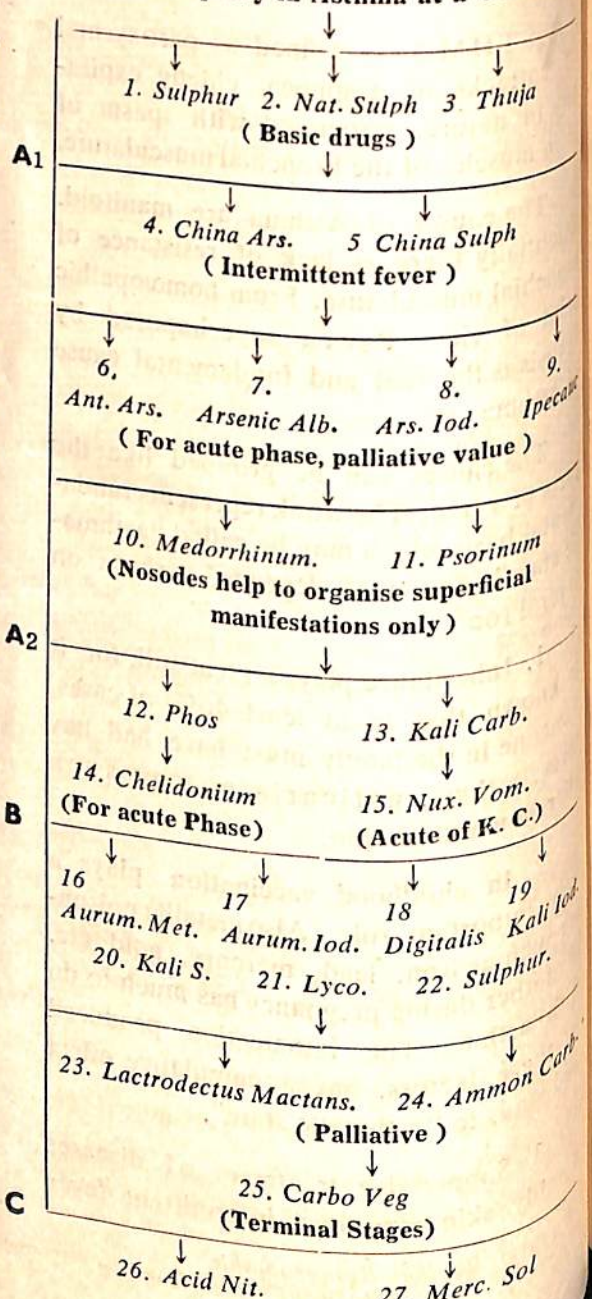
3. **Mixed type**:- In between the two main varieties occasionally one meets a third variety, in which a patient may not be affected by fried food but at the same time feels better on empty stomach.

Treatment:-

It is important to bear in mind that asthma is the resultant condition caused by combination of Psora and Sycosis. As such after anti-psoric drugs have relieved an anti-sysotic should invariably be administered, the choice of the drug being determined by the symptoms, as in every case.

We herewith give a table of drugs useful in the treatment of asthma.

Homœopathy in Asthma at a Glance



Sulphur:- Suppression of skin irritation and after effects of too much drugging.

Causal drugging—loss of resistance—Asthma. Weight increases, stands cold better, perspiration scanty.

2. **Nat. Sulph.**-All conditions looking like nat. mur. Do not prescribe Nat. Mur. It simply mismanages the case. Prescribe Nat. Sulph. Aggr.-Salty climate, humidity (like thuja)

Copious expectoration.
Better dry, cold weather.
Better in winter.

3. **Thuja**:- Suppression of rheumatism. Boils or eruption of Scalp. esp. in early childhood always Thuja.

Worse-fullmoon. Worse-newmoon.

4. **China Ars.** 5. **China Sulph.**

Where there in no history of any wasting disease, no history of rheumatism, tumour etc. Then **Suppression of intermittent fever** has to be in background in which the above two drugs with Nat. Sulp. will be at the head of treatment.

Marked anaemia, suppressed inter mittent fever. Worse, cold weather.

Better, heat.

Bitter taste predominates. Feeling of cutaneous heat.

China Sulph-has exact time. Worse, after 11 A.M.

6 to 9 : **Anti. Ars. Arsen. Alb. Arsen. Iod. Ipecac.**-Useful in acute attack, palliate, fever case.

10 & 11.-**Phos. Kali Carb.**

Both in maltreated pneumonia, liver trouble with hæmoptysis.

Phos. is chilly, wants icy cold drinks, no pain. (in kali carb.-stitching pain). Temper likeable.

Kali carb. Chilly, worse, 3 a.m. worse cold weather, wants sweets. Irritable temper.

12 & 13.-**Chelidon. Nux. Vom., in acute phase.**

14 & 15 **Psorinum, Medorrhinum.**

Can only help to palliate. All nosodes help to organise the superficial disturbances. They can't cause any tissue changes. They only do surface manipulation. They can only tackle disease influences analogus to them, but they are incapable of doing anything with drugging and other conditional effects.

Psorinum:-Extremely chilly. Marked perspiration. Voracious appetite, wants to eat in middle of night. Psor. condition will always lead to Sulphur. Direct Sulphur will be troublesome.

Medo:-Very warm, leads to Thuja.

Cardiac Asthma.

16-Aurum. Met.-Suppressed syphilis, chilly, Gold poisoning background.

17. Aur. Iod. Warm patient.

18. Digitalis-Liver enlargement. Pernicious jaundice.

When excessive liver medicines are taken they lead to heart trouble. Oedema. Sits quiet.

19. Kali. Iod.-Suppressed syphilis and mercurial poisoning, no brain affection.

20. Lyco:-Too much nervous strain. Prolonged Sulph. condition leads to Lyco. Marked by nervous irritability.

21. Sulph.-Suppressed skin eruption with family history of heart trouble.

Renal Athma:-Only Acid Nit. Merc.

Mind and Disease

By *Dr. M. N. Paranjpe
B. Sc. D. F. Hom. (London)

MIND is a power house of emotions and every human being is constantly subject to emotions every second of his waking hours. Mental state is the dynamic, immaterial aspect of each patient and is of highest importance in tracing the disease picture. No amount of efforts should be spared by a Homœopathic physician in his enquiry of the exact mental state of his patient along with the physical details. According to Organon (211 §) the state of the disposition of the patient often chiefly determines the selection of the homœopathic remedy. Being a decidedly characteristic symptom it can least of all remain concealed from the accurately observing physician.

Organon 213 § says we shall, therefore, never be able to cure **conformably** to nature, ——— that is to say, homœopathically ——— if we do not, in every case of disease, even in such as are acute, observe, along with the other symptoms, those relating to the changes in the state of the mind and disposition, and if we do not select, for the patient's relief, from among the medicines a disease-force which in addition to the similarity of its other symptoms to those of the disease, is also capable of producing a similar state of the disposition and mind.

A few of the many cases treated by me are given below, which I hope will interest every keen student of Homœopathy and demonstrate the importance of mental symptoms in the selection of the similimum. They support the eternal truth contained in the above-quoted aphorisms from Hahnemann.

(1) A lady aged 51 was under my treatment for arthritis. She often got burning and heat of head for which she begged for relief. She had taken various treatments for her suffering. Remedies given for arthritis gave relief to the joints but her headache increased. She told me that she wept whole day when her son was out for his work. One morning she came to my rooms with maddening headache accompained by a person. While she was waiting outside for her turn, I overheard her fighting with the person accompanying her. Though she normally was a Pulsatilla patient, she exhibited symptoms of Lachesis which was administered and she was sent back. When her son saw me in the evening, I asked him about the identity of the person who accompanied his mother in the morning. I was told that he was the father of the boy. His mother always got headaches after being annoyed by his father's habits. He did not take bath and never cared to wear clean clothes and was a picture of Sulphur. After studying the cause of her headache and the arthritis I prescribed Nat Mur 200 which after an initial aggravation gave relief to her headache as well as joint pains.

I also asked her to avoid being annoyed by her husband's habits, for speeding the cure of her disease.

(2) A boy aged 12 came to me for treatment of his stammering and exhibitted symptoms of Mercury, after the administration of which at intervals, he went on improving. On further enquiry, I learnt that he had inferiority complex and fear of examination. He was put on Anacardium which carried his progress further. He was teased by his schoolmates for his stammering. I told him to tease them for the drawbacks in each one of them. This tip worked well to avoid being teased, causing further improvement in his speech.

(3) A lady aged 70 was off and on under my treatment for the last 20 years for dilated heart, arthritis of the knee joints and pyelonephritis. She had a pulsatilla constitution. Her troubles aggravated whenever her huaband got into a temper and became irritable and abusive; her troubles improved after a dose of pulsatilla generally. After a fit of anger on the part of her husband she developed ascites with pus and albumin in urine. She responded to Tr. Apocynum and Kali phos, again a remedy for dilated heart and her mind.

(4) A paper-merchant's house was raided by the Income-tax authorities and large amounts of hidden assets unearthed. This gave a shock to another big paper Merchant who died of an attack of coronory thrombosis.

* Chairman Court of examiners in Maharashtra State. 257-A, Budhwar, Opp. Belbaug, Poona-2.

OBITUARY

"This meeting of the staff and students of the Bombay Homœopathic Medical College places on record their deep sense of sorrow at the sad and sudden demise of Mr. M. P. Koppikar, a member of the Governing Council of the Homœopathic Education Society, on Sunday the 3rd July 1966. He was a keen worker in the cause of Homœopathy and as a member of the Governing Council had taken active part in the working of the Society and the College, and contributed a great deal to the efficient working of the Institution. He always stood for the purity of administration and made many useful suggestions to the Society and the College in this direction.

It is unfortunate that cruel Death has deprived the Society of a sincere worker. The Society and the College will long cherish his memory.

The College students and the staff convey their respectful condolences to Mrs. Asha Koppikar and other members of the family and share their deep sense of grief.

May his soul rest in peace."

Errata of the Indian First Edition of the Kent Repertory

Published by : SETT DEY Calcutta.
Collected by : CLAUDE DESENEUX, M,D., Argenteuil, France

PAGE	COL.	RUBRIC
2	1st	**Anger.** The first arg-n. should be arg-m.
25	1st	**Delusions,** faces, sees: Beginning with "closing eyes on," down and including "wherever he turns his eyes" should be moved two letters to the right because they all modify "faces, sees."
36	1st	**Despair,** recovery CAL should be CALC.
38	1st	**Dullness,** evening; add "after 10 p. m. Anac."
42	2nd	**Fear,** eupr should be euph.
44	2nd	**Fear,** disaster, of impending: change disaster to "disease."
44	2nd	**Fear,** add "disaster, of": elat, lit-t., psor, *Puls*, tab.
63	1st	**Loquacity,** kali should be *kali-i.*
66	1st	**Mirth,** forenoon; raph should be Graph. night: dros should be croc.
71	1st	**Rage,** touch removed by: This should read: "touch renewed by:"
79	1st	**Sensitive,** noise to: coc; should be *cocc.*
83	1st	**Starting,** easily: coc; should be *cocc.*
95	2nd	**Work,** desire for mental; sob should be cob.
99	1st	**Fall,** tendency to: eupr should be cupr.
104	1st	**Staggering,** with sil. should be *ail.*
105	2nd	**Turning,** or moving the head: add echi. kali-bi.
114	2nd	**Dandruff,** add mag-c.
122	1st	**Heat,** forehead: omit forehead. Heat refers to the whole head.
122	2nd	During menses, cac should be CALC.
171	2nd	**Pain,** temples and forehead: lach-n., should be lachn.
179	2nd	**Pain,** bursting, forehead, Vertex: Carb. should be CARB. AN.
198	1st	**Pain,** sides: cacl. should be *Calc.* right asar. should be asaf.
210	2nd	**Pain,** stitching, occiput: After spig. add the following-Spong., squil., staph., stront., stry., sulph., etc.
219	1st	**Pain,** sides: omit lines 13, 14, 15, 16.
262	2nd	**Pterygium:** ambr., should be *Am-br.*
279	2nd	**Foggy:** add cast.
290	2nd	**Inflammation,** erysipelatous; seb. should be *sep.*
323	1st	**Impaired,** scarlet fever. Lych. should read LYC.
360	1st	**Discoloration,** pale, dors should be *dros.*
361	1st	**Discoloration** red, CHA, should be CHAM. Add *ferr-m.*. *ferr-p.*, Gels, GLON., graph.
370	1st	**Eruptions,** patches, merc-cor should be *merc.*

PAGE	COL	RUBRIC
393	1st	**Oedematous,** cast should be *cact.*
432	1st	**Enamel,** deficient. calf-f. should be *calc-f.*
448	2nd	**Choking,** coc-c., cof-, colch., con., cop. should be added.
460	2nd	**Pain,** burning: 15th line, cross out glon., and *graph.* and add iod., ip., iris.
468	2nd	**Swallowing,** impossible, constriction of oesophagus: BARC should be BAR-C.
472	1st	**Induration,** of glands, car-s. should be carb-s.
473	1st	**Numbness,** carb-m. should be carb-an.
472	2nd	**Pain,** sides, left: sil. should be sel.
490	2nd	**Eructations,** coughing, after: ANG should be SANG.
504	2nd	**Nausea:** meng should be meny.
572	2nd	**Pain,** standing, where: the word "where" should be "when."
574	1st	**Pain,** cramping, griping strongt should be *stront.*
600	2nd	**Rumbling:** cast-c. should be *cast-v.*
607	2nd	**Constipation,** ineffectual urging and straining: The second dios should be dros.
645	1st	"chills spread, etc." (under **catarrh**). Chills should be spelled with capitals and be placed three letters to the left.
814	1st	**Bloody,** working, while: "working" should be moved two letters toward the left.
853	1st	**Pain,** burning: stram should be stann.
865	1st	**Pain,** stitching, extending to back: downward: con should be corn.
898	1st	**Pain,** sitting, while; long, after: long should be placed two letters to the left because it modifies "sitting" instead of bent.
918	2nd	**Spine:** second lac-c. should be lac-ac.
923	1st	**Pain,** dorsal region: left: left should be placed two letters to the left.
960	1st	**Coldness,** fingers, tips. calc. should be *carl.*
969	2nd	**Corns,** add petr., Phos-ac., Phos., Psor., ran-s., rhod.
970	2nd	The word "CRACKED" which follows CRACKED skin, hands, palms, of: should be changed to FINGERS.
1056	1st	**Pain,** elbow, rheumatic: ran-s. should be ran-b.
1134	2nd	**Top Heading** should be PAIN, exercise, is end of line; move two letters to right, walking.
1145	2nd	**Pain,** stitching. bones: lys should be lyc.
1200	1st	**Knee,** second lac-c. should be lac-ac.
1223	1st	At the top of this page, the rubric ULCERS should read UNSTEADINESS.
1280	2nd	**Night,** 2 p. m. should be 2 a. m.
1314	1st	**Eruptions,** itching: jug-a. should be *jug-c.*
1329	2nd	**Itching,** wandering: bar-m. should be berb.
1366	2nd	**Heat,** sensation of: pter. should be *ptel.*
1387	2nd	**Pain,** tearing externally; beginning with mur-ac., it should read mur-ac., *natr-a.*, *nat-c.*. *nat-m*,, *nat-p.*, *nat-s.*

From Journal of the American Institute of Homoeopathy—July-August 1965.

Signs of Impending Death In Ayurveda

By Dr. P. M. Mehta,
M.D.,M S.F.C.P.S.,P I.C.S,,Bombay.

[Not long ago, following the appearance of an editorial on the 'care of the dying' in the December 1955 issue of 'Geriatrics', Dr. P. M. Mehta of Jamnagar, India, sent us a translation from the ancient Indian classic of Ayurveda entitled "Charaka Samhita", describing the sings and symptoms of impending death.

Particularly interesting is the observation about the peculiar odour that often emanates from the dying person. I have long noticed this odour and have thought that it is probably caused by a radical change in metabolism which starts a day or two before a person dies. I suspect that the patient himself becomes conscious of it and, in many cases. must realize that drastic, ominous changes are taking place in his body.

Also the description of the failure of the sense in the dying *is excellent* in this old Indian text. Physicians all know that the dying person often seems to feel much better on the last day or two before death. We have all seen persons dying of tuberculosis or cancer who suddenly announce that they were getting well. They felt fine and the pain had left. The pain left becsuse they could no longer feel it.—**Walter C Alwarez, M.D.**]

I shall now describe the signs and symptoms of the condition portending death and the changes that take place in those embodied souls who are in the last period of their lives and are about to meet their end, who are on the eve of departing to the other world, who are about to relinquish dear life and leave this beautiful habitation behind, and who, on breaking up of the organic unity of the body, are precipitated into final darkness.

These are the changes that occur in them: the life-breaths become afflicted; the understanding becomes clouded; the limbs are drained of vitality, the movements gradually cease.

'The senses are put out of action; consciousness gets blurred; the mind becomes restless and fear enters into it.'

'Memory and bloom slip away; diseases born of sinfulness afflict him; vitality and luster vanish.'

'Natural dispositions suffer a complete change and inclinations become perverted; the reflections become deformed; the aura, too, suffers distortion.'

'The semen is expelled from its place; the bio-kinetic energy goes astray; the flesh wastes aways; the blood too suffers diminution.'

'The various thermal processes ebb; the joints become loose; the smell emanating from the body becomes abnormal; complexion and voice likewise suffer alteration.'

'Smoky and scury emanations from the head are recorded as fatal progrostic signs.

'The body parts which are seen constantly to pulsate will cease to move altogether, all of them becoming rigid.'

'The qualities of the various parts of the body such as cold and heat, softness and hardness, are observed to be reserved and similar are the experience with other things outside the body.'

'Flower-like spots show in the nails and sordes appear on the teeth; the eyelashes become clotted and partings appear in the hair of the head.'

'The physician does not succeed in obtaining necessary drugs, such drugs as can be obtained, fail to produce their proper action.'

'Fell maladies of diverse description requiring various lines of treatment, crop up in no time, overpowering the patient's strength and vitality.'

'Only inauspicious sounds, touch, tastes, sights, smells, actions and thoughts assail during the conduct of the treatment.'

'Evil dreams are seen, the patient's diposition becomes evil; the attendants turn hostile, and deathly deportment deepens.'

'The healthy signs dwindle exceedingly and the morbid signs rapidly increase. In short all the ominous and unfavourable prognostic signs are observed.'

'Such are the signs and symptoms of those who are about to die, which we have set forth according to our declaration and in conformity with traditional authority.'

We have somewhere read the narration by an old Indian physician (Vaidya), who observed that sandal paste applied on the forehead of an apparently young man did not dry up in hours. which alarmed him to believe that the healthy youth is soon going to die. And to ! it happened so. The dying process had started and the handsome healthy young man died of cholera, the next day.—Ed.

—*From* **The Torch of Homoeopathy April, 1966.**

"Since a single homœopathic medicine may relieve many complaints in the mental and emotional spheres as well as the physical, it means that Homœopathy is both diagnostically and therapeutically psychosomatic in the original sense of the word as psyche (mind) and some (body), not in its present day perverted sense of merely non-pathological. Because he must focus on the total person, the homœopathic physician cannot practise the kind of compartmentalized medicine so common today, in which the patient is viewed as collection of disconnected parts, with a different physician assigned to each part. Although the homœopathic physician is a therapeutic specialist, and gives medicine always on a particular rationale, he is a complete generalist, like an old fashioned family doctor, inthat he treats all non-surgical diseases of persons of any age or sex, not only one sex, like the gynæcologist, or one age group, like the pediatrician, or one organ, like the cardiologist."

—James Stephenson, M.D
The Layman Speaks,
November, 1965.

CLINICAL CASE RECORDS

An Interesting Case of

Congestive Cardiac Failure and Nephritis and Pleural Effusion

BY Dr. C. C. Desai,
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IT is believed, especially by Allopathic Physicians and also by the general public that Homœopathy is good only for children, and for ordinarly ailments. This is a very erroneous presumption as could be clear from the following case.

A Homœopathic Physician consulted me in September 1965 for a second opinion about a lady aged 57 years, suffering from congestive cardiac failure. She was in orthopnoea, when I saw her at home. She had to sit up continuously for 24 hours and both her lower extremities were oedematous.

O. D. P.

Her history was that she suffered from bronchitis about 3 months ago. She was given Terramycin for the same and since then she was not keeping well. After Terramycin her urine became scanty and oedema started in the legs. She developed slowly breathlessness and for the last one month she was in intense orthopnœa.

P. H.

(1) She had suffered from Tuberculosis 30 years back and some ribs were removed from the right side.

(2) About 7 years back due to fracture in left lower extremity she was in plaster for three months. She developed epileptic fits when she was in plaster and one peculiar modality was observed that she used to feel better when ice was kept on her head. She said she kept ice on her head continuously for several months.

She was shifted to the Government Homœopathic Hospital. She was also examined and screened by Dr. S. T. Thaker, M.D. (Visiting Allopathic Physician from the College). He attributed her odaema to three factors; (1) Congestive cardiac failure (2) Chronic tubercular nephriti sand (3) Hypoproteinaemia. There was also pleural effusion on left side upto 4th inter space. In view of the above findings it was a complicated case where 3 vital organs heart, kidney and lungs were involved.

Now let us discuss the Homœopathic prescription. She was given Apis, Sulphur, Bry, Arsenic and Tuberculinum by her Homœopathic Doctor but without much effect. Her symptoms were typically of Arsenic Alb. when I saw her. She was better sitting up, worse lying down, worse at night, better drinking warm drinks. She was very anxious and had thirst for little and often. One would naturally give Arsenic alb. but I did not. There were definite reasons for doing so. She was positively a hot patient, She wanted fan continuously and past history of keeping ice on her head continuously for several months confirmed that point. As she had few crepitations at her right base I decided for Antimony Ars. which is a hot salt of Arsenic. We started with Anti. Ars. 30 daily 4 doses and after 4 to 5 days potency was raised to 200. She started improving- dysponea became less and oedema started disappearing from thighs. As the progress was slow I interposed Tub. bov. 1m two doses every 4 days and continued Anti-Ars. 200 t. d s also. After 15 days Sulphur 1m was given to augument the absorption of fluid. At the end of one month there was no dyspnoea and the oedema was confined to both legs only. The oedema was very hard and she developed erythema on both the legs. Considering above two symptoms - hard oedema and reddish erythema I switched on to Apis - 200 and with that her oedema disappeared completely. I advised her physician to continue Tub. bov. once in 15 days for 2 months and thereafter once in a month for about 6 months.

When she was discharged after 2½ months from the hospital she went walking with a happy smile on her face.

A Case of Kali Carb and Phytolacca

BY Dr. P. J. Desai, (*Surat*)
L. C. E. H.

A lady aged fifty five came with the following symptoms.

Vertigo, headache with stitches in temples, severe aching in the occiput, black spots floating before the eyes.

Bad odour from the mouth, with much salivation. Tongue indented with fissures. Pyorrhœa.

Flatulance, sour eructations, bloating of the abdomen and no appetite.

Anxiety in the region of the heart with rapid pulse.

Urine more during the night. Chilly, likes to cover up warmly, body becomes cold.

Perspiration much, with general weakness.

Liking for sweets. Cannot tolerate sour things.

Had suffered from Rheumatism. Occasionally suffered from ulceration of mouth and throat.

Had eight normal deliveries and no abortion.

She was given Kali-carb 1 M four doses daily for about a month, during which period she felt better. But at the end showed ulceration of the mouth and throat. The bad odour from the mouth was intensified with profuse salivation and thirst for

cold drinks. The headache was more with the feeling of heaviness, worse damp weather. Merc Sol 1M four doses daily for a fortnight cleared these symptoms and brought in the old condition exactly in the old form. Again Kali-carb helped which in turn brought in the same mercurial symptoms. These alternating items went on for months and there was no end to any trouble.

For some time instead of Kali-Carb. Carbo Veg. was given only to bring in the same result.

To break through this chain Sulph. Conium and Alumina were tried for some time. As a result there was the inflammation of left Maxilary gland with other constant symptoms of Mercury. Merc I. R. 1M four doses daily for a week relieved the condition to some extent, but after two days the gland on the right side was inflammed with severe pain and soreness of the throat. There was difficulty in swallowing. The same Merc I. R. for a week more only aggravated the condition severely. Merc I. F. 1M four doses daily for one week too could not help. On the contray the glands on both the sides inflammed too much to give a dangerous sight with fever and chocking sensation in the throat. Could swallow with difficulty.

With all the symptoms of Merc and no result with the prescription of Merc, I was led to explore the background. She suffered from Rheumatism in her young age. This gave a clue to the prescription of Phytolacca which has all the conditions analogus to Merc. Phyto I M every two hours was prescribed and within four days the inflammation which was threatening to suppurate and to burst open, gradually subsided. The pain disappeared. The same prescription of Phytolacca in C. M. twice daily was continued for a fortnight which cleared away the total inflammation.

Suddenly after the old symptoms of bloating of the abdomen, sour eructations, loss of appetite, vertigo and stitching headache appeared. The prescription of Kali-Carb helped her immediately and there was no recurrence of the mercurial symptoms afterwards. The case fared well on Kali-carb.

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High-Lights of the Quarter

BY

SHRINIVAS V. PAI
III Year L. C. E. H. 'A' Batch.

Rotary International Western Chapter has been kind enough to enrich our library once again with much needed text books which in this time of dearth and high cost of text books due to devaluation is very welcome indeed. We wish more philanthropic organisations and individuals would come forth and enrich our library which is fast becoming popular with the students due to the latest additions to the already full cupboards. The books now at long last being properly tabulated and indexed will help our students to get their desired books more easily and quickly. It is hoped that the authorities would increase the library hours for issue of books so that the books available may be made full use of as intended by the donors. Our profound thanks to the Juhu Branch.

Best student of the year :

Shri M. P. Munshi III L.C.E.H. was selected the best student of the year for his scholastic as well as other all round activities and was awarded a certificate of merit and a cash prize by the Rotary International Western Chapter. Another feather to his cap. Our congratulations to him.

The Epidiascope of the Physiology Department, which can transmit slides and other transparent as well as opaque objects on the screen in their original colour is now being used regularly for demonstration of slides by Dr. Gandhi at the Physiology Department. The new R. C. A. 16 mm sound projector is to be commissioned soon for a regular weekly educational feature programme. All this together with a fine coat of paint on the building adds to the imposing impression of our infant institution.

Authorities of Bhagubhai Polytechnic our next door neighbours need to be thanked for agreeing to conduct Physics and Chemistry lectures and practicals for our 1st Year students at their large and imposing institution, thus enabling our 1st Year students to participate easily in the College activities. It is hoped that in the near future teaching in these subjects will be held in our own building.

It will be a shock to many a past and present student to learn that our one and only Dr. K. P. Muzumdar intends to leave us shortly to take up a post as a Research Officer, in the Ministry of Health, New-Delhi. A versatile teacher, friend and guide without whom the College will never be the same. A veritable mine of information and practical hints that he gave us threw a flood of light on the subtle Philosophy and Materia Medica of Homœopathy. There can be no book which gives INDIVIDUALITY of the drug as does the "make up" of the patient given by Dr. Muzumdar in his lectures which contain many little gems. It is mainly due to his hard work that our College can boast of an N. C. C. Coy. His inspiration and understanding lead our Coy to win various prizes at the camp even though a very junior Coy. We shall miss his presence at the

Annual Arms Guard Ceremony. Our loss is the gain of Homœopaths and progress of Homœopathy in India as a whole, though we selfishly do not wish to share him with others. We whole-heartedly wish him success as the Research Officer, Pharmacopoeia Committee, Ministry of Healh, Government of India, New Delhi and remind him that we will always remember him.

Our College O. P. D. which was up to now ably managed by our Dr. Gaikwad and Dr Goray will now have additional wings, that of Gynac conducted by Dr. Sonawala, the Ophthalmic by Dr. Badlani, the Pediatric by Dr. Shah and Clinical investigations will be carried out by Dr. Gandhi. Our best wishes for their joint venture.

The cupid has struck his arrow firm and fast and so Dr. M. P. Arya of Anatomy Department was happily married to Dr. (Miss) I. V. Goray of Pathology Department. We wish the young couple a long and happy wedded life.

The quarter had not much activities as the students were busy with examinations. With the beginning of the New College Year, the college will be booming with new activities once again. But the last quarter was not altogether dull after all not in any case for Dr. Arya & Dr. Goray!



Bust of Dr. Samuel Hahnemann —A Review.

M/s. New Era Homœopathic Pharmacy Dadar, Bombay have commissioned the Bust of our Master Dr. Samuel Hahnemann which is reproduced above. Made in rubber, the bust has all the beautiful features of the Master with their immaculate sharpness. It is a very attractive piece which could adorn the clinic of every homœopath. M/s New Era Homœopathic Pharmacy deserves to be congratulated for bringing it out. It is priced at Rs. 10/- only which is well worth the bargain.

Letters to the Editors

DEGREE COURSE

Sir,

I am giving below my observations and suggestions on your article "QUO WARRANTO" of the April issue of your Journal.

2. It will be in June 1968 that the uniform course of D.H.M.S. will be started at the earliest and the question of conferring degrees will arise 6 years after that i. e. in May 1972 However, that may be, it is better to look ahead, and apply our minds to the difficulty raised by you. Regional universities will not possibly take up Homœopathy, degree of which they alone can confer lawfully.

3. My suggestion, therefore, is that the State Boards can carry on conferring diplomas of D.H.M.S. like our L. C. E. H. at present.

D. H. M. S. should be made an entrance qualification for the degree course and the institutions teaching for the degree course should be controlled and the G. H. M. S. Examination carried on by a Central Homœopathic academy to be formed by an act of Parliament as suggested by you.

Yours faithfully,
Sd/-(M. N. **Paranjpe**)
Chairman,
Court of Examiners in Homœopathic & Biochemic Systems of Medicine, Maharashtra State.

Poona-2,
14-6-1966.

A CASE OF HYDROCELE

Sir,

A case of hydrocele from clinical case records by Shri. B. K. Roy has appeared in the Journal April 1966 issue.

There is one point in this connection for submission to you that the symptoms which specifically led to the selection of Rhododendson and Alumina have been completely omitted as also the reference to repertory.

It creates the imperssion that had the back bone drug of homœopathy—that is honourable — LYCOPODIUM not extented its helping hand (which was quite incidental) the case would have missed its appearance in the esteemed Journal. The above may please be not treated as criticism but a vent to my feeling for which I request to be pardoned.

Yours faithfully,
Shiv Ram Singh
386, Plowoen Road,
Mhow Cantt., Dist. Indoor (M.P.)
Dated 29-4-1966.

[The case was reported by a student of the Bombay Homœopathic College and Rhodo. and Alumina were apparently given by him empirically and Lyco. was thought of only when symptom of "right to left" direction developed. —Ed.]

Homoeopathic & Medical News

Congress of the International Homœopathic League.

This year's Congress of the International Homœopathic League will be held in Hannover from the 30th August to the 2nd September, together with the Congress of the International Research Council whose chairman will be Dr. W. Gutmann (New York) and with the co-operation of the three North German regional associations in the D. Z. W. h. A. (Nordrhein-Westfalen, Hansestadte-Holstein, and Niedersachsen).

Homœopathic doctors from all countries are invited to give lectures in the course of the scientific sessions; these lectures should be announced well in advance, and should not last longer than 20 minutes.

The main subject of the sessions reserved for the Research Council is : "Research, Possibility of Teaching and Clinical Treatment in the field of Homœopathy" As regards the other sessions, the main subject chosen is the one already planned for the London Congress of the League held in 1965. which subject had to be cancelled for technical reasons, viz. :- "New Symptoms of acute Diseases." We are all aware of the fact that the clinical symptoms of acute disease have changed considerably these last years and decades, due to the influence of numerous vaccinations, of the unrestrained application of antibiotics and chemo-therapeutic medicaments, of the Cortison therapeutics, etc. What effect has this new situation on homœopathy ?

Apart from lectures given within the compass of the main subjects, there may also be given lectures of a more general nature (i.e. 'Free Subjects')

Tuesday, the 30th August, will be reserved for both the Council of the League and the General Assembly of the League.

From Wednesday (31st August) till Friday (2nd September) there will be held scientific sessions.

The languages spoken during the Congress will be English, French, and German. Simultaneous interpreters and translators will be at your disposal.

All sessions will be held at the HOTEL INTERCONTINENTAL in Hannover, Friedrichswall 11, where it will also be possible to get accommodation if rooms are booked in good time.

The final banquet will be held at the Hotel Intercontinental on Friday, the 2nd September.

An excursion will be made on Saturday the 3rd September.

The booking of rooms has been assigned to the Travel Agency of Cook/Wagons-Lits Hannover, Georgsplatz 1, which has branch offices in all countries of the world.

Settlement of both hotel and congress charge can be made at any of the branch-offices of the before mentioned travel agency.

Since there will be held several international meetings in Hannover about the first of September, it is advisable to book rooms as soon as possible, i.e not after the 30th April.

The Congress charges for doctors amount to DM 90–, and to DM 60– for persons accompanying them. If these charges are paid before the 30th June, they will only amount to DM 80– or DM 50– respectively.

Those who intend to give lectures are asked to announce them to Dr. V. Petzinger, 324 Hameln/Weser, Kaiseratrasse 39, by the 30th April. In order to give the respective interpreters the chance of proper preparations the manuscript should be forwarded in duplicate to Dr. V. Petzinger by the 30th June (if possible earlier).

Please attach a summary of the lecture to the respective manuscript (if possible in all three Congress languages).

Further letters & enquires to be addressed to :-

Dr. DIWAN HARISH CHAND,
1, Hanuman Road,
New DELHI—1.
National Vice-President for India,
International Homœopathic League.

♦ ♦ ♦

Birth–anniversary of Dr. Samuel Hahnemann

The South Kanara Homœopathic Medical Association celebrated the 211th Birth Anniversary of Dr. Samuel Hahnemann, the founder of Homœopathy at the Fatima Building, Kankanady, Mangalore–2 on 1st May, 1966. Mr. K. Suryanarayana Adiga, B.A., B.L.. Advocate presided and Dr. Druva Prasad Sen, M.SC , PH.D., Scientist–in–charge, Fish Technology Research Station, Mangalore was the Chief Guest.

Dr. V. T. D'Souza, President of the Association welcomed the gathering and introduced the President and the Chief Guest of the day to the audience.

Speaking as the Chief Guest, Dr. Druva Prasad Sen Spoke about the various types of Research that are needed for Homœopathy. He said though the efficacy of the drugs is fully established, the more of action of these drugs which are of a very fine nature, has to be determined by very fine and delicate instruments, some of which may not be available as yet. He also quoted instances of many spectacular cures of very chronic and hopeless cases through Homœopathic drugs.

♦ ♦ ♦

Sushila Nayar urges restraint in use of drugs.

New–Delhi–June 8.

Union Health Minister Dr. Sushila Nayar, today advocated restraint on the part of physicians and public in the use of drugs.

The Health Minister, who was inaugurating the first meeting of the newly-constituted Committee on "Essential Drugs" said curbs on the manufacture of drugs and restraint on their use were essential for making the maximum use as well as for reducing the drug bill.

The Essential Drugs Committee, which consists of 12 members representing the medical profession, has been constituted by the Government to advise it in regard to the preparation of lists of essential drugs and medical requisites from time to time.

The Director-General of Health Services, Dr. K.N.Rao, is the Chairman of the Committee.

Dr. Nayar said some of the problems facing the country in the field of medicine were inadequate supplies of drug, soaring drug bills and the question of meeting the minimum needs of the people within the limited resources.

Referring to the country's requirements of drugs, she referred to the Mudaliar Committee report and said that by 1975 nine million out patients and six lakhs in-patients would have to be catered to every day if 75 per cent of the sick in the country were to be taken care of.

High Prices

The Minister said raw materials were being utilised for proliferation of drugs in the market instead of concentrating them for mass production. This was mainly responsible for high prices.

The Minister said there was great scope for improvement in the prescribing habits of the physician. He had to be more conservative in using drugs and consider the patient's pockets as well as his health.

Dr. Nayar wanted the Committee to study the different aspects of drugs manufactured and prescribed in the country in order to ensure that the available limited resources were not dissipated on drugs of doubtful therapeutic value. The Committee's recommendations, she added, should be helpful to the Government in giving a new orientation to the manufacturing activities that were being developed in the Country.

She suggested the participation of small-scale sector in the manufacture of drugs to step up indigenous production.

She also expressed the view that certain drugs, which were vital for treatment under certain conditions but whose consumption was not large, should be manufactured in the country by research institutions under the Council of Scientific and Industrial Research.

—"*FREE PRESS JOURNAL*"
Bombay-9-6-1966.

♦ ♦ ♦

AP Govt. To Increase Number of Health Units In Districts.

Anantapur : June 6

The Andhra Pradesh, Government would increase the number of health units and improve medical education during the Fourth Plan period, Mr. Y. Sivarama Prasad, Minister for Health, said here on Saturday.

By the end of the Fourth Plan period each district headquarters hospital would have 250 beds and taluk hospitals 50 beds and all blocks would be provided with primary health centres, the Minister said.

The Minister, who was to have inaugurated the ninth annual conference of the Indian Medical Association, Andhra Pradesh State Branch, could not attend and his address was read by the Director of Medical Services, Dr. A. T. M. Abdul Khader.

The Minister said the strength in medical colleges would be increased from 1130 to 1200 by the end of the Fourth Plan and leprosy clinics and laboratory services expanded. Effective steps would be taken with regard to control of spurious drugs.

Dr. A. T. M. Abdul Khader, addressing the conference, said doctors should settle in large numbers in rural areas. The Government would extend all help to those who started nursing homes and health clinics in villages. Dr. Khader pleaded for co-operation of the I. M. A. to check population explosion.

Dr. Khader said ways and means should be devised by the conference for the effective control of spurious drugs and added while the State had made considerable progress in bad to be done in the coming years with regard to the shortage of doctors

Dr. B. Sambamurthy, President of the I. M. A. State Branch, said admissions to medical colleges should be based on merit alone. Admission of students on payment of donations was being done in some of the medical colleges should be discountinued.

"Deccan Chronicle" Secunderabad. 7-6-1966.

♦ ♦ ♦

Delhi :- **W.H.O. Official dead :-** Dr. James.

Beattie Petrie Assistant Director of Health Services at the World Health Organizations South-east Asia Regional headquarters in New Delhi, died in London on Friday, it was announced on Monday-Reuter.

'Statesman" 7-6-66.

♦ ♦ ♦

Probe Of Homœopathic College.

Ludhiana, June 1. On a complaint by the Director of Health Services, Punjab, the State C I. D. is understood to have started a probe into the working of an allaged bogus homœopathic college at Sonepat.

In his complaint to the D. I. G. (C.I.D), the Director is under stood to have pointed out that the college was issuing bogus diplomas and cheating the public.

A similar inquiry was started by the State C. I. D. a few days back against a 'Homœopathic Registration Board' of Fazilka.

"Tribune" Ambala, 2-6-1966.

♦ ♦ ♠

Introduction of Health Cess Suggested.

New-Delhi, *June-7.*

The Union Health Ministry has suggested to the State Governments introduction of a "health cess levy" on patients in all public hospitals in order to augment the resources for supporting medical care programmes.

The levy suggested is fixed to 10 Paise from out-patients per attendance and 25 Paise per day from patients admitted to hospitals.

According to the Ministry, the standard of medical care in the country has not generally kept pace with the progress in many fields of public health and preventive activities. With communicable diseases accounting for a major portion of the total morbidity and mortality and with a very poor standard of environmental sanitation, the optimum use of the limited resources for health schemes during the first three Plans has been for prevntive programmes. The amounts left for medical care out of the total Plan outlay have been of an order to make any appreciable development out of question.

Bed-Population Ratio.

It has been estimated by the Mudaliar Committee which went into the question of medical facilities in the country that to reach a bed population ratio of one per thousand a sum of Rs. 750 crores per Plan will be needed for this programme alone. As against this, the tolal allocation for "all health schemes" in the Fourth Plan excluding water supply and family planning is only Rs. 485 crores.

The allocation for medical care during the Fourth Plan is only Rs. 178 crores out of which, more than Rs. 100 crores will go for the primary health centre complex.

The ministry feels that even the modest target of one bed per thousand may not be achieved, in the course of the next two or three Plan periods, if medical care progrmmes are to be built entirely on public revenue as at present.

Mudaliar Body Report

The Mudaliar Committee, which took note of the "unsatisfactory medical care facilities" in the hospitals, had also suggested that the possibility of the levy of a health cess should be explored.

It has been estimated that the average out patient attendance in a hospital is 240 per day. Even a nominal charge of five Paise would bring a return of Rs. 1·26 lakhs per day from all Government institutions. Similarly, out of the 2.74 lakh beds in the country. 1.5 lakh beds in Government hospitals are assumed to be occupied any day on the average and daily levy from the patients at the rate of 25 paise per day should account for a sum of Rs. 37,500 per day.

The States have been told by the Ministry that in instituting the levy scheme, the revenues raised must be made available to hospitals concerned either directly or through an increase in their budget equivalent to the amount raised by them.

Central Council of Health.

The Proposal will come up for consideration at the 13th meeting of the Central Council of Health to be held in Bangalore from June 24 to 27. The conference, which will be attended by all State Ministers of Health, will be prescribed over by Union Minister of Health and Family Planning, Dr. Sushila Nayar.

Another subject of public importance that will be discussed at the Conference is the establishment of drugs testing laboratries in the States and the question of rendering financial assistance to the States for the drugs control programme.

At present only the States of Maharashtra, Rajasthan, Madras and Gujarat have full testing facilities of their own for all types of drugs. Other States have only limited facilities-PTI.

"Deccan Chronicle" Secunderabad 8-5-66.

RESULTS OF L. C. E. H. EXAMINATIONS HELD IN MAY 196

3rd L. C. E. H. (Part II)

1 Kumari Chachad K. N.
2 ,, Chogle S. B.
3 Shri Khurana M. K.
4 ,, Mahuvawalla R. R.
5 Kumari Mehta K. D.
6 Shri Mohite V. B.
7 Kumari Naik S. V.
8 Shri Tolat M. H:
9 ,, Auddy S. K.
10 ,, Gariwala U. C.
11 Kumari Havewala D.
12 ,, Kadam S. N.
13 ,, Lakshmi A. N.
14 ,, Maini P. K.
15 ,, Maker J. A.
16 Kumari Mehta R. K.
17 Shri Muzumdar D. D.
18 Kumari Parikh K. R.
19 ,, Savant N. G.

3rd L. C. E. H. (Part–I)

1 Kumari Bhatla K. K.
2 ,, Gandhi P. I.
3 Shri Khurana M. K.
4 ,, Mansharamani H. S.
5 ,, Prabhu R. C.
6 ,, Talwalkar J. S.
7 Kumari Anamkat J. D.
8 Shri Belel M. D.
9 Kumari Chogle S B.
10 ,, Doshi I. P.
11 Shri Hathi S. K.
12 Kumari Iyer P. S.
13 Shri Jain R. H.
14 Kumari Khan S. M.
15 Kumari Matani K. H.
16 Shri Matlani R. M.
17 Kumari Menon P. M.
18 ,, Parvathy P. H.
19 ,, Punjabi A. K.
20 ,, Sahajwala S. G.
21 ,, Shah I. C.
22 Kumari Wadhwa R. K.
23 Shri Wadia R. S.

2nd L. C. E. H.

1 Shri Bhatia R. C.
2 ,, Dave V. V.
3 ,, Kothari B. P.
4 Kumari Mehta V. N.
5 Shri Momaya N. P.
6 Kumari Rabadi M. H.
7 Shri Tambe B. N.
8 ,, Thakar M. K.
9 Kumari Ved C. J.
10 Shri Barot R. A.
11 ,, Bhatheja V. S.
12 Kumari Bhoosarath S. V.
13 ,, Bhujle V. S.
14 Kumari Daiya N. M.
15 Shri Dawani S. L.
16 Kumari Dev Amita D.
17 ,, Echhpal I. C.
18 ,, Elavia K. B.
19 Shri Gogry N. L.
20 ,, Iyer M. V.
21 ,, Jain B. O.
22 Kumari Kackad H. S.
23 ,, Kalayani N. J.
24 ,, Khan F. S.
25 ,, Lalan U. C.
26 ,, Mahadevan U.M.
27 Kumari Malavia U. D.
28 ,, Nilkanth S. V.
29 ,, Paprani D. H.
30 ,, Parikh J. J.
31 ,, Patel B. M.
32 ,, Patel J. V.
33 ,, Pradeep S. R.
34 ,, Rath G. S.
35 ,, Raval U. P.
36 ,, Sarvaiya B. J.
37 Shri Shindgi S. D.
38 Kumari Tezabwala K.
39 Shri Momadani N. E.

1st L. C. E. H.

1 Shri Bhatt M. J.
2 Kumari Dalal S. H.
3 ,, Deve P. V.
4 Shri Mali D A.
5 Kumari Metha B. V.
6 Shri Mandra A. S.
7 Kumari Mirani M. T.
8 ,, Raja D. T.
9 Kumari Shah N. C.
10 ,, Shah P. B.
11 Shri Sharma P. S.
12 Smt. Thakkar R. V.

OUR COLLEGE RESULTS (1958 to 1966)

Year	1st L. C. E. H.		2nd L. C. E. H.		3rd L. C. E. H. (Part I)		3rd L. C. E. H. (Part II)	
	No. Students Passed/ appeared	Percentage	No. Students Passed/ appeared	Percentage	No. Students Passed/ appeared	Percentage	No. Students Passed/ appeared	Percentage
1958–May	15/34	44%						
Dec.	39/66	59%						
1959–May	20/23	87%						
Dec.	28/57	49%	24/35	68%				
1960–May	9/23	39%	29/44	64%	17/23	74%		
Dec.	29/56	48%	27/53	51%	26/33	79%		
1961–May	15/23	65%	27/56	48%	25/34	74%	11/23	47.8%
Dec.	25/50	50%	24/44	55%	24/36	66.6%	19/39	48.7%
1962–May	11/17	64.7%	25/43	58%	15/36	41.6%	19/48	39.5%
Dec.	29/53	54.7%	23/40	57.5%	31/46	67.4%	21/53	39.6%
1963–May	17/21	80.9%	23/44	52.2%	20/36	55.5%	30/53	56.6%
Dec.	28/53	58%	23/40	57.5%	26/37	70.2%	20/50	40%
1964–May	14/16	87.5%	26/47	53.3%	26/42	61.9%	18/41	43.9%
1965–May	8/13	61.6%	22/53	41.5%	23/31	74.2%	18/45	40%
Dec.	33/53	62.3%	31/47	65.94%	23/30	76.3%	19/54	35.2%
1966–May	12/16	75%	39/55	70.9%				

PROFESSIONAL DIRECTORY

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5 p. m. to 8 p. m.
Sunday : 10 a. m. to 1 p. m.

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Colaba, Phone : 211817.

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THE INDIAN JOURNAL OF HOMŒOPATHY

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The views expressed by the authors are not necessarily those of the Editor.

EDITORIAL

THE TRUTH TRIUMPHS

The qualified Homoepathic Physicians are to be congratulated for achieving their recognition by the International Homoeopathic Medical League. They will henceforth be considered in Class A category of the Membership Clause of the Constitution of the League equivalent to Modern Medical Graduates Practicing Homoeopathy. Thus there will be no discrimination between the two categories of qualified Homoeopaths in future.

The International League has extended recognition to the Indian Institute of Homoeopathic Physicians representing 1,00,000 qualified Homoeopathic Physicians in India. This is another feature in the cap of Institute.

Dr. B. N. Chakravarti had beed recommended by the Institute for the National Assistant Vice President ship of India for the International League. The League Council approved our recommendation.

The profession is aware that the following resolution had been unanimously adopted by the International Homoepathic Congress held at Vigyan Bhavan, New Delhi in October, 1977.

"Resolved that the International Homoepathic League be requested to approve the recognized degrees & diplomas of at least 4 years conferred by the universities or the State Councils/Bords in India and recognised by the Government of India.

It is further resolved that the persons having these recognised qualifications may be eligible for holding any office in the League"

Proposed by Dr. K. G. Saxena — 9.10.1977

Seconded by Dr. B. N. Chakravarty — 9.10.1977

This resolution was handed over to Dr. Eenhoorn, the then president of the International Leauge. As desired by Dr. Eenhoorn Dr. Saxena attended the Council Meeting and explained the above resolution to the members of the Council on 13.10.1977. The President of the League assured that steps will be taken to implement the resolution.

During 1980 to 1982 the Institute of Homoeopathic Physicians passed a number of resolutions in this connection. The 10th All India Homoeopathic

Congress held in November, 1981 at Hyderabad, also passed similar resolutions for the recognition of indian diploma and Degree Courses by the International League; recognition of the Indian Institute of Homoeopathic physicians as the All India organisation representing the Homoeopathic profession in India and the appointment of Dr. B. N. Chakravarty as the Assistant National Vice President for India at the International League. We are happy to learn that most of our recommendations have been approved by the International Homoeopathic Congress of the League held in U. K. in March/April, 1982.

Ever since the election of Dr. Diwan Harish Chand as the National Vice Presidcnt of the International League, he had been trying to get recognition for the Qualfied Homoeopaths. He had recommended this in his report at the London Congress in 1965. As such it is gratifying that he has been able to get this recognition and given it as a parting gift at the end of his presidency. We express our gratitude for this work.

We heartily congratulate the Central Council of the International League in general and Dr. Harish Chand, in particular, for getting these historic resolutions adopted by the League. It is a great leap forward for Indian Homoeopaths into the International area. "A friend in need is a friend indeed". The Institute extends its earnest cooperation to the International Homoeopathic League in their future planning and programmes.

—Dr. K. G. Saxena.

Samuel Hahnemann's School Oration

[Note: This address was composed and spoken in Latin by Hahnemann at the age of twenty, when taking leave in 1775 of the Prince's School, Meissen. See Homoeopathy for January 1934, pp. 1-6. It is now translated into English for the first time, by Stephen Hobhouse.]

No one among you, most learned and illustrious auditors, can doubt that it may be known and understood from the mechanism of the whole universe that God exists: and yet I think that I may with truth assert that it is above all else in the construction of the human body that the wonderful wisdom and beneficence of the Supreme Being is most radiantly clear. For in each and every limb he has shown such incredible skill of craftsmanship and such exquisite art, that anyone who dares to cast blame on the least thing in the composition of our bodies may rightly and deservedly be considered not merely foolish, but devoid of all sense and insight. Moreover, as man is easily the chief of all living creatures, so the dignity and excellence of his body far exceeds that of theirs.

What I have just said is indeed obvious to every careful observer. And yet the perfection of skill which is also shown in the build of the other animals will be readily regarded as most worthy of admiration by anyone who grasps how aptly and fittingly their various senses and limbs have been planned and created by the Supreme Maker of the world, so as to suit the diversity of character and strength in each creature. The horse is endowed with solid hoofs and a handsome mane, for he is a swift and proud animal. While the lion, a brave and ferocious beast, has been supplied by the same wise and divine Nature with powerful teeth and claws. For a similar reason the bull and the wild Boar have powers of defence and natural ornaments corresponding to the character of each. As for timid species like the deer and the hare, what gifts more fitting could there be than their marvellous agility of limb and their speed of foot, in so much as they are without any direct protection against violence?

But for man, who has the divine gift of a mind, hands have been created by Nature as the sole instruments of defence-hands which are adapted for his use and guardians of his safety. Man accordingly had no need of the natural endowment of horns and claws, since the tips of his fingers were provided with nails and he could use sword and spear and other kinds of weapons, some of them sharper and some harder than horns. I need hardly add that, even from a distance, he is able to repel attacks and to wound another creature, with a stone, for example, or a club, or with those iron tubes which project leaden bullets, and with other similar weapons: while beasts, unlike man, can only fight and protect themselves at close quarters. All these actions are in our power with the help of the hands.

What shall I say of the arts discovered with the aid of the hands? Or of the clothing manufactured by them? What of the buildings constructed for our comfort and for usefulness and protection? Moreover, what laws would we

possess, what records of genius, if we were without hands? The hands are assuredly the benefactors that enable us to hold converse with Plato and with Aristotle, with Hippocrates and with Galen and with other luminaries of the ancient world. I am convinced that everyone will agree with me, that for a creature endowed with wisdom there is nothing of greater use and benefit than a pair of hands.

But so that I May myself lay before you the truths that I have gathered from a rapid survey of the scientific writers in the course of my leisure studies, as they are called. I would beg your leave now, my most honoured auditors, to set forth briefly to you what a skilful work of the Divine Wisdom and Providence is to be found in the human hands. Now, to begin with the hand seems to have been shaped and constructed precisely with the object of being able to take the place of the various tools for which there is any use in life, for example of a hammer, the hook and the pincers. For what craftsman other than the Creator of the universe, who has infinite wisdom and foresight, could have secured such a capacity for skill as there is in the hands? For He has given us hands which are so divided and parted into fingers that they are able to hold and to clasp all round anything of the spherical shape, and also, by extending all the fingers, to grasp even rather large objects, and smaller ones by the pressure of two fingers only. And so in general they can adjust themselves easily to every shape.

For the firm grasping, I repeat, of round objects, Divine Providence has moreover caused the fingers of the hand to grow to unequal lengths, so that in grasping a ball the biggest finger can be extended towards the same point as the smallest one, and the ball is thus easily

held and grasped on every side. Further Nature has given to man two hands which are exactly alike, corresponding each other and able to assist each other Thus one can find no stone or piece of wood or any other object which may be so held and moved by the hands that one might suppose that they had been planned and constructed precisely for dealing with the object in question.

I would not, however, suffice that we should have our hands divided and separated into fingers, if there were not a thumb placed opposite the four long digits, and in such a position that it can be bent or opposed to any one of these will. For if the digits were all arranged in a single and uniform row, power of grasping would be lost, as well as many varieties of changing movement suited to every shape and object. And one must not overlook the fact that neither the little finger nor the little finger were added for the sake of symmetrical appearance without a purpose: since each of these, when stretched out, is of no use when grasping things of a rather bigger size. For there is a profound truth in what Socrates, the wisest of philosophers, is reported by Xenophon to have said, that we ought to prefer those things which are most adopted to a useful purpose to those which are merely beautiful to look at.

And the wisdom and foresight of Nature has also made the skilful provision that the tips of the fingers should not consist of bone only, but should have a covering of flesh: by the aid of this little bit of flesh even things of a minute size and most difficult to hold, like hairs or thorns, can be retained without much trouble. Further the points of the fingers could not conveniently be too soft, or else an object not very firmly grasped would at once slip from the hands. The more

surely to avoid this, the wise Creator of mankind has protected the ends of the fingers with nails, and so made provision, by their rigidity and firmness, for the soft and tender fingers. But the nails had not to exceed the right measure of hardness: and herein too have we not a marvellous contrivance of God? For if the nails were of a very hard, that is, a bony substance, they would not, as they actually do, yield, when met or struck by any rather heavy object, but would be crushed and broken by every blow from stone or metal. As it is, they are made of a substance, that is, horn, which is neither very hard nor very soft and thus can materially assist in the processes of scraping, scratching, stripping off and pulling apart. For nails are almost like swords—those swords being counted the best, so far as they are of sufficient hardness to penetrate, but pliable enough not to break at once under a blow. This other point has not been overlooked by Divine Providence: inasmuch as it takes a considerable time before the nails get worn down or need paring, they begin to grow again at once, and find the finger tips so tender that they can get support and protection from them.

Again the same wise and careful planning of the Supreme Creator has placed bones inside the fingers: for to these there can clearly be attributed all the variety of their movement and all their firmness in grasping: And the better to attain these objects the Maker of the world willed it that there should be several bones in the structure of the fingers, for if each finger had been made of one bone only, it would only have been adapted to those operations which are performed with outstretched hands. So, in order that the human hand should be capable of being bent in every possible manner and turned in very direction. He inserted three bones inside each of the fingers, each set of these being connected and articulated with one another by means of three joints.

Turning next to the flesh that adheres to the fingers, we may say that the method according to which it is fashioned is a splendid proof of the supreme goodness and wisdom of God. For since the bones of the fingers are not in themselves sufficiently straight, because the projections of the knuckles with the thin and slender portions between these create a conspicuous unevenness, these uneven intervals have been filled up and overspread by the Divine Craftsman, sufficiently to grasp objects firmly and to hold them aright.

This is the case with the inner portions of the fingers, but the outer side is almost entirely without flesh and the fingers are only covered with skin, so as to avoid any useless weight on the hand. The creator has surrounded the connections of the joints with the least possible amount of flesh, so that the quickness and agility of the fingers when moving may not in any respect suffer. This would certainly have happened had they been clothed with a somewhat thicker covering of flesh. Further, it is another indication of the Supreme Intelligence that the side portions of the fingers are provided with enough flesh to fill up the internals between the knuckles. Consequently, if we join up and press together the fingers as if they were continuous, we are able to use our hand as a single compact object. For it would surely be impossible for anyone to swim, had he not a hand above to propel him, very much as if one were rowing, with the fingers pressed together and so the whole curved and made solid like a spade. Could one believe that the famous Diogenes of

Sinope would have thrown away his cup unless he had been able to drink water from a hand thus compressed? So useful can be quite a small measure of flesh when put in its right place by the Allwise Craftsman of our body.

And now to speak of the marvellous connections of the joints. For one portion of the articulation is inserted and connected in the other portion, in such a way that the hollowed head of the lower one received into itself the spherical head of the upper one just fits round it, and holds it tightly: and this is the case with all the joints. But these cuplike sockets of the joints must not be either looser or tighter than is precisely right, so that there may be no dislocation at any time, and yet facilitate in turning. And what other cause as there for the fact that the bones of the fingers contain no marrow, save that, through being more solid they should, though slender, be less prone to be broken?

And now, my most esteemed auditors, I will pass over, for fear of seeming tedious to you, any description of the dexterous contrivance by which the tendons and sinews are closely connected with and hung from the muscle of the arms, and thus control and guide each of the finger joints. I will pass over the capacity of the fingers for incredibly rapid motion, their power in grasping, the ease with which they may be contracted and extended, the speed with which they may be directed sideways, the strength of the thumb, and finally the admirable character of the muscles. For the whole subject is such a source of wonder and delight that it seems preferable to omit it altogether than to speak of it too briefly.

Let me therefore, honoured and learned auditors, conclude at length by saying that I hold myself to have briefly proved to you, as far as the weakness of my poor capacities has permitted me, that the mechanism of our hands has been elaborated and brought to perfection by the Allwise Creator of the world with a marvellous and divine craftsmanship. And you, finally, my good comrades in school, let me admonish and beseech you to venerate with me that Supreme Providence which has assuredly given a clear revelation of itself as much in the least of created beings as in the wisest and mightiest of the angels. For believe me, He has equipped and adorned our minds with understanding and intelligence for no other reason, save that we may gain a knowledge of Himself—a knowledge which we may have by contemplating ourselves and other things that He has created: and this wonderful sight is not possible to any other species of living creatures.

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"Similia Similibus Curantur"

—Dr. Omkar Dev Sharma

Discovery of the Law of Cure in Nature had been a process of Growth, rather an evolution after it was forgotten into the oblivious past prior to which it was established beyond all controversies and was being put into practice - unquestionably in India (vide writer's article 'Homoeopathy before Hahnemann' - The Rational Medicine Jan–Feb. issue PP 37-39). To quote therein an authentic list of those who had glimpses of the law quite before Hahnemann even in the West (vide Dr. Dewan Jai Chand's article 'Similia Similibus Curentur' into Souvenir PP 3-6 published on the occasion of the 10 th All India Congress of the I.I.H.P. at Hyderabad).

As the glimpses of the Healing Law dawned to the earnestly investigating Samuel Hahnemann, he started experimenting faithfully and by degrees gained the knowledge of the law. In the beginning he gave a guarded statement 'Similars may be cured by similars'. But as he was convinced about the universality and the exclusiveness of the Law, he courageously expounded it as 'Similars are cured by Similars'. As has been the fashion in the west to inscribe all important ideas into the classical Latin language - in Sanskrit in India - he put his initial idea as 'Similia Similubus Curentur' and then changed over to ;

'Similia Similibus Curantur'

This change of spelling in 'Curentur' from 'e' to 'a' means all the change in two versions., (i) may be cured and are cured.

As is well known there was a great revolt against the discovery of the law by Hahnemann resulting into so many difficulties and tortures to our Master. There was a section who wanted to disprove the so called theory established by Hahnemann through scientific channel of experimentation but to their surprise, they only found confirmation of the law. Most of them made a compromise by accepting the method of treatment by similars as one out of many healing processes. But the smaller group who kept on with their exploratory experiments till they were convinced that Homoeopathy was the unfailing healing art and 'similia' was the only law of cure in Nature. Their conclusion was final beyond all doubts as ours that Similars are cured by similars.

Similia Similibus Curantur.

On the other side the advocates of 'Curentur' have enough to quote from literature to justify their version and even more the fallacy of 'Argumentum adverecundium' to silence their opponents. Who can dare oppose their statement: "Let us not go beyond the founder and illustrious past-masters particularly when they knew the language better". In the course of evolution if we stick to the past in veneration and refuse to take onward march all progress ceases and evolution comes to a stand still. So far literature is concerned much can be quoted on either sides. The founder laid down the foundation of the structure of Homoeopathy on solid ground of pure observation and faithful experimentation. He never asked his followers to stop at it. Ever since untold repeated application of the law has proved beyond all doubts that 'Similia' is the only law of cure and it does cure when correctly applied. It is as true as simple Arithmetic. Hence it has to be stated in definite positive and assertive term 'Curantur' rather than meak indefinite, shy, hesitating and doubtful term 'Curentur' even though, as our opponents say, Master Samuel Hahnemann, the founder used the term 'Curentur'.

We can submit to the substitution of 'Curentur' for 'Curantur' if the language, grammar and dictionary converts their meanings.

We hail
'Similia Similibus Curantur'

Viral Diseases in General Practice

—Prof. Dr. Dilip Kumar saha

Viruses are small infective agents which can grow and reproduce in only living cells. Although some of the smallest viruses consist of a little more than nucleic acid and a protein coat, show no independent metabolism. Nearly all viruses are known to infect men. They have the power to enter specific living cells which they multiply and cause signs of disease, later they escape from the cells and are transmitted to fresh cells which they infect. Viruses are frequently antigenic and infect animal hosts by the production of specification antibodies closely corelated with development of immunity. Viruses frequently show mutilation or variation of their biological proportion.

The size of a virus is measured by a unit. The unit is Manometre (1 mm = 10-9m). As rough guide very small virus, such as Polio, Coxsachie and echo virus have a diametre of 20-30 nm, medium sized viruses such as adenoviruses, Influenza and measles are 75-150 nm ; Large viruses such as variola and vaccinia are 200-300 nm. For study of viruses in tissues the material is used fixed in Osmium tetroxide and mounted in methacrystal plastic ultra-thin (20-50 nm) sections are cut with special knives.

Viruses will grow and reproduce only in living cells i.e., they are obligatory intercellular parasities. After a virus has entered a cell it becomes increasingly difficult to detect infective virus. During this eclipse phase the virus is present as smaller non-infective sub-units, which multiply insided the cells. The sub-units are later reassembled to form new complete virus.

The Linneaan system of nomenclature has so far not proved satisfactory for clarification of viruses and in the main each viruses named according to the disease for which it is responsible, The essential components of a virus is its nucleic-acid. It has been shown that the type of Nucleic-acid is characteristic for particular viruses. It can be deoxyribonucleic-acid (DNA) or ribonucleic acid (RNA) within these two classes certain broad groups of viruses are recognised mainly on the basis of their morphology and structures.

D.N.A. - VIRUS :

1. Pox Viruses - Small Pox (Variola) Vaccinia, molluscum contagious virus and various small pox.

2. Herpes Viruses - Herpes smiplex, B. Virus and Pseudorabies viruses.

3. Papava Viruses - Human wart virus, otherwise animal virus including Papilloma.

4. Adono Viruses - Viruses causing Respiratory diseases and Conjunctivitis.

R.N.A. VIRUS :

1. Rota Viruses - Virus causing infantile gastroenteritis.

2. Picorna Viruses - Polio, Coxsackie and Echoviruses, phino viruses - Ehcephalomyolitis virus, foot and mouth diseases virus.

3. Paramyxo Viruses – Parainfluenza, Mumps, Measles, Respiratory Syncytial virus and new castle viruses.

4. Rhabdo Viruses - Rabies virus, vesicular stamatitis virus.

5. Arena Viruses - Lymphocytic Choriminingitis virus.

6. Leuko Virus - Virus causing Leukoemia and tumour in animal.

7. Orthomyxo Virus - Influenza viruses

8. Corona Viruses - Virus causing cold like illness.

SMALL POX :-

This once dreaded disease is vertually extinct. At one time small-pox was endemic in many parts of the world. Particularly Asia. From time to time it was imported into nearly all countries and caused devasting epidemics in 1967, the WHO launched a massive programme to eradicate small-pox. The disease is clinically obvious- i.e. sudden onset of high fever, headache, backache and characteristic distribution at the papules and vesicles 3/4 days of temperature of eruption. Wide spread vaccination, (May, 1796 Edward Jenner vaccinated a boy with material taken from cow pox-pustule on the finger of diary maid) was remarkable easy and highly effective progress was remarkable, country after country was cleared of infection. Brazil in 1971, Indonesia in 1972 and Indian subcontinent in 1975.

VACCINIA (CALVES LYMPH) :-

Cow Pox and other animal pox, diseases occur in most species of animal eg., monkey pox, mouse pox, (ectromedia) rabbit-pox, Horse-pox,, fowl-pox, etc. Most of them are not transmissible to men but a few cases of human monkey pox have received in Africa.

MOLLUSCUM - CONTAGIOUS VIRUS :-

Man is the only known host of pox virus causing molluscum contagious virus disease of the skin, seen commonly in children and almost adults who patronize Turkish bath, beauty parlours and similar establishment. The virus produces multiples nodules in the epidermal layer of the skin-individual lesions comprises a warty and pearly papule with umbelicated centre. Infected cells contain large hyaline, acidophilic intracytoplasmic inclusion bodies. This is the largest pox-virus to known to be pathogenic to men.

HERPES - SIMPLEX :-

O' er ladies' lips who straight on kisses dream
which oft the angry, Mob with blisters plaques.

SHAKESPEARE.

This highly successful and well adopted Parasite is more constantly present in man than any other virus. By the age of five (5 years) over 60% of the population infected. The proportion may exceed 95% among adults living in cities. Not only infection common but people who have acquired virus remain carriers for rest of lives.

Primary Herpes usually occurs in the first few years of life. It characteristically takes the forms of visicular stomatitis often associated with febrile illness but it is more often overlooked some cases primary lesion in the skin or involve eye. Infants with eczema may develop a wide spread vesicular eruption. Infection is acquired by contact with patient with obvious herpetic - lesion. Kissing is probably the most important method of transmission.

Recurring Herps occurs in adult life. following primary lesion infection the virus remains dorment, probably in the sensory- ganglian of nerves supplying particular area. From time to time it

becomes active and produce a vesicular eruption cold sores most commonly in a small localised area in the lips or around nostrils, genital mucous membrane or eyes. Factors which stimulates the virus to activity includes cold, Influenza other fever, sun-light and menstruation.

Herps is entirely distinct from Herps Zoster. Herps shows a small group of tiny visicles, proceeded by a burning sensation, which affects the face, chiefly nose-lips, mouth, cheeks and less often genitals.

It has been noted to proceed or follow varicella in contact cases. There is considerable evidence that some cases of herpes-Zoster are caused by the same virus as Varicella. Herpes virus is often asssociated with carcinoma of the cervix but there is no good evidence that it is the cause for this condition.

HUMAN WARTS :-

The various clinical types of warts are probably caused by the same virus eg., filtrates from planter or genital warts are benign, infections epithelial tumous. Warts can be transmitted to human beings but not to animal by any cell free filtrate.

ADENO VIRUSES :-

The DNA viruses are among the most common and well adopted of all viruses affecting man. Their existence are first recognised because of the frequent occurance of degenerative changes in the tissue cultures prepared from surgically removed adenoid and tonsils. Adeno viruses are about 70-90 nm. in diameter.

Out breaks of sore-throat, conjunctivities, fever and cough have occured in school or in a camp.

R.N A. PICORNA VIRUSES :-

The Pieorna viruses are a group of very small ribonucleic acid (RNA) virus (Pico-very small, plus RNA). The group contains over 160. different viruses affecting man and includes the enterovirus namely Polio, Coxackie - virus and echovirus- which are primarily inhabitants of intestinal tract.

POLIO VIRUS :-

Polio virus is exclusively human parasite and caused of Poliomyelitis. The virus grows readily in many types of tissues culture.

In most cases there are no symptoms at all, but in some there is a mild febrile illness lasting a day or so with headache and vomiting (abortive-Poliomylities). In a few cases after premonitary symptoms for 5/7 days, there is a second rise in temperature and patient develops symptoms and signs or meningitis (non-paralytic Poliomyelitis). In a very few cases, the virus produces degenerative changes in the anterior horn cells of the spinal cord and motor nuclei of the cranial nerves and the patient develops flacid paralysis.

COXSAKIE VIRUS :-

Coxackie - Virus are so named because the first strain were isolated from faces of two children living coxsakie, New York.

Human infectious are extremely common. They are usually mild and often pass unrecognised virus types of illness are recognised.

i) Herpangna is febrile illness with vesicular lesion usually on the anterior pollors of the fauces in young children in summer.

ii) Bornholm disease (epidemic-Myalgia, Pleurodynia) is characteristic of fever and severe pain (devil's grip) in the lower thorax or abdomen.

iii) Maningitis (meningoenephalitis) may be caused by virus of group A/B. A Paralytic disease indistinguishable from paralysis. Poliomyelitis has occured in a few cases in children.

ECHO VIRUS :-

They were named echo or entericcytopathogenic infection orphan virus. They were orphan because of first their relationship to human disease was unknown. Most echo-viruses have now been associated with clinical syndromes, the infection include various combination of following-meningitis, enteritis, respiratory illness and rashes.

MUMPS :-

Mumps is a world wide disease caused by human virus with a special affinity for salivary glands. The virus closely resembles influnze virus-grow rapidly and usually limited to parotid glands, Virus only half as infection as varicella virus, so that many children escape the disease throughout their school life. In male after puberty - orchitis occurs upto 20%, pancreatitis, oophritis mastitis 10% and about 30% of all mumps are in apparent.

MEASLES :-

Measles virus is a RNA virus about 140 nm in diameter, and is the most infectious in any community-in great cities children are born rapidly enough to keep the virus in continuous circulation, the average age is below 6 yrs. It is acquired by inhalation and produces a febrile state, catarrhal infection of upper respiratory tract, Koplik's spots and rash. Bronchopneumonia, otistis media, common complication (Nasophalyngeal secretion by immunoflouorescent technique after rash).

NEW CASTLE - DESEASE VIRUS :-

New Castle-Desease is a generalized infection occuring in children and tarkeys. Human infection is uncommon and largely confined to poultry workers and laboratory staff. It takes the form of the influenza like illness with conjuctivitis

INFLUENZA :-

The first influenza virus was recovered in 1932 and development of our, understanding of the aetiology and mode of spread of the condition dates from this time. By 1947 three basic type of influenza virus had been indentical. Viz. Influenza A, B and C.

Epidemiology - All the major modern epidemics have been caused by the spread of Influenza virus A. Influenza B virus appears to produce a milder form of illness after resembling the common cold.

Influenza infections are characterised by sudden onset of febrile-illness, with headache. Sore throat, cough, muscle Pain-on examination individuals are found redness of throat, inflamation Post pharyngeal walls, marked conjunctivities.

The main danger to health is found in the complication which may arise from the condition - Pneumonia, bronchitis, sinusitis and otitis - media are relatively common. Hyperpyrexia and meningeal symptoms may be seen. The patern of the disease differs from some extent epidemic to epidemic, between different localities and different stages of the same epidemic (Holand 1957).

When almost no clinical or laboratory evidence of Influenza was recorded 1,00,000 - influenza death in 1968-69 British 12.000.

LEUKO VIRUS :-

The RNA viruses are 100-120 nm in diameter. Thls group includes Rous-Sarcome virus and other RNA tumour viruses. These viruses contain an RNA dependent DNA Polymerease and transfer genetic information from RNA to DNA which Is integrated into chromosome DNA of the host call.

INFANTILE GRASTROENTERITIS VIRUS:

Roto viruses also known to duo-viruses are most important part of acute gastroenteritis in infant and children under three to age of six, the diagnesis in the acute stage of the disease can be made in a few hours by electrone-micro-scope of foecal extracts. This disease is a major cause of childhood mortality particularly underdeveloped countries.

VIRUS CAUSING COLD LIKE iLLNESS:

'A family is unit composed not only children, but of men, women, and occasionally animal and common cold'-

Ogdon Nash.

Internasal instillation of rhinoviruses will produce typical colds in individual who do not passes anti-bodies against that particular type. The susceptibility of the human race to repeated cold is explained by the existance of many types of rhinoviruses. There is no evidence that chilling predisposes to cold. Cold or Cold like illness are occasionally caused by parainfluenza viruses, respiratory-syncytical virus and coxsackie viruses.

VIRUS ENCEPHELITIS :-

The diagnosis of viral encephelitis is made at the bedside. The diagnosis of the causes however, must often be essentially clinical and all too often this is not substantiated in the viral - studies. It should be realised that viral encephalitis includes a group of diseases in which this central nervous system is attacked by a viral with neurotrophic - tendencys and in which the diagnosis is made on clinical - grounds only.

The onset of encephalitis may be insidious or abrupt. Although head actic is naturally the outstanding symptoms there may be preceeding malaise with fever accompanied by muscle-aching. Headache (not abrupt - sub - archoid-hacmorrage) all overhead, quite intolerable - worse ever experienced - bursting, quite retention, head or eyes pain behind eyes, aggr movement - wants sleep. Sleep may bring only relief.

At the onset intestinal symptoms such as vomiting, diarrhoea, or constipated but these are non-specific. True vertigo, Photophobia & intolerance of noise, sweat is a feature and inability to begin the act of micturation.

The patient usually feels sleepy, but there may be disturbances of the conciousness from restlessness and irritability to stuper or coma. convulsian may occur, but are more common in children.

Finally the symptom of stiff neck and headache are important - Fever, Sweating conjunctivities, neck and body stiff, flexion of the neck aggravate headache.

The yellow discoloration of Palms and soles is an intesting constant finding. This is a yellow distinct colour, more marked in the thick layer of the hands and feet present 3 days so from the onset. The optic-disc may pink. Evidence of viral infection - Jaundice, Herpes-zosterrash, glands enlarged, spleen infection.

Upward range of fever 103° falling by lysis about 5 days C.S.F. shows cells count constant 50/200 cells/cmm. Sugar/Chloride normal, Leucopenia.

BRYONIA :-

There are some 22 varieties of Bryonia found in different parts of the world. Only two of these find in niche in homoeopathic metaria medica. Bryonia-diocia found in Britain and also on the continent, Bryania-Alba found only on the continent of Europe. Both are known as white Bryonia. Bryonia illness is slow and insidious in onset and manifest desire to left the peace and quiet.

PHARMACOLOGY :-

The Chief affinity of the drug is with epithelialt issue, mucus, serous and synovial, tending to inflamatory change with the production of flibrous, a serous-exudation. This tendency to extreme dryness of the mucus surface in air passage and alimentary tract and in other location to the formation of adhession.

PHYSIOLOGY :-

Symptoms are brought on exposure to cold, wheather-change from cold to warm. Thirst tends to excessive for large drinking sweat are profuse, drowsiness aggravates heat relieved cold, lying in motionless.

Headache stiching, a dull throbbing, frontal or occipital, tendency to spread to neck.

A dry croyza, blockage or fluent coryza with shorting pain in forehead, Nose, Swollen and Sore. Dryness or air passages laryngitis, Trachietis. Downwards spreading may be and dry cough.

Eye-pain and Soreness in eyeballs, some cases eyeball feels hot and full of dust.

Alimantery tract - Lips tongue and pharynx are excessively dry. Soapy froth salvia accumulate in the mouth. Burning blistars may occur on the edge of the tongue, diarrhoea profuse accompanied by great exhaustion for constipation, bulky dry, hard and crumbly.

Lymphetic and glandular system - Hot. Painful, stony hard, local heat gives relief as does also firm bandaging, Mastitis.

Locomotor system-Stiching, trearing pains occurs in the muscles of nape, back limps, aggravate least movement cries out with worse pain, Heat gives relief.

It was used extransively. It in epilepsy, vatigo and melancholia. *Galon* in Gout, hysteria and hypochndriasis. *Eaclius Aurclianius* in Jaundica. *Sydnham* in disorders of mind, delirium menia and insanity. *Alexander Frallian* in deafness, diarrhoea, dropsy, pleurisy sciatica and white tumour in knee.

Nortman in disease of womb and tardy delivery.

Longiger in asthama, pain the neck, haemorrhage and spitting of blood.

Dilip Saha in virus infection due to DNA-RNA.

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Dated-March '75 to August '81

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Lions Orthopaedic Hospital and Research Centre Calcutta

Name of the disease.	Age Group.	Sex.	Striking Symptoms.	Other Symptoms.	1st day.	2nd day.	3rd day.	Duration.	Symptoms appears during the course.	Drug.	Result.	Follow of the case.
1. Measles No.—100	i) 2-5 yr. ii) 6-10 yr.	M-60 F-40	Fever, Cough, sorethroat.	i) Malaise, headache, backache. ii) Sneezing, redness, conjunctivitis, voice hoarscness. iii) Anorexia, Vomiting, specific rash.	99 100 100	100 101 100	99 100 99	5 5 6	i) Rash, Koplik's spot. ii) White spot of Grain rash back of forehead.	Bry-Alb 12 tdsx 4 d.	80%–no fever. 10%-otitismedia. 10%-Pneomonia.	R.T. Gels. Sulp Ant-p
2. Mumps No.—120	i) 1-4 yr. ii) 5-10 yr.	M-55 F-65	Fever throat Pain.	i) Dysphagia, Swelling of the Parotid gland-one (Lt/Rt) ii) Severe swelling bilateral. iii) Earache, hard swelling, maxillary gland pain in testes.	100 100 100 99	99 100 99 99	No. 99 99 99	4 7 8	i) No fever but swelling ii) Orchitis ii) Mandibular/Maxillary.	Bry-Alb 12 tdsk 4 d.	70%-No fever 20%-swelling	Puls R.T. Brom.
3. Influenza No.—600	i) 4-10 yr. ii) 11-45 yr.	M-352 F-248	Fever, cough dry throat.	i) Headache, backache, running of the nose. ii) Blocked nose, frontal headache iii) Constipation, coated tongue iv) Bradycadia with Profuse thirst	102 100 99 100 99	100 99 101 100 No.	No. No. 100 No. No.	2 3 5 2 2	i) Weakness & Prostation ii) Headache iii) Cough	Bry-Alb 12 tdsx 4 d.	80%-No fever 15%-Bronchitis 5%-Ear trouble	Gels. Chin. Puls sulf.
4. Cold No.—859	i) 2-5 yr. ii) 6-10 yr. iii) 11-65 yr.	M-442 F-417	Fever, cough dry throat.	i) Sneezing with running nose. ii) Sneezing with blocked nose.	99 99 100 99 98	99 No. No. No. 98	No. No. No. No. No.	2 2 2 3 2	Frontal headache Nasal soreness.	Bry-Alb 12 tdsx 3 d.	85%- No fever 15%-Sorenose	Sulp R. T. Cal-C.
5. Infantile-Gastro, Enteritis No.—45	i) 1-3 yr. ii) 4-7 yr.	M-25 F-20	Mild fever, dry mouth,	i) Abdominal pain (crying) nausea, Vomiting and diarhoea. ii) intestinal colic, dehydration.	99 100 99 99	98 No. 99 No.	No. No. No. No.	2 2 3	Stool-watery offensive	Bry-Alb 12 tdsx 3 d.	75%- No diarrohea 15% Adbominal colic	Coloy Ars-A N.V. Dulc.
6. Herpes simplex No.—225	i) 5-10 yr. ii) 11-33 yr.	M-10 F-15	Fever, severe in the mouth.	i) Small eruption face, & nose. ii) Stomatitic, cheeks.	99 99 99 98	99 98 No. No.	No. No. 5 3	5 3	Sever Pain with Vesicle	Bry-Alb 12 tdsx 4 d.	25% No vesicle 10%-No pain.	R.T. Apis-M Maz-
7. Chicken pox No.—3	i) 1-5 ys. ii) 5-10 yr.	M-2 F-1	Fever, cough sore throat.	i) Papulus firstday, ii) Itiching vesicles.	101 102 100 99	100 100 99 100	99 100 5 6	5 6	Appear Crops & central distribution.	Bry-Alb 12 tdsx 4 d.	80%-No fever 20%-cough.	R.T. Ant-T
8. Molluscum contagion Virus. No.—5	i) 3-7 yr. ii) 8-15 yr.	M-4 F-1	Fever rash, irritation of the skin.	i) Multiple nodules in the epidermal layers on Penis. ii) Rash Pin to Pea.	99 98 101 102	99 No. 100 100	No. No. 99 100	6 8 7 8	Ncdules-pearl/pcs. Throat Pain, diffi. to swallow.	Bry-Alb 12 tdsx 4 d. Bry-Alb 12 tdsx 5 d.	20%-fever & rash 70%- No response. 65%-No fever. 20%-Throat pain & Cough. 15%-No response.	Thuz. Malar. Bary IOD Phyp Sulp
9. Adnenovirus No.—7	i) 2-5 yr. ii) 6-8 yr.	M-3 F-4	Fever cough, Sore throat.	Conjuctivitis, red swollen Uvula tonsils Swollen.	102	103	102	8	Kernig's sign + weakness of the muscles.	Bry-Alb 12 tds–4d.	No response	Transfer to Hospital
10. Polio No.—2	1-3 yr.	M-2 F 0	Fever, diff. to respiration & dry throat.	Headache vomiting & malaise Muscles twitching and tender.								

Different Methods of Drug-Employment in Disease

—Dr. Diwan Jai Chand

Hahnemann realized that there were three ways of using drugs and practicing medicine :

1) Allopathy (sometimes called Heteropathy) : in its narrow or correct sense, means treatment by drugs acting on some part of the organism with a view to relieving or benefiting another part, e,g., relief of headache by vomiting, or of dropsy by purging and sweating. In the one case you must irritate the stomach or the vomiting-centre in the brain, and in the other you must irritate the bowels and the sweat glands ; and the irritation must be adequate to achieve the desired result. Evidently the drugs selected to produce such irritation have to be given in substantial doses. For a material effect, material dosage must be employed ; the dosage actually employed has been arrived at experimentally, and is laid down in the Materia Medica with more or less exactitude, according to age or, even in some cases, weight of the patient. Allopathy is, in a way, a case of "doing evil that good may come".

2) Antipathy : frequently made use of by allopaths for purposes of palliation e.g., relief of constipation by purgative (in which case irritation of the bowels is brought about by a drug), of pain by anodyne (in which case insensibility is substituted for pain by a drug that prevents the patient from feeling pain, for a time at any rate), or of sleeplessness by soporific (in which case nervous system is depressed or benumed by a drug). It would be an excellent method of practice if it were not for the Law that "to every action there is an equal and opposite reaction" The reaction to purgative is constipation, of anodyne is more pain and of soporific is worse sleeplessness. The dose in this case also must of necessity be substantial in order to produce effect. The palliative, instead of curing, needs to be repeated again and again, and usually in increasing doses still habit is formed; and the last state of the patient is worse than the first.

3) Homoeopathy: In this the self-same drugs may be employed, as in other pathies, but in exactly the opposite sense i.e. to relieve exactly the same symptoms in a patient which they themselves are capable of producing in a healthy person that is, in accordance with the Law "Similia Similibus Curentur" (let likes be treated by likes). For example, opium will restore conciousness in cerebral haemorrhage (if the damage to the brain is not immediately fatal) because of the similarity of symptom-picture (hot sweaty puffed-out cheeks with expiration snoring comatose condition); apomorphine will stop uncontrollable and persistent vomiting, and alone will quickly cure diarrhoea if symptoms agree. In such cases it will be manifestly absurd to perhaps fatal, to give these drugs in material doses, as the aim is to rouse the vital reaction at the exact spot where it is deficient, and to directly stimulate the actual cells in rebellion or distress. The question of quantity does not arise here because of the extreme sensitiveness of the diseased tissue. The Arndt-Schultz Law (that the drug which in large doses destroys, and in small doses paralyses and in still smaller doses stimulates the self-same-cells to renewed activity) makes it imperative to use the infinitesimal dose- the dose sufficient to stimulate the cell rendered hypersensitive by disease, Thus Homoeopathy works for the speedy, gentle and permanent restoration of health in the shortest, most reliable and safest manner, according to clearly intelligible reasons.

Before we discuss in detail (in a subsequent issue of this Journal) the merits and limitation of each of these methods of treatment of disease, we should like to reproduce here, for the edification of the followers of Allopathy (and Antipathy) what opinion the shining lights and the ablest leaders of their profession have about their own system of treatment.

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The eminent Dr. F. Goodhart said in his annual address before the British Medical Association, in 1909, "Why do we give drugs. Often not because disease demand them, but because the patient is not happy until he gets them too often he is not happy then. They are sometimes given to hide our ignorance, fear, to make time which we want and wait. The drugs were rushed for more than they were worth and they are now buried by later booms. such as animal extracts and anti-toxins, and many of these will be buried too."

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The Piracy in Homoepathy

—Dr. Shri Chand Kursija

One who has sympathy with homoeopathic system of medicines would be glad to know that at the level of Central Govt., State Govt. and local bodies homoeopathic dispensaries are being opened. Council or Boards are being formed. Colleges are being opened, reorganised and improved. Universities are looking after our colleges day by day. The number of patients adopting homoeopathic system is increasing every day. Even the advocates of other systems of medicine are realizing the enhanced impact and importance of this system and are giving due weightage to the principles of 'Similia Similibus Curanture' Single medicine, minimum doses and method of proving of our medicines. With the alround advancement of our system responsibility of us who have adopted this system as mission, not merely as a vocation to earn a livelihood has increased manyfold. We have to guard our system from the oppurtunistic persons having vested interests who would like to take undue advantage of its popularity,

When one visits a homoeopathic chemist he finds different patents on the shelf of the chemist. These patents are a big attraction to the patents, the doctors, who have recently cleared the examinations and the happy-go-lucky or easygoing doctors who do not want to break his head with the totality of the symptoms or want to extract more from the patients or on the line of modern system want to prescribe tonics, Appettisers etc.. The patient is also happy due to ignorance, in accepting/welcoming such prescriptions due to convinience. However, we have no objections to the patent which have been proved homoeopathically or at least extensively clinically proved for quiet sometime. But this is not the case with present patients, these patents are prepared at the whims of the manufacturing company who many a time play with the human health. if not life. Different drugs are mixed without any rationale. Even we find that in the mixture some drugs are inimical to each other which has been clinically proved from time to time there is no check by the Government or by us. These manufacturers are minting money from the popularity of homoeopathy and lack of appropriate drug control. Apart from the patients there is no control whatsoever on the establishment of the manufacturers. Anyone with some knack or little knowledge can start manufacturing homoeopathic medicine There is no minimum standard prescribed for them. If they desire to supply only alcohol in the name of homoeopathic potency drug, there is absolutely no check on them No body can check them. There are certain manufacturers who are doing this type of business only because Govt. supplies alcohol at a subsidised rate. The reports

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The Piracy in Homoepathy

—Dr. Shri Chand Kursija

One who has sympathy with homoeopathic system of medicines would be glad to know that at the level of Central Govt., State Govt. and local bodies homoeopathic dispensaries are being opened. Council or Boards are being formed. Colleges are being opened, reorganised and improved. Universities are looking after our colleges day by day. The number of patients adopting homoeopathic system is increasing every day. Even the advocates of other systems of medicine are realizing the enhanced impact and importance of this system and are giving due weightage to the principles of 'Similia Similibus Curanture' Single medicine, minimum doses and method of proving of our medicines. With the alround advancement of our system responsibility of us who have adopted this system as mission, not merely as a vocation to earn a livelihood has increased manyfold. We have to guard our system from the oppurtunistic persons having vested interests who would like to take undue advantage of its popularity,

When one visits a homoeopathic chemist he finds different patents on the shelf of the chemist. These patents are a big attraction to the patents, the doctors, who have recently cleared the examinations and the happy-go-lucky or easygoing doctors who do not want to break his head with the totality of the symptoms or want to extract more from the patients or on the line of modern system want to prescribe tonics, Appetisers etc.. The patient is also happy due to ignorance, in accepting/welcoming such prescriptions due to convinience. However, we have no objections to the patent which have been proved homoeopathically or at least extensively clinically proved for quiet sometime. But this is not the case with present patients, these patents are prepared at the whims of the manufacturing company who many a time play with the human health. if not life. Different drugs are mixed without any rationale. Even we find that in the mixture some drugs are inimical to each other which has been clinically proved from time to time there is no check by the Government or by us. These manufacturers are minting money from the popularity of homoeopathy and lack of appropriate drug control. Apart from the patients there is no control whatsoever on the establishment of the manufacturers. Anyone with some knack or little knowledge can start manufacturing homoeopathic medicine There is no minimum standard prescribed for them. If they desire to supply only alcohol in the name of homoeopathic potency drug, there is absolutely no check on them No body can check them. There are certain manufacturers who are doing this type of business only because Govt. supplies alcohol at a subsidised rate. The reports

of selling of such subsidised alcohol in black market by the licencees are not uncommon. How much fortunate it is to be a homoeopathic manufacturer. Let the patient die or fame of doctor go to hell, their prime motive is earning money. Human welfare or the demands of the system are of no consequence, consideration value or imporiance for them. Our sincere doctors and patients are at their mercy. No person from Government bodies or otherwise can save the piracy.

Our retail chemists are not lagging behind in this piracy and inhuman activity. These chemists are getting repacking drug licence from the drug controllers. In the name of repacking they are supplying drugs of their own choice even. The first question one gets from a chemist is 'Will you please like to have German Preparation or Indian Preparation ?' Whatever be the reply from the consumer, the druggist will go inside and fill the packing from the same bottle and will charge according to the purchasers=reply / requirement for German or Indian preparation. Once a patient requiring Parotidinum in CM potency went to a druggist and asked for original German packing at whatever price he liked. Pat came the reply that the medicine was available but expresssed his inability in supplying in original German packing. The prescribing physician enquired from 'Schwabe' and they replied that the medicine is not in the list of their preparations. It is only a solitary example in practice, such things are abundant.. Imagine the plight of the consumers. The said druggist is ready to supply the drug in as much quantity as one wished of Schawbe make and Schawbe says that he does not manufacture this medicine. Similarly some medicine supplied by one druggist does not show any result but the same medicine, in same potency supplied by another druggist gives wonderful results. To whom the poor and the doctors complain? The manufacturers, retailers and druggists blame each other for spurious drugs and pass on the buck to the other to the detriment of the interests of the already suffering masses.

To organise/rationalise homoeopathy on scientific lines our Central Govt. and State Govts. have constituted Homoeopathic Boards. The Registrars of these Boards give registration to experienced persons who are practising homoeopathy for a specific period. This is laudable thing. This shows the sincerity to advance the homoepathic science on scientific lines. But what has actually happened? These registrars have distributed registration on some or other consideration to anybody or everybody. The present position is that even paan man, grocers and barbers etc., are having registrations to practise homoeopathy. Though these registered practitioners are not able to impress upon the patients they have to adopt their own profession. But in their leisure time in the morning or evening they practise homoeopathy. They pose to be homoeopathic doctors as the system does not need any qualification. Without any knowledge

disease or medicine they are prescribing homoeopathic medicines on one or two symptoms without the knowledge of disease and medicines. Sometimes they are able to show miracles per chance but more often than not they are spoiling the cases and killing the patients. A person having heart problem will have aggravation by even slightest movement. They know only aggravation by movement means Bryonia and will go on to prescribe Bryonia in different potencies. Result can be the death of the patient. The people will say that the patient was taking homoeopathic drug for along time and will defame homoeopathy. Even in "Organon" paragraph 3 Dr. Hahnemann has stressed the importance of knowledge of disease. But such quacks hate to listen the name of disease. They say that totality of symptoms and knowledge of Materia Medica is sufficient to practise homoeopathic system. They are living in fools' paradise. It is beyond imagination how a person worthy of calling himself a doctor can prescribe without the knowledge of disease. He can fall in any trap at any time. Dr. Hahnemann had never imagined that his homoeopathy would be practiced by those who had no knowledge of disease at all. Totality of symptoms includes the pathological symptoms and a homoeopath is to prescribe not on common symptoms as in the case of a heart patient above having an aggravation by movement which is common symptom not characteristic and peculiar symptom of Bryonia. The knowledge of common symptom is possible only when one has knowledge of disease So this superficial homoeopathic practice as practiced by quacks as is being done today is brining disrepute to the system of homoeopathy. Instead of bringing homoeopathy on scientific lines, Homoeopathy has been put on the road of defamation. If this type of condition remain for a long period, homoeopathy will vanish from India as it has extinguished from Germany, America and other countries. To bring the homoeopathy on scientific lines and to save it from extinction the dedicated lot who have adopted homoeopathy as a mission should fearlessly and boldly guard it from unscrupulous manufacturers, druggists and so cailed doctors. As this system has the potentialities to do wonders, such nefarious activities need to be boldly condemned. The legislation should be enacted in such a fashion that these manufacturers, druggists and so called doctors can be brought to book and cannot find pleasure in practicing piracy.

The Basis of Potency Selection

—Dr. G.L.N. Sastry

With the introduction of infinitesmal doses in the Homoeopathic system of medicine, the problem of selection of suitable potency also arose along with the proper selection of the remedy. Though the selection of a remedy based on law of similars is no dispute, the selection of suitable potency created a number of problems and disputes, which ultimately divided the Homoeopathic world into low potency and high potency advocates. I believe, it ultimately, led to the downfall of Homoeopathy mainly in the western Hemisphere, wherein, certain countries went to the extent of banning the high potencies. Of course modern advancement of other sciences like physics and chemistry might have led them to that conclusion since the medicinal quantity of those potencies could not be traced out by the modern technology. But at the same time the clinical efficacy and benefits arrived at by the same could not be overruled or overlooked. I am neither an advocate of higher potency nor lower potency, but I believe selecting a suitable potency itself is an art based on experience and in concurrence with the principles laid down by the Master. An unprejudiced observation is required in the case of problem of a potency. Certain failures might have led to those conclusions but it cannot be fully attributed to the high potencies only, since there are several other factors like proper selection of the remedy etc., are involved. Since Homoeopathy is passing a crucial phase in the History of Medicine, there is a dire necessity of seeking the solution to this riddle at an early date, failing which, the very existence of this system of medicine will be dismal. The correct application of our minds with serious thinking would definitely show some light in the very near future.

If we go back to the origin of the evolution of the Homoeopathic system of medicine, Hahnemann having found out the precarious effects of massive doses, seriously applied his mind, to the reduction of the quantity of drug strength to the minutest possible, calling them as infinitesmal doses, which ultimately could pave the way for correct interpretation and application of the law of similars. Having observed the qualitative results by reduction of quantity with a special Technique, he experimented these attenuations upto 200 potency and found the excellent results with finer, permanent and effective properties. The Homoeopathic Materia Medica came into existence after the compilation of these various provings on various healthy provers. It is not clear whether any single potency alone could produce all the provings in all the provers. So the conglomeration af provings conducted on various provers have been taken when Materia Medica was developed. When the selection of potency was made a disputable point even among the contemporaries of Hahnemann, it is stated that Hahnemann has advised to begin the treatment with 30th potency and go on to higher scale. Hahnemann could demonstrate the fine provings of heavy metals, like Gold and Silver, inert substances like Silicea and food substances like Nat-Mur etc., only after going to the higher attenuations. On the advice of Hahnemann his succcessor practitioners who were not aware of the latest changes of the master, followed the ascending scales on the original centismal scale itself and further evolved the higher potencies like 1 M, 10 M, 50 M, CM, etc., and they claimed better results when compared to the then existing 30 th or 200 potencies. With the discovery of these higher potencies, practitioners who differed with them followed the same low potencies almost forming into a separate school. It is an accepted fact that there is no unanimity of opinion regarding the selection of the potency right from the age of Hahnemann which ultimately affected the very existence of the system of medicine.

Now in the present light of knowledge it is difficult to defend or demonstrate the quantitative or qualitative energy of the respective higher potencies. But on this excuse it is regretable to avoid these potencies, since we are finding the results out of them.

Now the question of basis of the selection of potency arises, when once the drug has been determined on the basis of individualization of drug and the patient Here theory of susceptibility has been introduced and when individual susceptibility is similar to the plane of the disease, it is being affected by the disease. Provings also came after the administration of a remedy on a healthy being due to the reaction of the susceptible organism This susceptability is to be satisfied by a stronger similar medicine. So even a single dose of similar medicine in the appropriate dosage will set right the disordered vital force. The aim of the Physician is to know and satisfy this susceptability with an appropriate dose. In this connection, certain guidelines were given by the poineer of Homoeopathy like Kent, in his lectures on Philosophy and advised us to go cautiously in selecting higher potency where there is gross structural pathology.

He introduced the theory of degrees and series comparing them to octaves.

Since, it is an undisputed fact that the finer symptoms of our remedies are produced in higher infinitesmal doses, it is better to start with the 200th potency as it is high in the medium range of the potencies and it is safe to control the case either during the Homoeopathic aggravation or in disease aggravation, which itself, is a separate technic and does not come under the perview of the present article.

Most of our provings are limited to 30th and 200th potency and it is observed that these provings are limited to functional changes only and there is no record that they have caused any gross structural changes. So now at the time of selection of potencies, to start with, the medicine has to be determined with the medium potencies of 30th and 200th potencies and if they set right the functional disturbance and create a state of well-being, he has to proceed further in series and degrees to change the structural changes. The structural changes can be set right by the higher potencies also. There are number of cases given by Kent in his lesser writings where he used higher and highest potencies like 10M, 50M, CM, and DM, etc., even in gross pathology and claimed cures. We cannot overlook his findings or belittle his reports. We are aware some prescribers like late M. B. Desai, who used to administer high potencies even in gross pathology like bilatral P.T.B. and supported his cures with the demonstration of radiological and other clinical findings There is no justification to disbelieve his cures simply because he could not defend himself with proper reason.

So the question of potency is a matter for research with unbiased mind. I believe the higher potencies can be used in gross pathology also provided the technic of controlling the aggravation and depth of action is known properly.

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So the question of potency is a matter for research with unbiased mind. I believe the higher potencies can be used in gross pathology also provided the technic of controlling the aggravation and depth of action is known properly.

Man Is Wiser Than Any Man

I address you not as one who is white with wisdom or practiced in the ways of the world, but as a fellow student handicapped with age, yet as eager as ever to learn something between every rising and setting of the sun. You must season my platitudes with a grain of salt, and grant me the tolerant allowances that youth must always make for age.

Health : My first request to you is : Be healthy. It is within your will. Bearing inherited or childhood ailments, sickness is a crime : it means that you have done something physiologically foolish, and that nature is being hard put to repair your mistake.

Our bodies are what we eat, plus what our ancestors ate. Don't let restaurants lure you : they will burden your flesh in proportion as they lighten your purse. Perhaps one of the cardinal errors of our time and land is that we continue in a sedentary life the diet that served to provide muscle and heat. The hospitals are littered with people who have allowed an excess of imports over exports to disturb their internal economy.

And exercise ! Nature intended thought to be a guide to action, not a substitute for it ; thought unbalanced by action is unnatural. Do some physical work for at least an every day.

Sex :- Sex, aftar hunger, is our strogest instinct and greatest problem. Nature is infatuated with continuance, and dolls up the woman with beauty and the man with money to lure them into continuing the species ; and so it gives to us males such sensitivity the charms of women that we can go quite mad in their pursuit. Sex then becomes a fire and flame in the and burns up the whole personality— which should be a hierarchy and harmony of desires.

Our ancestors played this sexual impulse down, knowing that it was strong enough without encouragement ; we have blown it up with a thousand forms of incitation, advertisement, emphasis and display, and have armed it with the doctrine that inhibition is dangerous. Whereas inhibition-the confrol of impulse is the first principle of civilization.

Marriage : Don't let your choice of a mate be determined by the accident of propinquity or the pressure of physiological needs. Don't buy a pig in a poke. Let at least three months intervene between betrothel and marriage.

The difficulties of marriage are less than its rewards. One touch of woman's hand can be paradise, if the touch is not for too much money.

Napoleon said that the only happiness he had known was in loving his children ; and I hope you won't have children without marriage.

Character. Character comes second only to health. The greatest task assumed by school is to transform egos into gentlemen. A gentleman, as my wife once defined it, is a person continuously considerate.

Speak no evil of anyone ; every unkind word will sooner or later fly back into your face and make you stumble in the race of life. To speak ill of others is a dishonest way of praising ourselves. If you can't say good and encouraging things, say nothing. Nothing is often a good thing to do and always a clever thing to say.

RELIGION : Those of you who specialise in science will find it hard to understand religion unless you feel, as Voltaire did, that the harmony of the spheres reveals a cosmic mind.

We are such microscopic particles in so immense a universe that none of us is in a position to understand the world, much less to dogmatize about it. Pasca, trembled at the thought of man's bewildered minuteness between the immensity of the whole and the complexity of each part. "These infinite spaces," he said "frighten me !" Let us be careful how we pit our pitful generalizations against the infinite variety, scope and subtlety of the world.

ECONOMICS : Build an economic basis under your life. but don't get caught in the rat-trap of money making as profession. That, like sex, can be a consuming fever which brings only fitful pleasures, no lasting happines.

If you become an employer, your relations with your employees are more important than adding a zero to your wealth. Give every employee the full equivalent of his share in the product. Don't live in a boastful luxury based on taking more from the world than you give.

INTELLECT : We have put too much stress in recent times on intellect, too little on character. We have sharpened our wits while weakening our restraints.

We exaggerate the value of newness in ideas and things. It is so much easier to be original and foolish than original and wise. The customs conventions and beliefs of mankind are the product of trial and error experience through many centuries.

It is unlikely that any individual however intellectually brillient, can come in one lifetime to such knowledge and depth of understanding as to sit safely and wisely in judgement on ancient ways.

Man is wiser than any man. Hence there is something disagreebly shallow about sophistication ! it suggests cleverness about ihe part and ignorance of the whole. Modesty makes wisdom wiser, as it makes beauty lovelier.

THE MOUNTING HERITAGE : The whole world of knowldge, technology, morals, manners, government, literature, philosophy and art is your heritage, which has grown incredibly through the centuries and is so rich that you will never be able to exhaust it.

Drink the brimming cup of life to the full and to the end-and thank God and nature of its trials and challenges, its punishments and rewards, its gifts of beauty, wisdom, labour and love.

—*WILL DURANT*

Future of Homoepathy in India

GENERAL PRINCIPLES

Homoeopathy is an International System of Medicine as it is practiced in most of the developed and developing countries of the World. Homoeopathy is also the most Modern System of Medicine as it was started about 200 years ago. It is incorrect to term Allopathy as Modern Medicine as enunciated by Hippocrates. Probably it is described so because it is an official system of medicine in almost all the countries of the world and has the blessings of the World Health Organisation.

Homoeopathy is based on the Law of Similia Similibus Curentur (let likes be treated by likes) Vishasya Vishamoshadham as is mentioned in ancient Indian Scriptures. It was also known to Arab votaries of Greek Medicine under the name 'Ilaj Bilmisl'. Dr. Samuel Hahnemann of Germany (1755-1843) must get the credit of having placed Homoeopathy on rational, scientific and logical basis.

It is the only system which has a psychosomatic approach to illness. It depends on individualising the patient. Homoeopathy utilises the present day methods of Science, Hygiene, Sanitation and nutrition; with prevention and control of disease and in reckoning with the psychological reactions of the patient.

The mode of approach of Homoeopathy in Therapeutics is unique which emphasises the need for special training There is a great deal of ignorance in regard to this approach and the Government and the general public need to be informed on this point. Homoeopathy treats the patient who is sick and not only the disease and has the distinct advantage over other systems of medicine Homoeopathy medicines may be administered wilhout having to wait for label to be given to the disease.

EARLY HISTORY:

Ever since Dr. Honigberger of Germany visited the Court of Maharaja Ranjit Singh at Lahore in 1869; Homoeopathy began to settle in our country. Bands of Christian missioneries, civilians and other enthusiasts made their contribution for the propagation of this wonderful therapy. In its early stages Homoeopathy found its best exponents in Calcutta. The names of Dr. Mahendera Sarkar, Dr. W. Younan, Dr. A.N. Mukerjee, Dr. Pratap Chander Majumdar, Dr. J.N. Majumdar, Dr. S.K. Das, Dr. S.K. Nag, Dr. N.M. Choudary, Dr. A.M. Mullick, Dr. P.B. Mukerjee, Dr. S.K. Ghose and Dr. D.N. Dey are worthy of mention.

The trio of Dr. G.N. Sinha, Dr. P. Saha and Dr. B.K. Bose played a notable part in developing the oldest Calcutta Homoeopathic Medical College which turned out thousands of Homoeopaths now practicing all over the country. In recent years Dr. Gyan Mujamdar, Dr. Diwan Jai Chand, Dr. L.D. Dhawale, Dr. M. Guruaju, Col. Ramana Rao, Dr. J.N. Hazra, Dr. Daya Shankar have done yeoman service to Homoeopathy.

It is from these stalwarts that Homoeopathy has spread into every nook and corner of our great country. Homoeopathy began to grow popular on account of its strerling qualities.

number of youngmen gladly went to foreign countries for special studies in Homoeopathy. On returning home, they dedicated their lives for the cause of this therapy.

Throughout the History of mankind it has been observed that every good movement was polluted and misused by undesirable elements that somehow found their way into the current. This happened in the case of Homoeopathy also. Seeing its marvellous success and unexpected popularity of Homoeopathy there is mushroom growth of quacks. Bogus institutions sprang up in India and very little attention was paid to the quality and standard of medical education and service. These matters went from bad to worse with the result that Homoeopathy began to be looked down as quackery and even the duly qualified practitioners were despised by the people The Govt. did not pay any attention towards the betterment of Homoeopathy.

Thus a situation arose when salient members of the profession began to feel the necessity for Govt. recognition and control without which the future of Homoeopathy was decidedly doomed. We were deeply distressed at seeing the hopeless plight in which Homoeopathy was placed about 40 years back. We made up our mind to do our utmost for the removal of obstacles comingn in the way of right davelopment of Homoeopathy.

As a first step to moot this situation the All India Institute of Homoeopathy, an All India Organisation of the qualified and registered Homoeopaths was established with the blessings and co-operation of Dr. A.N. Mukerjee. Dr. Daya Shankar. and Dr. Diwan Jai Chand, Dr. J.N. Mujumdar and Dr. B.K. Sarkar.

PROGRESS AFTER INDEPENDENCE:

Beginning may be said to have been made for recognition of Homoeopathy by Government when in 1937, we contacted the members of the Central Legislative Assembly and got the first Homoeopathic Resolution put up by Mr. Giasuddin. M.L.A., (Punjab) which was approved by the Central Assembly,

Mr. Fazlul Haq, Chief Minister of Bengai got the First State Homoeopathic Faculty constituted in 1943.

Immediately after advent of Independence in 1947, we persauded Shri Satish Chandra Samantha to move another Resolution for the recognition of Homoeopathy. He put up this resolution which was unanimously adopted by the Parliament due to vigorous efforts of Shri Mohan Lal Saksena, then Secretary of the Congress Party in Parliament. As a sequel ro this resolution, Raj Kumari Amrit Kaur, the Health Minister announced the personnel of the famous Homoeopathic Enquiry Committee. Dr. J. C. Mukerjee, an eminent scientist was nominated Chairman with six eminent Homoeopaths and 2 Allopaths as members. The Homoeopathic Enquiry Committee Report submitted its report in 1949, recognised the scientific basis of Homoeopathy and recommended the constitution of a Central Council for Homoeopathy.

The Central Government was pursuaded to constitute the Ad Hoc Committee for Homoeopathy in 1952. The Committee had 5 members with Director General of Health Services as Chairman. In 1954, this Committee was designated as Homoeopathic Advisory Committee. In 1956, this Advisory Committee was transferred from the Directorate to the Health Ministry with Health Secretary as

Chairman. This Committee functioned till the formation of the Central Council of Homoeopathy in 1974.

On the recommendation of the Advisory Committee, Government appointed the First Hony. Homoeopathic Adviser, Dr. K.G. Saxena in 1962 The Adviser also worked as Secretary of the Homoeopathic Advisory Committee.

The Second Homoeo. Adviser, Dr. Jugal Kishore was appointed in September, 1971 and worked till December, 1979.

The Third Homeeopathic Advisor, Dr. Harish Chand has been appointed from September, 1980.

The First Adviser got constituted various Committees for the development of Homoeopathy viz.

1. Homoeopathic Advisory Committee.
2. Education Committee.
3. Pharmacopoeia Committee.
4. Research Committee.
5. Drugs Technical Advisory Board.
6. Rural Homoeo. Medicai Aid Committee
7. Family Planning Committee

These Committees advanced the cause of Homoeopathy in various fields.

In 1964, a composite Central Council Bill for Ayurveda, Unani and Homoeopathy was introduced in Parliement. A Parliamentary Committee of 36 Members of Parliament with Dr. Bhargava as Chairman was constiiuted which submitted its report in 1967 and recommended for separate Central Councils of Indian Systems and Homoeopathy.

In 1971, the Parliament again constituted another Parliamentary Committee of 48 Members of Parliament with Smt. Purabi Mukerjee, M. P. as Chairman. This Committee submitted its report in 1972. The Central Council of Homoeopathy Act was made in 1973 and the Government constituted the Central Council of Homoeopathy in 1974 with Prof. A. K. Kisku as President.

Planning Commission has also played a significant role in the development of Homoeopathy. Shri Gulzarilal Nanda invited representatives of Homoeopathy and Indian Systems on the various Health Panels of Planning Commission. From here, the progress of Homoeopathy was enhanced.

The First President, Dr. Rajendra Prasad should be given the credit of appointing the first Homoeopathic Hony Physician on his Personal Staff — Dr. K G. Saxena in 1950. The appointment of Honorary Physicians for Homoeopathy, Ayurveda and Unani created a good climate for the progress of Homoeopathy and I.S.M. subsequantly a number of Homoeopathic Physicians have been appointed by other Presidents on their Personal staff.

PLANNING POLICY AND HEALTH PROGRAMME :

The whole concept of Govt. Planning and Policy towards Homoeopathy has all along been unrealistic because the Planning Commission did not take into consideration thousands of qualified and Registered Practitioners of Homoeopathy and I. S. M. available in the conntry. Although Homoeopathy I. S. M. have been recognised by the Central Govt. for the past 12 years after the Central Cabinet passed a resolution in 1968, which runs :

"The Union and State Govergments should decide that both the Indian

and Modern Systems of Medicine including Homoeopathy should contribute towards the development of the National Health Services in the country".

The Planning Commission, Central Government and State Governments should take cognizance of this resolution and take concrete measures for the utilisation of Homoeopathic and I. S. M. practitioners for manning the Health Services of our country and not base their planning on allopathic practitioners alone as is being done now.

It is necessory that they should direct ways and means of utilising the different systems of medicine. But we would warn them that they shoul not attempt on synthesis of all systems of medicine. All the systems should be allowed to co-exist and develop independently and prove their utility by stimulating a healthy competition between different systems of medlcine. Nor is it desirable segragating a number of medicines from Ayurveda or Unani or Homoeopathy and incorporating them in the Materia Medica or a medicine chest. It is not integration.

Nearly 50% of our people are below the poverty line. There about 5 lakhs of villages and 80% of people live in villages and 70% of our people are illiterate. Under those circumstances medical graduates from Degree Colleges would not like to go to villages and work among the people living below the poverty line, nor the poor illiterate villagers would venture to consult the medical graduates charging high fees and utilise sophisticated modern medical facilities.

In view of the above facts it is advisable that Diploma Course must continue until (a) 6 lakhs of villages are reduced to atleast five per cent of their number and all of them are provided with civil amenities available in the cities (b) at least 70% of the population is educated and (c) at least 70% of the population begins to live above the poverty line.

The Indian Government keeps Homoeopathy under the aegis of the Indian Systems of Medicine probably because the basic law, similia similibus currentur (let likes be treated by likes) was enunciated in ancient Ayurvedic texts. Of late Homoeopathy has been entrusted under the category of Traditional Systems of Medicines along with Ayurved, Yoga and Unani. What a fallacy in designating the most Modern System of Medicine as a Traditional System and bracketing it with the obsolete system of medicine for their own administrative convenience. The Central Government has put it under the I. S. M. Department and most of the State Govts. have followed the Centre in keeping it under Ayurveda Departments or under management of Directors of Ayurveda. This policy must change.

(To be continued in next issue)

THE LAST LAUGH

—Dr. N. S. Prashant

Ever since the advent of Man on this planet, he has had to put up a constant struggle for survival. Before the dawn of civilisation, Man was in constant touch with Nature— his life was totally instinctive and spontaneous. Even though the kind of life the pre-historic man led was rough and difficult, he merged so thoroughly with nature which surrounded him, that sickness and disease were practically unknown. Yet, in the rare event when he did fall ill (felt sick) due to indiscriminate eating poisonous or spoiled food, his period of illness was usually very brief, when either he recovered after instinctively or accidentally eating remedial herbs that grew in the forests around him, or succumbed to his illness, in accordance with Nature's immutable law of "Survival of the fittest".

Today, centuries later, Man has slowly but surely, lost contact with Nature, and in the process he is seen paying a severe penalty— the penalty of good health, and a robust constitution. With the advent of civilization, and the development of his mental faculties, Nature began to be shut out of his life more and more. As his occupation became increasingly specialised, Man moved indoors into dwellings of his own making leaving Nature and Her great expanses of land and sea, only for his leisure hours (if and when he could spare any of his— now very precious time for leisure). The stress and strain of this "unnatural" way of life which he had adopted was bound to result in a state of health other than the one he had known before, but this state was not one of comfort or ease and

thence did "disease" come into being. As the factors of stress increased, so did the diseases. Even so Nature in Her Bounty, has provided innumarable medicines scattered about in Her vast animal, vegetable and mineral kingdoms, in the form of plants, mineral salts and mineral waters, etc. But Man, in his impatience to prove himself to be "the crown of all creation", made one unforgivable mistake of dissociating himself from Her tutelage and with that dissociation has forgotten the numerous "natural remedies" which like the natural truth in poet Gellert's words—

"The truth we mortals need,
Us blest to make and keep;
The All-wise slightly covered over,
But did not bury deep".

In his efforts to overcome disease and regain the lost blessing of perfect health, Man has sought ways and means of varied sorts throughout the ages. By virtue of his "reason gifted" mind he has sought to understand "What is disease"— its nature and causes? Seeking an explanation for this, Man has wandered through numerous realms— first though the realm of religion as in the early days of civilization he believed disease to be caused by evil spirits who beseized the body making it ill and so to exorcize these spirits resorted to brutal and barbaric practises, animal or human sacrifices to propitiate angry gods and goddesses, but to no avail! Generations of men and women were born, lived and died but diseases persisted unabated and increasing in number and variety with

succeeding generation. Man too remained just as curious and constant in his search for the answers to the various unsolved puzzles of Mother Nature, and in the process gave birth to Science. Thus began another aspect of Man's fascinating journey in his quest for truth— the journey through the realm of scientific theories, experiments and proofs. In this 20th century, science has undoubtedly taken definite strides in all its branches including medicine and provided many enlightening answers, to the eternal puzzle of life and health, disease and death. Yet, today, after years of extensive research, much as science likes to define and analyse things, certain basic questions, like "what is disease?", "what is life?" still defy definition, and analysis.

In this last few centuries many a renowned doctor or man of science has sought to answer this, however, incompletely, by his experimented knowledge. First as Man dissected the human corpse and discovered body fluids, he attributed disease to bad humour collecting in the body and attempted to cure by draining out this bad humour As more and more instruments of precision were invented, a whole new world of micro-organisms opened up before him, and the microbiologists believed they had at last caught up with Nature in their discovery of bacteria, viruses and the lot and had found the causes of disease.

In their new-found triumph they went to work very deligently and (synthesised in lab) a whole heap of bactericidal agents. These killed the bacteria alright, but often injured the bacterias' host too— Man himself. So, finally it was Nature again having the last laugh, as Man gradually grew disillusioned with his discovery of the miracle-producing wonder-drugs (antibiotics) when he found Bacteria developing an immunity to the drugs, and further, when the same science proved, beyond any reasonable doubt that, most of these bacteria coexist with man, without producing disease in some individuals. In desperation, Man turned to the knife to eliminate his long-standing enemy of disease, and in the name of "surgery", no doubt totally within the boundaries of science, endeavoured to cut out the visible effects of disease. And this cutting out he did very successfully, as is obvious from the saying "the operation was success, but the patient died", and if he didn't die, nor did the disease, as it promptly recurred again either in the same or different organ— a fact to which most honestly-maintained hospital records bear ample testimony.

By this time, Man had reached another cross-road on his never lasting journey in the quest for truth, and decided to walk the lonely path of strict reasoning which under the name of "logic" led him back to Nature's bountiful fields of philosophy. Thus after much reasoning and logical deductions, he was able to comprehend, if not to actually prove, many of the answers which he had so relentlessly sought. By observations, (both first-hand and recorded since centuries) Man began to comprehend that an invisible and imperceptible principle called "life principle" animates the material body of all living things. This life principle maintains the organism in total harmony with its surroundings — both internal (Homoeostasis) and external environments. This state of harmony or equilibrium has long since been christened as "Health",— and any disturbance in this perfect equilibrium is termed disease, brought about by the altered, increased or decreased functions of the anatomical organs of the organism. This life-principle

has been variously termed "life-force", "vital-force", "bio-plasm" by various schools in the search of truth, having comprehended the same basic reality.

With this explanation of life-health and disease, as its foundation stone a system of medical therapeutics called Homoeopathy thus came into being. The reason for singling out Homoeopathy amongst all the systems of medicine practised today, is as simple as it is true- that Homoeopathy is the only one amongst them which even though having its foundation firmly rooted in philosophy, it is scientific enough to function according to a set of laws which have been prevalent in Nature, since time immemorial. Ancient medical literature of the Greeks bears proof of this, but as said earlier, all these truths were totally overlooked for centuries, until rediscovered as Homoeopathy. Besides, all the drugs used are derived from natural sources only and retained in an uncombined natural state throughout. There is nothing haphazard about Homoeopathy, if the basic principles are thoroughly understood. Homoeopathic therapeutics aims at eradicating the cause rather than the effects of disease.

It is but elementary logic that each individual reacts to a given stimulus in a particular manner, which is peculiar to that individual alone.

Now as per scientific fact, a certain organism has been found to bring about a certain disease in an individual — that is to say, the disease was a reaction of the individual to the external stimulus provided by the above said organism. This individual reaction (disease) is characterised by a group of symptoms which are the same in amajority of cases, thereby enabling doctors to recognise the diseases as T.B., Typhoid, etc. Yet in addition to these characteristic symptoms of disease, the diseased individual adds his own individual reactive symptoms, giving the disease a definite stamp of his own individuality. This individual stamp is recognised and treated by Homoeopathic therapeutics, thereby most effectively putting into practise the idea taught by that great pathologist William Boyd— "Man is more than a sum of his parts" — which implied that in diseases where mainly a particular organ became disordered (and study of this disordered functioning is pathology) it was not on that organ but the whole Man which needed to be treated.

To continue the example of a diseased individual suffering from known pathological condition produced by a certain organism, (eg. Cholera bacillus in Cholera) by the administration of a homoeopathic drug, an altered state of environment is produced in the individual in which the bacteria can no longer survive and therefore per force stop multiplying and either leave the host or perish thus the host is returned his former state of health.

But Homoeopathy's real triumph is in the treatment of disorders where no real organic trouble can be detected by even the sophisticated instruments which science has at her beck and call, where no pathological tests give any definite clue to any localised leisons. Specialists too, are forced to christen the "disease" state as a "mere functional disorder" without any structural (otganic) changes. In reality, this is merely a warning signal (as it ware) that the body has reached its maximum state of stress, to which it will now start reacting in an altered fashion, which becomes known to the patient and those around him as symptoms and signs. These symptoms are regarded as the "truest indicators of disease" (Boyd - pg. 10) and are dealt with by the same immutable laws of Homoeo. Therapeutics. Here again the Man is treated in his entirety— the warning signal being taken up and the individual stamp of his personality is looked for. What other force can shape the personality better than the mind, which controls every thought, word and action of the individual? So basing on the available symptoms characteristic of the patient, he is treated at the level of the mind, so that this disturbance of equilibrium can be treated before it reaches the somatic plane at all, as structural leisions. These altered functional states (now currently popularly dubbed as "psychosomatic illness") if not corrected with consideration of the psyche of the diseased Man, continue as such and by prolonged altered functioning leads to structural changes of that organ— and then the damage may be irrepairable.

Thus, to conclude, one may say that it appears as though Nature herself seems to have tired of laughing at the fruitless efforts of Man in his search for health, and (in the form of Homoeopathy) has given him another chance of renewing his lease of life by offering him a system of therapeutics that is safe, perfectly "natural" and like all Her gifts to man, totally inexpensive.

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NEWS REEL

In pursuance of the call given by the President and the Secretary General of I. I. H. P., the A. P. State Branch has taken the initiative in observing the birth-day celebration fortnight of Kent and Hahnemann, the founder of Homoeo-pathy.

The Secretary General of I. I. H. P. Padmasri Dr. K. G. Saxena has inaugurated the celebration fortnight in A. P. on 31-3-82 at Hyderabad which was presided over by Dr. G. L. N. Sastrs the Vice-President of I. I. H. P.

Dr. K. Harinadham has presented a paper on the life and works of Kent. Subsequently the General Body Meeting of the State Branch was held. The Gen. Secretary of the State Branch Dr. V. Nagaraja Rao has read out the report. Dr. Ramachandra Raju, the president of the State Branch spoke on the occasion and emphasized the need for developing the organization in the State.

Four local branches of the Hyderabad city were formulated and the office bearers were elected and the meeting concluded with vote of thanks conveyed by the Jt. Secretary (National) Dr. N. S. Prashanth.

On 1st April 82 at Karimnagar, a district headquarters meeting was conducted by the district branch which was presided over by Dr. G. L. N. Sastry. Dr. C. H. Ramana Rao State Branch Vice-President and Dr. P. Shanker, Secretary of the District Branch and Dr. M. Prakasa Rao spoke on the occasion. Dr G. L. N. Sastry gave a brief resume of the lives of Dr. Kent and Hahnemann. Further he stressed particularly on the need to develop the organisation and the necessity of encouraging and promoting 'The Rational Medicine', the official orgon of I. I. H. P. which is bridging the communication gap amongst members. The members of the district branch offered to hold a state-wide conference at Karimnagar.

In continuation of the celebrations yet another meeting was held on 8th April 82 in the premises of the Homoeopathic Medical College Rajahmundry in which Dr. P. Nagabhushanam, President I. I. H. P., Dr. G. L. N. Sastry, Vice President, Dr. N H. Sitapathi Rao Member State Level Advisory Board on Homoeopathic Affairs, Govt. of A. P. have participated. The meeting was presided over by Dr P. Kaliprasada Rao, principal Homoeopathic Medical College, Rajahmundry.

In this connection a symposium was organised by the students on homoeopathy and Modern Medicine. The first and second best speakers [illegible] Mr. Arun Kumar respectively, were given the prizes.

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The President, I. I H. P. Dr. P. Nagabhushanam has visited Gulburga Homoeopathic Medical College, Karnatak State to inspect and assess the feasibility or otherwise of the institution for affiliation it with the Gulbarga University.

There was enthusiasm everywhere amongst students and staff and determination to make their institution one of the best in the country.

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Function at JSPS Medical College at Hyderabad:

On the 12th April, 1982, the students organised Hahnemannian birthday Celebrations. Sri M. Gopalakrishnan, IAS, Secretary. Medical and Health Govt. of A. P. was the chief guest and Sri G. Hanumanth Rao, Director, Indian Medicine and Homoeopathy was the president. Dr. P. Nagabhushanam, Principal of the College welcomed the guests and gave a few glimpses from the life of Samuel Hahnemann. Dr. Krishna Kumar, Srinivasa Prasad, Venkatswamy all students of degree course spoke on various aspects of Dr. Hahnemann's life and achievements.

Sri Gopalakrishnan, Sectetary spoke on the unique qualities that make a genius and a scientist and how they dare to be wiser, do something remarkable and depart from this planet with the satisfaction that they have not lived in vain. Such qualities everyone who wants to be something in this life should emulate, he exhorted.

Sri G. Hanumanth Rao spoke on the discipline and its value in life and how it moulds a person to take up higher responsibilities in life.

Mr. Vishnu Murthy, a student of IIIrd year offered vote of thanks.

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The trienial International Homoeopathic Congress of the International Homoeopathic Medical League was held at Brighton, U K., from 27th March to 3rd April, 1982. About 150 delegates attended the Congress from different countries of the world. Dr.Diwan Harish Chand from India presided over the Congress and delivered his address. 25 delegates from India participated in the Congress.

The International Congress took the following momentous decisions about India.

A class or Active Membership has been opened to: (a) Graduates holding degrees from recognised Homoeopathic Colleges, (b) Diploma holders of 4 years Institutional training with an additional experience of 5 years.

This is a special provision decided for India and adjecent countries like Pakistan, Bangladesh and Sri Lanka etc.

The International League has taken an important decision in derecognising HMAI. The question of recognising any other organisation from India has been postponed for the next Council Meeting.

For the present there will be no National Vice President for India. Dr. J.N. Kanjilal ceases to hold that office.

The League Council decided to recognize the Indian Institute of Homoeopathic Physicians and have provided Dr. A. U. Ramakrishnan as the National Vice President for India as recommended by Indian Institute of Homoeopathic Physicians. Due to some controversy in the General Assembly and for paucity of time this was postponed for the next Council meeting.

The League will be represented in India through the Assistant National Vice President and Dr. B. N. Chakravarty, who was recommended by the Indian Institute of Homoeopathic Physicians, is already holding that charge, will carry on all the functions of the National Vice President for India.

The Kanpur branch of I. I. H. P. had celebrated the birthday of Dr. Samuel Hahnemann. Dr. G. N. Tandon, Dr. R.S. Pandey, S. Ayasing (chief guest), Dr. (Mrs.) Shakuntala Katiyar had thrown light on the life history of the master. Dr. M.M. Srivatsava discussed the various aspects of encouraging young Homoeopaths.

The Annual General Meeting was held and the following office bearers were elected.

1. Dr. D.P. Bajpai, President
2. Dr. R.K. Mishra, Vice-President
3. Dr. K.S. Chhabra, Secretary
4. Dr. R.C. Mishra, Joint Secretary
5. Dr. R.C. Mehrotra, Treasurer

EXECUTIVE MEMBERS:

6. Dr. (Mrs) Shakuntala Katiyar
7. Dr. R.S. Pandey
8. Dr. M.M Srivatsava
9. Dr. P.S. Bhatia
10. Dr. U.S. Chaturvedi
11. Dr. G.N. Tandon

In the annual election meeting of I. I. H. P. held on Sunday the 21st March, '82 at 104, Old Rajinder Nagar, New Delhi-110 060, the following were elected unanimously for 1982-83.

President: Dr. P.C. Mehta

Vice-President: (1) Dr. B.K. Bhatnagar
(2) Dr. Chaman Laul

General Secretary: Dr. Mohinder Kumar

Joint Secretary: Dr. Man Singh

Finance Secretary: Dr. S.C. Kursija

EXECUTIVE COMMITTEE:

1. Dr. I.H. Khan
2. Dr. J.M.S. Rana
3. Dr. R.P. Saxena
4. Dr. K.K. Chaudhry
5. Dr. A.P. Sharma
6. Dr. Dr. S. Batia
7. Dr. R.N. Bandrjee
8. Dr. Shivrat Lal

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Ex Member Homoeoyathic Medicine Board, U.P.
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The views expressed by the authors are not necessarily those of the Editor.

EDITORIAL

Homoeopathic Manufacturers Plight

The homoeopathic profession is aware of the circumstances under which the homoeopathic manufacturers have established their concerns in this country. The homoeopathic system has received recognition from the Central Government from the 70s and whatever the industry has done, it has all been due to their own untiring efforts to establish themselves in the service of the people of the country. The Indian manufacturers are able to supply wide range of homoeopathic medicines of a high standard and they are making sincere efforts to improve their standards still farther. A large amount of homoeopathic medicines is being exported to foreign countries which shows that the quality of our medicines is quite satisfactory.

Almost all the homoeopathic manufacturers are in the small scale sector and, therefore, deserve the protection of the government in continuing their trade for the service of the suffering humanity. The manufacturers are trying their best to keep down the prices to lowest possible level in spite of a very great inflation of the cost of all articles used for the manufacture of medicines.

It is surprising to learn that the government proposes to sanction the establishment of a manufacturing unit in collaboration with a French Company in the medium sector. The profession would like to know whether the technical know-how for the manufacture of homoeopathic medicines is already available in India, whether there is any shortage of homoeopathic medicines in our own country, whether our own industry has not been able to go further than the small scale sector, whether there is any possibility of the workers working in different homoeopathic units go out of employment, and what special French know-how is expected from the collaboration when in their own country they are not able to manufacture homoeopathic beyond even the sixth potency. It must be mentioned that the homoeopathic physicians very rarely use low potencies such as second, third, fourth or fifth.

A collaborator who does not manufacture potencies beyond 6 in his own country, how will he give a know-how to India for higher potencies about which they have no experience and knowledge. It is learnt that the French firm is interested in indian collaboration only to get the medicines manufactured in our own country at at a lower cost and get them repacked in France either to send them

back to India with Made in France Lable or to supply to other countries thus getting the maximum benefit at the cost of indlan labour.

We reliably understand that the proposed Indo-French firm proposes to manufacture patent and combined drugs for the treatment of special diseases just like that modern medicines. In giving permission to such a manufacture we will be ignoring the principles of preparation of drugs mentioned in the organon or the homoeopathic pharmacopoeia of our country. All the facts stated by us will go to show that there is absolutely no need for the government to approve collaboration with a foreign country and that too a doubtful quality of medicines. Our present manufacturers should be encouraged to produce better quality of drugs by helping the industry in the procurement of raw materials, packaging material, etc., at reasonable prices. We have full sympathy and consideration for the small scale manufacturers of homoeopathic medicines and we feel that government should give due consideration to the plight of these small scale manufacturers in our country and give second thought to the proposed collaboration.

—Dr. K. G. Saxena.

Homoeopathic Philosophy

—Dr. Shanti Dev

Lecture delivered at 10th All India Congress of I. I. H. P. at Hyderabad on 15 - 11 - 1981

PHILOSOPHY is the knowledge of the causes and laws of all phenomenon or collection of general laws or principles belonging to any department of knowledge. So Homoeopathic philosophy deals with laws governing the action of Homoeopathic medicines and the fundamental principles of the system of treatment.

Till the time of Hahnemann no principles of medicine were recognised; it depended totally on experience. The methods and theories were ever changing Dr. Samuel Hahnemann brought the medical treatment from darkness to light. "Tamso ma jyotirgamaya" He laid down fixed principles in the realm of therapeutics whereby the whole man was taken into consideration and the medicines were applied in the case of diseases on the basis of similar symptoms "Similia Similibus Curantur". The first aphorism of the organon of Medicine says "The physicians' high and only mission is to restore the sick to health, to cure as it is termed and one finds a similar injunction in Charak the oldest book of Ayurveda "Sa chaiv bhishjantresho rogobhyo yah pramochayet". The real question is about the sick man, actually it is to be understood who is sick, is it the tissues is it the muscles or organs, no it is the man who is sick and not the organs or tissues - they are affected only by the sickness of man. The disease is much more subtle than anything which can be shown by the microscope. The bacteria are the results of disease, the disease originates in the invisible interior of the organism. Cure according to Allopathy is the disappearance of the pathological state, unmindful of the fact that by removing skin eruptions or external manifestation he has actually driven the disease to the more vital organs like liver or heart. Cure means restoring normal health of the patient and not only removing a symptom or a particular set of symptoms. There must be an inner feeling of getting better in the patient along with the removal of symptoms. This is possible only by adhering to a fixed principle or law. The physician must clearly understand what is curable in disease and what is curative in medicine and the way it should be applied. He should carefully proceed from generals to particular. Experience has only a confirmatory place in science. It leads to no discoveries but whatever he observes by experience may confirm things that are consistent with law. Another fact which is to be noted is that the disease travels from centre to circumference. The direction is from brain, spinal cord to nerves direction of disease.

The logical conclusion is that we have the will and understanding making the interior man, the vital force or the active substance of the body which is immaterial and lastly the body which is material. Every living cell in man is represented in the innermost will and

back to India with Made in France Lable or to supply to other countries thus getting the maximum benefit at the cost of indian labour.

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The logical conclusion is that we have the will and understanding making the interior man, the vital force or the active substance of the body which is immaterial and lastly the body which is material. Every living cell in man is represented in the innermost will and

understanding, its vital force and the material substance. Disease flows only in this direction because there is no inward flow. The disease force or miasm is also immaterial, it is subtle enough to operatate upon the innermost of man's physical nature. Disease can only be perceived by its results, It flows from within outward. Hence cure must be from within, but injuries affect the house the man lives in and must be attended to by the surgeon. Vicious habits, bad living and living in insanitary conditions should be corrected before medication.

Acute affections are due either to miasmatic causes or to external causes grief, bad clothing, damp cellers or immoderate hibits. The acute miasmaticdiseases have a prodormal period - a period of progress and a period of decline, measles, whooping cough, smallpox etc are examples of acute miasms Psora. Syphilis and Sycosis are chronic miasms, these also have a prodormal period - a period of progress but unlike acute they have no period of decline. Although under favourable circumstances they may remain dorment or sleeping and every time it is roused the condition is worse than the previous attack. Hahnemann says that chronic miasms are the base of acute miasms chronic miasms make the body susceptible to acute diseases. Psora is at the root of everything. Psora corresponds to that state of man in which he has so disordered his economy completely that he has become susceptible to every surrounding influence. Then there are certain conditions called indispositions which are due to immoderate living or bad surroundings.

Medicines are substances which have the power to cause deviation from health noticed by certain signs and symptoms which they produce. Studying symptomatology of medicines is not sufficient. True knowledge of medicine consists of becoming acquainted with and understanding the nature and quality of a remedy, its appearance, its image and its relation to man in his sickness. One should try to apply the medicine first for verfying his knowledge for the love of it. This love stimulates him to proceed and not to be discouraged with his first failure paving the way for his gradual success in simple things first, then in greater things. If he has not love of veriying his knowledge he would not succeed. Memorising key notes or learning prescriptions will only lead to confusion. The totally of the symptoms of disease should be tallied with the symptoms of indicated medicine. With healthy condition of man of spiritual force, the dynamis that animates the material body rules with unbounded sway and retains all the parts of the organism in admirable, hormonious vital operation as regards both sensations and functions, so that our indwelling reason gifted mind can freely employ this living healthy instrument for the highier purpose of our existence. There is similar idea of perfect health and the role of dynamic force in Ayurvedic texts also.

"Nirvikarh prastvatma
satva bhut gunendriyai
Chaitanyo karanam nityo
drushya pashyati hi kriyah
Samadosh samagnichcha
samyatu mata kriya
Prasannatmendriya manah
svasthamityubhidheeyate."

There is some supreme power that keeps everything in order. It may be material or immaterial. That supreme power is God and everything flows from him or proceeds from Him and the whole series from the supreme to the ultimate matter in this way is connected The world of thought and the world of matter. Everything is kept in a hormonious form, every crystal of a metal crystalises in accordance with order. We cannot accout for it, but we perceive that all things are held in position because of the continious inflow from first to last.

"Om udutye jatavedasam deve
vahanti ketavh haro vishvaya suryyam"

God is the generator of everything, the vital force and everything and He keeps everything in order and guides all the functions of this universe. The material organism without the vital force is capable of no sensation, no function and no self preservation. It derives all sensation and performs all the functions of life solely by means of vital force which animates the material organism in health and in disease. When a person falls ill it is only the vital force present everywhere in the organism which is deranged by the dynamic influence of a morbific agent inimical to life (miasm). The vital force so deranged produces certain disagreeable symptoms which are felt by the individual and elicited by the physician. Even after physical examination the physician should lay emphasis on subjective symptoms and try to prescribe on them.

In nature one finds that a weaker disease is completely anhilated by similar stronger disease so the curative power of medicine depends on symptoms similar to the diease but superior to it in strength.

While proving drugs all the symptoms will not be produced by giving crude drugs. Therefore, the drugs should be given in the attenuated or dynamic form to the prover to elicit finer symptoms. When medicine is given in the proper potency it removes all the symptoms of the disease and restores normal health. Cure means a return to healthy state of body and mind. Natural diseases can affect a man when he is susceptible to it and only then it can alter the state of health. While medicines have the unconditional power to effect man's health, there are various grades of potentised medicines and they can fit in with various degree of susceptibilities.

When a stronger disease is present in the body of an individual comperatively weaker miasamatic epidemic disease cannot affect that individual. They are not susceptiable to epidemic influence. If a mild chronic disease is present in the body the virulent epidemic will overtake that person and when the epidemic is over, the chronic disease will return to its previous position.

The chronic diseases are Psora, Syphilis, Sycosis. At the beginning when man was created he was perfectly healty. He was enjoying ideal health, but due to perverted thinking and willing he became susceptible to Psora which may be compared to mental itch. The internal state of the human system is reflected on the exeternal man in proportion to his deviation from virtue and justice. The conception of Psora is very important because it is the oldest chronic miasm, and makes the body prone to other chronic and acute miasms.

There is a state prior to the development of symptoms of chronic diseases. It may be Psora, Syphlis or Sycosis. The symptoms develop only when there is a condition suitable for their development. When man began to will the things that were the outcome of false thinking, then he entered a state which made him susceptible to miasms. The will is manifested on the external man, it produces an aura which is in proportion to his

understanding, its vital force and the material substance. Disease flows only in this direction because there is no inward flow. The disease force or miasm is also immaterial, it is subtle enough to operatate upon the innermost of man's physical nature. Disease can only be perceived by its results, It flows from within outward. Hence cure must be from within, but injuries affect the house the man lives in and must be attended to by the surgeon. Vicious habits, bad living and living in insanitary conditions should be corrected before medication.

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depature from virtue and justice into evils, and Psora is only an outward manifestation of that which is prior in man. It is not by the action of body as we find in Syphilis and Sycosis because man has the place where they exist in order to catch them' while Psora is only an outward manifestation of man's very nature, the whole human race to-day is but little better than a moral leper, that is to say, that everyone is psoric. It produces various types of effects on the external body in the form of numerous disease conditions. Syphilis and Sycosis develops only on a background of Psora. Before contacting Syphilis or Sycosis also the man wills before he goes to the prostitutes to take the miasm, Children inherit the miasm from their parents and carry it on and continue it. The internal is reflected on the external in the form of skin disorders and upon other organs of the body of man. This state has continued to progress and it has accumulated and become complex. Syphiiis and Sycosis have been added to Psora and their continued effect has made man susceptible to acute miasms and thus many epidemic diseases spread. This is not the result of one generation but has been accumilating upon the face of earth through out the whole history of man.

The miasms that affect the human race in present day are complicated a thousand times by allopathic treatment, Every external manifestation of the miasm has in itself a tendency to strengthen mankind, but the human race is being violently damaged and disease are being complicated for the reason that these outward expressions are forced to disappear by the application of some violent or stimulating drugs. Now we as physicians have to treat great miasms with all their complications. For instance, if true gonorrhoea or sycosis appears to us in its suppressed form, which is a thousand times worse than the orginal form. All the outward manifestations have been made to disapear. So it is with the external forms of Psora, the vesicular eruptions and all outgrowths have been made to disappear, every means have been employed to destroy them and the disease has grown and grown and nobody knows what its outcome will be. From this type of suppression of Psora we have cancerous affections, organic diseases of the heart and lungs, phthisis and general desecration of the body. If Homoeopathy does not spread, if it does not establish its doctrines upon the earth so that sick persons can be healed under its principles, this threatening state and condition will increase. Homoeopathy as taught in the Colleges at the present day is simply an attempt to establish Homoeopathy upon an allopathic basis, using allopathic names, calling chronic affections by different names and treating diseases of organs by name. No study is made of Psora, but allopathic books are their text books. Syphilis is not treated from cause to effect, but simply in the way of driving it back or holding it in abeyance, without any effort to permanently cure it. Same is the fate of Sycosis. We Homoeopaths have a duty to the mankind and posterity to maks these things known to the general public so that permanent eradication of chronic diseases is effected.

SINUSITIS

—Dr. G. Janardhan Reddy

DEFINITION :

Inflamation of the lining of the nasal sinuses is called Sinusitis. It is two types - acute and chronic sinusitis.

ANATOMICAL & PHYSIOLOGICAL STUDY OF SINUSES ;

Sinuses are air spaces in the skull bones, particularly in the maxilliary, frontal, ethemoidal and sphinoid areas. Altogether there are four pairs of sinuses. Nature has provided those air spaces in different areas of skull to reduce the heaviness of skullbone. These spaces are lined with mucosa and ciliary epithelia. whenever there is decreased resistance, these areas are easily susceptible to infectons since they are exposed to atmospheric variations. After exposure to cold, or allergens, there will be some specific sensitivity reaction and vasomotor imbalance in the blood vessels of the nasal mucosa and the mucosa of air sinuses leading to nasal obstruction, sneezings, and excessive nasal discharge, which is usually watery, occasionally thick. Some patients also suffer for congenectival irritation with itching and watering of eyes.

CAUSES OF SINUSITIS :

This disease can commence at any age. Males and females are equally effected. Caustive factors include infection of the upper respiratory tract. Acute sinusitis is usually due to bathing in fresh water when infected material is driven into sinus and often this causes dangerous sinusitis.

When acute sinusitis fail resolve usually due to narrowing of the middle meatus, which prevents adequate drainage, - common causes of narrowing are- septal deviation, chronic oedema of nasal mucosa due to allergic rhinits and mucopolypi. Dental abscess also can cause offensively smelling maxillary sinus infection.

PATHOLOGY :

If it is due to the result of acute upper respiratory tract infection and in severe cases where the patients resistance is inadequate, one or more sinuses may become inflamed. Oedema of the lining membrane narrow the ostium and the celiary activity may fail to clear the sinus of inflamatory exudate. If the ostium becomes completely blocked, pus collects under pressure in the sinus.

SYMPTOMS & SIGNS :

In acute cases patient feels heaviness in the face and head worse by bending forwards with copious nasal discharge. If the ostium is blocked, pain becomes severe and continuous while tha nasal discharge diminishes. Some times patients complain tooth ache and pain along the upper jaw and incorrect diagnosis may send him to a dentist.

On examination, tenderness felt over the inflamed sinus and pus can be seen in the middle meatus of the affected side. Transillumination of sinus is poor and X-ray shows thickening of the following memberane with fluid level or opacity.



In chronic sinusitis it is local symptoms are slight, hence patients neglect to see the physician. There is intermittent nasal obstruction and thick mucous discharge with dull and heavy feeling in the face and head. These symptoms become worse as and when he is attacked with colds. Patients of chronic sinusitis often come with sore throat, recurrent or chronic tonsilitis, pharyngitis or laryngitis or with chronic bronchitis. These symptoms mostly appear in winter and rainy season.

On examination, deviation of nasal septum is seen either to left or to right. Oedema or nasal mucosa and nasal polypi are seen in most of the cases. There is no tenderness over the sinus as in acute infection and nasal examination reveals narrowing of middlle meatus. X-Ray of paranasal sinuses show thickening of mucus membrane of affected sinus.

COMPLICATIONS :

Ethamoidal and frontal sinusitis can lead to osteomyelitis of the frontal bone, meningitis, cerebral abscess, cellulitis, cavernous, sinus thrombosis. It also may lead to lower respiratory tract infections resulting in chronic bronchitis or bronchiectasis.

TREATMENT :

There are many obstacles during the course of treatment of sinusitis. In most of the cases it is the resultant of deviated nasal septum, which cannot be rectified with the help of drugs. As It is already said in the beginning this sinusitis is due to lack of general resistance. Hence apart from medicinal administration, nutritious diet should be prescribed. Some patients suffering from this disease give the history of amoebiasis and in those cases confirmed by stool analysis. Hence, the constitutional disturbances reduced by Amoebiasis are very difficult to be eradicated in these cases repalse of of sinus complaint is frequently seen. Treating of upper respiratory tract infections including sinusitis gives very much strain on Homoeopathic physicians mind as these patients are very frequently exposed to dust and changes of atmosphere like cold weather, etc., which are exciting factors and those patients come with the common symptoms of common cold sneezings, running of nose and blocking of nose thus lacking adequate number of, charactaristic symptoms and modalities.

Hence, I had to generally depend on constitutional remedies, especially when the patient is suffering from constitutional disturbances like constipation, diarrhoea, flatulence, joint pains and other symptoms apart from sinus trouble. I also consider the constitutional remedy when a patient comes with common symptoms of sinustitis as those connect help for prescription. When ever the constitution is not clearer I fail to make out the constitutional remedy, in such cases where only common symptoms are seen. I depend on anosodes like Psorinum, Tuberculinnm and Medorrhinum, depending on one or the other general symptoms.

There are many difficulties while treating the patients particularly suffering from this ailment of sinusitis. So, our system of medicine is blamed by many practitioners. Kent says, "That somebody has tried this medicine and tried that medicine and says Homoeopathy is Failed" and also he says it is not the failure of Homoeopathy, but it is his own failure". Nash puts it as "Homoeopathy is too often blamed when the stupidity lies in the prescriber.

DRUGS :

Study of drugs keeping particular name of disease in mind is not a healthy method as we discuss only limted number of drugs, which may not help in our daily practice. I may give indications of 20 or 30 drugs for this disease and one may get a case where none of those remedies are useful as in that particular case, characteristic symptoms are totally deffe-rent.

EXAMPLES ;

Case 1 — A patient aged about 40 years had come with head-ache better by food, desire for icy cool drinks, but it caused throat pain, stuffy nose, suffocation in a crowded place, and sleepiness. In this case, Phosphorus was given from 200 to 10 M potency. He was completely cured.

Case 2 — Head-ache usually to start by eating ground-nuts and aggravation in a closed room and he used to feel better when he was walking in the garden. Patient was fatty and tongue was thickly coated without any specific desire for water. Puls. 200 and 1 M was given and head-ache did not reappear even after one year.

Case 3 — Blocked nostrils, thick yellowish discharge from nose, constipated, could not complete dinner without drinking three or four glasse of water had burning soles, had desire for cold, and open air. In this case sulphur was tried till 10 M potency and the patient was getting only temporary relief. Careful proble in to case added one more symptom and he could sleep better on abdomen. Medorrhinum 1 M followed by Sulphur 10 M has permanently put an end to all symptoms.

Case 4 — A dull looking young boy aged above 11 years with fair complexion and normal built was brought with blocked nostrils, headache, and previous history was available as his mother was dead six months back to whom he was much attached. Previously, this boy was getting first rank in the class. Now disinterested to appear for quarterly examinations. I could add only one modality to this case, that is, headache aggravated during nights. In this case Arum. Met 200 three doses followed by 1 M one dose had put him back in his studies and his ailments have completly disappeared.

These are some of the examples, where some remedies come infrequently. The list of drugs commonly indicated are- Allium Cepa, Amonium Carb, Ars. Alb, Ars. Iod, Arum. Triph, Aur. M, Bacillinum, Calc. Carb, Calc. S., Hep. S., Kali Bich. Kali Carb, Kali Iod, Lyco, Lac. C. Merc. -Sol, Nux. Vom, Psorinum, Pul., Sambucus, Silicea, Sulphur, Teucrium, Tuberculinum.

Miasmatic aspect of sinusitis

As long as patient suffers from allergic rhinitis only the psoric miasm dominates the constitution as there are only functional disturbances. As sinusitis produces thickening or proliferation of lining of sinus, mucosa, constitution comes under the influence of sycotic miasm.

Future of Homoeopathy in India

(Continued from Last Issue)

CENTRAL HELTH COUNCIL :

The Central Council of Health constitution in 1959 by the Central Government is supposed to co-ordinate activities for development of Homoeopathy and to bring about a uniform policy in the regard in co-operation with the State Governt ments. The Union Health Minister is the Chairman and all the Health Minister of the States are its membsrs. The Councif meets once a year, a attended by the State Health Minister alongwith their Secretaries and Advisors.

The Council has pased a number of resolutions during its existence of 18 years. Most of them have been ignored ly, is it not the duty of State Governments When resolutions are adopted unanimous- to take follow up action in this regard. This meeting should not be a Tamasha or a Drama staged once a year and forget all about its deliberations and reccommendations.

NATIONAL INSTITUTE OF HOMOEOPATHY :

The National Institute of Homoeopathy in which is merged the Central Resarch Institute, seeks to organise training and research work for Graduates and postgraduate in Homoeopathy. This should function as a model institution of Homoeopathy. But it has failed to achieve its objective even to a small degree it is still to be organised on the right principle under an expert management An Indoor Homoeopathic Hospital of requisite standard has yet to be started. Proper methods and management perspectives should be observed while running research Centres.

RESEARCH :

The Central Council ror Research in Homoeopathy has been constituted under a Governing Body of Experts with the Union Health Minister as Chairman. There is scientific Advisory Committee which advises the Council in conducting research on proper lines. There is no Central Recearch Institute at present for co-ordinating the activities of Reacearch Centres or Regional Research units. Many research units have inadequate research workrs and off.cers. The Research programmes must be conducted on strictly Hahnemannian lines for developing Homoeopathy, its mode and preparation of medicines, its potency and powers dilution, pharmacopoea, effects of medicines in various kinds of ailments like cancer, hypertension, heart and kidney diseases, etc.

Research must be conducted to find out the efficacy of Homoeopathy in the treatment of old persons, children, female diseases, skin diseases, mental and nervous ailments, infections and contagious diseases, effects of injuries, rehabilitation diseases, Poliomyelitis, Paralysis. Research must also be conducted on diseases and ailments which man gets in Neuclear atmosphere, space, air travel, sea travel etc. Modern research of Homoeopathy shold be the pattern of research alongwith Drug and Therapeutical research.

It is well known that Homoeopathic Research mainly depends upon Vivo i. e. living laboratories, and not on Vitro i. e. test tube or non-living laboratories. The existing plan programme of Research consists of 4 specific information (1) Drug Proving on healthy human beings (2) Clinical provings on sick persons (3) Pharmacological investigation (4) Toxicological information.

The involvement of large quantity of modern equipment will not be so essential as those of selected human beings with greater intelligence, patience, perseverance and honesty.

The Plan programme of Homoeopathic Research should be extended (1) To acquire exact knowledge of disease under the perspective of Homoeopathic principles (2) To acquire the knowledge of dosages of drugs useful for any particular condition and (3) To acquire the knowledge of intricacies involved in the potency of a used drug for a particular morbid condition of disease. We may require the need of sophisticated and improved instruments for such advanced Research Programme.

There is a great dearth of requisitely qualified technical personnel for the conduct of such Reasearch. The Research programme should be time bound as far as possible.

HOMOEOPATHIC HOSPITALS AND DISPENSARIES :

As recommended by the late Shri V.V. Giri, former President of India, the Central and State Governments should be pursuaded to open Homoeopathic Departments in the existing Indoor Hospitals. We find different departments for different types of diseases, conditions of Medical Gynecological, Paediatric, Mental ailments. In the same way, we may open Homoeopathic Departments in the existing hospitals and allow people to use Homoeopathy where other systems fail to tackle ailments e.g. chronic disease like Asthma, Bronchiectasis, Rheumatism, Rheumatoidarthritis, Acute infections diseases like Influenza, Cholera, Diarrhoea, Dysentery, Skin ailments, Hypertension, Heart Disease, Early stages of Cancer etc.

Homoeopathy is an asset in so called surgical ailments in Renal and Gall bladder stone, Carbuncles, Gangrene, Frostbite or Diabetic gangrene. This system of Medicine is highly useful for the after effects of drugging, pain killers, Anti Biotics and Modern potent drugs, prolonged exposures to Radium, Ultra violent Rays, repeated vaccinations and use of drugs. Homoeopathy will be an asset in the treatment of backward and Idiotic children. Besides, Homoeopathy may be utilised in Rehabilitation Hospitals as it offers excellent medicines for Partial or full paralysis, Poliomylitis etc.

PRIMARY HEALTH CENTRES :

It is well known fact that a large number of Primary Health Centres and Sub-Centres are without doctors. It will be reasonable to appoint qualified Homoeopaths to the Primary Health Centres and Sub-Centres as recommended by the Central Health Council at its Bhopal session in 1979. If necessary a few months training may be given to the Homoeopaths to suppliment their knowledge requisite for working at these centres.

COMMUNITY HEALTH WORKERS SCHEME :

The Community Health Workers Scheme started by the Government in

1977 in a number of villages and small towns, has to be considered carefully. The basic admission qualification for Community Health Workers training is below the 7th Class and the training is given for 3 months in rudiments of Allopathy, Ayurveda and Homoeopathy. How do we expect an ordinary educated person to learn rudiments of 3 systems of medicines during a period of 3 months only. Although they are termed as Community Health Workers but the ignorant and illiterate masses regard them as Vaids or Doctors in rural parts of the country. Are we not creating quacks and laymen out of C. H. W. Scheme ? The intention of the Government may be genuine but what will be the impact of such a scheme after 10 years.

In 1964, a Rural Homoeopathic Medical Aid Committee was formed to consider medical needs of our people living in the villages, border areas and remote places of our country. Homoeopaths holding 2 to 4 years Diploma Course were recommended to be utilised. There were 15,300 villages where homoeopaths were practising in the sixtees as estimated by the Health Survey and Planning Committee. This number must have gone up during the last 15 years or so. A monthly Allowance of Rs. 100/- to Rs. 25/- per month may be paid for service to each homoeopathic practitioner to serve under the scheme. We can follow the Rural Scheme of West Bengal Government which is running a few hundred Homoeopathic dispensaries in the State.

POLICY OF SYNTHESIS :

India has given refugee to many systems of medicine. The Greek medicine under the name of Unani came here along with Moghul Emperors and has flourished since then. Allopathy was imported into our country by the British Government and was made the official system of medicine. Homoeopathy was introduced by an Indian Ruler, Maharaja Ranjit Singh in 1869. The magnanimous people of India, welcomed all these systems and used them according to their needs. When we have a National Governments it is their bounden duty to nourish them and utilise them in different diseases and conditions. It is our earnest appeal that synthesis of these systems should not be attempted. All systems should be allowed to develop according to their genesis.

Homoeopathy has based all diseases in human beings on three miasms viz. Psora, Syphilis and sycosis, similar to three Doshas in Ayurveda, Kafa, Vayu, Pitta and to three impurities in Unani Sauda, Safra and Ba'gam. Thus the basic concept of treating diseases in all three systems are more or less the same. In some diseases, Homoeopathy has a magic cure. Where other systems of medicine find themselves in darkness Homoeopathy produces a great light there and comes out successful.

Inaugurating the Nehru Homoeopathic Medical College at New Delhi on 6th May, 1964, Shri Lal Bahadur Shastri stressed upon the need for co-existence of Homoeopathy and Allopathy and said that when two opposite powers, capitalism and communism of the world can speak of co-existence why is it not possible for the two systems of medicine to co-exist also

Quoting an example he said, that once an allopath telling about the secret of his success took out a bottle from his pocket and showed it to him. The bottle contained Homoeopathic medicine. The doctor admitted that he used Homoeopathic Medicine where allopathic medicines failed.

FAMILY PLANNING :

Homoeopathy and its five lakh practitioners can play a dominant role in the propagation and motivation on family planning norms among their patients. For this purpose, registered practitioners of Homoeopathy or Ayurveda, or Unani should compulsorily be directed to motivate and practice family planning norms on at least 100 families in a specified period. Those who do not act in this regard their registration may be cancelled. Those who perform this work should be paid some handsome honorarium as an incentive. If there is a lakh of registered practitioners, we are able to cover 5 crores of families all over the country. Arrangements will have to be made for necessary orientation training on non-allopathic practitioners in areas near to their fields of practice.

Homoeopathic medicines have proved very efficacious in contraception. In Europe, Pakistan, Bangladesh, Sri Lanka and India some Homoeopaths have used certain drugs for family planning and found them successful. Natrum Mur, Pulsatilla, Lilium Tig, Sepia, Secale Cor have been utilised by different physicians in their individual practices. Govt. is requested to conduct research on these drugs and find out the drugs for the purpose of family planning.

It may be mentioned here that in 1969, a pilot study was made in Delhi for experimenting homoeopathic drugs on cases of bleeding after insertion of IUCD. After 1½ years on continuous experimentation, Secale Cor was found useful in about 90% of cases. No further research was carried on in this regard and no benefit was drawn from the experiment.

WORLD HEALTH ORGANISATION :

The attitude of the World Health Organisation has been unfair and unjust. The Regional Committee of W. H. O. met at Srinagar in September, 1976 and passed a Resolution giving recognition to Traditional Systems of Medicine (T.S.M.) viz. Ayurveda and Unani and recommended for their utilisation along with Allopathy to meet the massive medical requirements of the people of South East Asia.

Homoeopathy has already been recognised as a valued associate system along with Indian Systems of Medicine. All grants sanctioned to I. S. M. and Homoeopathy are earmarked separately for Ayurveda, Unani and Homoeopathy and a joint Central Council for Research in I. S. M. and Homoeopathy had been functioning under the aegis of the Central Govt.

The Third World Health Assembly of W. H. O. met in May, 1977 in Geneva and recommended to the South East Asia Govts. to give adequate importance to the utilisation their traditional Systems and requested the Director General of W. H. O. to assist member States to organise Research and to award fellowship for training in Research facilities. Here again the claims of Homoeopathy were side tracked.

As a result of this generous patronage by World Health Organisation,

1977 in a number of villages and small towns, has to be considered carefully. The basic admission qualification for Community Health Workers training is below the 7th Class and the training is given for 3 months in rudiments of Allopathy, Ayurveda and Homoeopathy. How do we expect an ordinary educated person to learn rudiments of 3 systems of medicines during a period of 3 months only. Although they are termed as Community Health Workers but the ignorant and illiterate masses regard them as Vaids or Doctors in rural parts of the country. Are we not creating quacks and laymen out of C. H. W. Scheme ? The intention of the Government may be genuine but what will be the impact of such a scheme after 10 years.

In 1964, a Rural Homoeopathic Medical Aid Committee was formed to consider medical needs of our people living in the villages, border areas and remote places of our country. Homoeopaths holding 2 to 4 years Diploma Course were recommended to be utilised. There were 15,300 villages where homoeopaths were practising in the sixtees as estimated by the Health Survey and Planning Committee. This number must have gone up during the last 15 years or so. A monthly Allowance of Rs. 100/- to Rs. 25/- per month may be paid for service to each homoeopathic practitioner to serve under the scheme. We can follow the Rural Scheme of West Bengal Government which is running a few hundred Homoeopathic dispensaries in the State.

POLICY OF SYNTHESIS :

India has given refugee to many systems of medicine. The Greek medicine under the name of Unani came here along with Moghul Emperors and has flourished since then. Allopathy was imported into our country by the British Government and was made the official system of medicine. Homoeopathy was introduced by an Indian Ruler, Maharaja Ranjit Singh in 1869. The magnanimous people of India, welcomed all these systems and used them according to their needs. When we have a National Governments it is their bounden duty to nourish them and utilise them in different diseases and conditions. It is our earnest appeal that synthesis of these systems should not be attempted. All systems should be allowed to develop according to their genesis.

Homoeopathy has based all diseases in human beings on three miasms viz. Psora, Syphilis and sycosis, similar to three Doshas in Ayurveda, Kafa, Vayu, Pitta and to three impurities in Unani, Sauda, Safra and Ba'gam. Thus the basic concept of treating diseases in all three systems are more or less the same. In some diseases, Homoeopathy has a magic cure. Where other systems of medicine find themselves in darkness, Homoeopathy produces a great light there and comes out successful.

Inaugurating the Nehru Homoeopathic Medical College at New Delhi on 6th May, 1964, Shri Lal Bahadur Shastri stressed upon the need for co-existence of Homoeopathy and Allopathy and said that when two opposite powers, capitalism and communism of the world can speak of co-existence why is it not possible for the two systems of medicine to co-exist also

Quoting an example he said, that once an allopath telling about the secret of his success took out a bottle from his pocket and showed it to him. The bottle contained Homoeopathic medicine. The doctor admitted that he used Homoeopathic Medicine where allopathic medicines failed.

FAMILY PLANNING :

Homoeopathy and its five lakh practitioners can play a dominant role in the propagation and motivation on family planning norms among their patients. For this purpose, registered practitioners of Homoeopathy or Ayurveda, or Unani should compulsoriiy be directed to motivate and practice family planning norms on at least 100 families in a specified period. Those who do not act in this regard their registration may be cancelled. Those who perform this work should be paid some handsome honorarium as an incentive. If there is a lakh of registered practitioners, we are able to cover 5 crores of families all over the country. Arrangements will have to be made for necessary orientation training on non-allopathic practitioners in areas near to their fields of practice.

Homoeopathic medicines have proved very efficacious in contraception. In Europe, Pakistan, Bangladesh, Sri Lanka and India some Homoeopaths have used certain drugs for family planning and found them successful. Natrum Mur, Pulsatilla, Lilium Tig, Sepia, Secale Cor have been utilised by different physicians in their individual practices. Govt. is requested to conduct research on these drugs and find out the drugs for the purpose of family planning.

It may be mentioned here that in 1969, a pilot study was made in Delhi for experimenting homoeopathic drugs on cases of bleeding after insertion of IUCD. After 1½ years on continuous experimentation, Secale Cor was found useful in about 90% of cases. No further research was carried on in this regard and no benefit was drawn from the experiment.

WORLD HEALTH ORGANISATION :

The attitude of the World Health Organisation has been unfair and unjust. The Regional Committee of W. H. O. met at Srinagar in September, 1976 and passed a Resolution giving recognition to Traditional Systems of Medicine (T.S.M.) viz. Ayurveda and Unani and recommended for their utilisation along with Allopathy to meet the massive medical requirements of the people of South East Asia.

Homoeopathy has already been recognised as a valued associate system along with Indian Systems of Medicine. All grants sanctioned to I. S. M. and Homoeopathy are earmarked separately for Ayurveda, Unani and Homoeopathy and a joint Central Council for Research in I. S. M. and Homoeopathy had been functioning under the aegis of the Central Govt.

The Third World Health Assembly of W. H. O. met in May, 1977 in Geneva and recommended to the South East Asia Govts. to give adequate importance to the utilisation their traditional Systems and requested the Director General of W. H. O. to assist member States to organise Research and to award fellowship for training in Research facilities. Here again the claims of Homoeopathy were side tracked.

As a result of this generous patronage by World Health Organisation,

Ayurveda has been recognised and patronised in the countries of South East Asia and Europe and Unani System has been recognised and patronised by the Middle East Countries. Thus T. S. M. have now acquired respectability and recognition in the citadel of modern medicine – Europe. But Homoeopathy has not been given its due place, although Homoeopathy is not inferior to the traditional systems. In many respects it is superior to them, as it is cheaper and does not cause drug reactions. It has no peers in the treatment of mental, nervous, skin and chronic ailments.

I have had the unique privilege of addressing the International Homoeopathic Congress at Athens in Greece in September, 1969. I had suggested some steps to ameliorate the condition of Homoeopathy in the world in my adress there. I briefly mention some of them here :-

1. Homoeopathic Organisation of qualified Homoeopaths in different countries be re-organised and rejuvanated particularly to meet the new danger to our system.

2. Honest efforts be made for the maintenance of separate entity of Homoeopathy in every which can happen by starting separate Homoeopathic Institutions, Hospitals, Dispensaries and Research Centres in different countries of the world.

3. Members of Parliament or legislators be contacted in every country and exact position of Homoeopathy be explained. Resolution be got adopted for proper recognition of Homoeopathy on separate basis. Alliopathic Councils and allopathic organisations should not be allowed to interfere in the proper development of Homoeopathy.

4 Separate under-graduate and graduate Homoeopathic colleges and hospitals be established in all countries.

5. (a) National Homoeopathic associations or organisations be linked with the International Homoeopathic League.

(b) One-tenth of the income derived from the membership of National Organisation be contributed to the International Homoeopathic League.

(c) All National Organisations should persuade their State Govts to sanction annual grants to the International League on the pattern of World Health Organisation (W.H.O.) A resolution be adopted by the Central Council of the League in this regard requesting all State Govts. to donate funds for utilisation of the League.

6. Press and publicity be mobilised for the prapogation and dissemination of homoeopathic principles and policies.

7. All necessary means be adopted to crystalise the existence of Homoeopathy as a separate system of medicine.

8. There should not be any discrimination made by various homoeopathy teaching colleges and hospitals in matters of admission such are found now in the U. K.

9. No discrimination be made in electing and nominating homoeopaths holding graduate degrees in modern medicine alone as compared to diplomas or degrees from recognised Homoeopathic Colleges. This will create dissentions among homoeopaths of different countries and thereby create disunity among the homoeopaths.

HOMOEOPATHY AND SPECIALISED MEDICINES :

Modern Medicine is being designated as Nuclear Medicine, Aviation Medicine, Space Medicine, Orthomolecular Psychiatry, Neuroradiology, Tropical Medicine, Paediatric Medicine, Geriatric Medicine, Rehabilitation Medicine and so on. These names have been given to certain medicines which are utilised in certain spheres, conditions, special climates and places. Homoeopathy should also study these different medicines and observe and conduct researches into these different types and modes of medicines. In many of the different conditions, our minimum does should suit better in these illness as compared to modern medicine.

Nuclear Medicines treat tumours and cancers through radiation and radiology. Homoeopathy can play notable part in the treatment of tumors, cancers as well as injurious effects of radiation of human body. Certain medicines are used in the treatment of mental conditions. Here again Homoeopathy can be utilised effectively in mental and psychosomatic ailments.

The Neuro Radiology is computerised scans of X-rays for the detection and treatment of brain tumours and other diseases. Persons going to the outer space get affected by unique condition of space. Special medicines are arranged along with special food and living conditions. Will Homoeopathy play its role in the space? Certain drugs like Cortisone affect the physical, mental and nervous system through rythms. Will Homoeopathy be utilised in such conditions?

MENTAL AND PSYCHOSOMATIC AILMENTS :

Homoeopathy has excellent medicines for the treatment of mental, nervous, psychosomatic ailments. All patients are treated on the basis of mental temparament, behaviour, likes, dislikes and individual nature. Homoeopathic Departments should be started in the existing mental hospitals and Asylums and 50% of mental diseases and conditions can be controlled there. Ayurveda is being utilised in some mental hospitals. Homoeopathy will certainly give better results in these mental hospitals.

HOMOEOPATHIC COLLEGES :

All the Colleges should be managed by requisitely trained teachers. Preference should be given to qualified homoeopathic doctors, homoeopathic doctors in the appointment of staff for the teaching on non-homoeopathic subjects. Case taking of patients should be done

strictly on Hahnemannian pattern rather than Allopathic technique. Student-Bed ratio should be maintained in all Homoeopathic Colleges and for 50 students admission, there must be 50 beded indoor hospital attached. All training must be genuine Homoeopathy oriented. There must be requisite laboratories and libraries with requisite staff in colleges.

Correspondence course training in Homoeopathy conducted by private individuals and agencies must be stopped. Although Homoeopathy is recognised through State Acts, the State Governments are not taking serious action against those persons carrying on nafarious activities of diploma trading booths and selling bogus diplomas and degrees. The Central Government must stop these injurious activities through Central Legislation.

All such persons carrying on this trade in the Southern and Northern States must be brought to book by the State or Central Government and thereby stop these spreading of bogus Diplomas, Degrees and Institutions.

I strongly urge that there are thousands of people eager to learn Homoeopathy but are unable to do so for various reasons and conditions. Evening and morning classes for the Diploma training and Arts can be taught in evening and morning classes, why not Homoeopathy have such privilege for training. This will take away the urge for correspondence course training from Bogus institutions as well.

APPEAL TO HOMOEOPATHS:

Every Homoeopath must consider it his bounden duty to give at least one hour daily for free service either in his own clinic or at other place.

All the Homoeopaths of a specified area must collectively start a Homoeopathic Dispensary in that area and contribute their services to the people. This can be started in a village, small town, mofussil area or in a city.

We have now thousands of qualified Homoeopaths coming out of 104 recognised Homoeopathic Colleges Gradually the practice of Homoeopathy in the country should pass on to the qualified doctors so that the image of Homoeopathy is projected gloriously. Qualified Homoeopaths should all join the "Indian Institute of Homoeopathic Physicians", and work shoulder to shoulder for true advancement of Homoeopathy.

Jai Homoeopathy. Jai Hind.

Clinical Picture of Calcarea Carbonica

—Dr. K. Harinadham

"Calcarea Ostrearum. Triturations of the Carbonate of Calcium existing as the soft white substance between the hard layers of oyster shells. Hahnemann chose this source of lime for his preparations with the conception, so familiar to older medicine, that a mineral produced in the course of life, by a "vital" reaction would be specially suitable to influence living bodies. It is not a quite pure carbonate of lime."

Chilly, clammy, perspiring.

The slow, lethargic type of patient.

Nervous: Every kind of Fear.

Head sweats : at night (sil) : Face sweats.

Chest cold clammy hands and feet.

Teething children fair, fat, flabby, of plus quantity, minus quality, fat, not strong.

Troubles of Skin...Chest...Nerves .. Joints...Abdomen....Bronchitis... Diarrhoea...in people or children of the Calc. type.

Fat flabby children who sweat at night and take...cold easily.

Slow dentition and Faulty teeth.

Children with large heads and abdomens, fontanelles close late.

Knock knees or bow legs, late learning to walk.

Craving for eggs, sweets. May be aversion to milk.

Young girls with menses profuse and long lasting with anaemia ; later menses may be late or scanty.

Obsesity of adults.

A peculiar, mental symptom is the feeling that every body is looking at her. May be fear of going mad.

Chilly bad circulation, takes cold easily.

May feel better in general when constipated-

Patients whose complaints improve markedly under Bell, may need Calc. constitutionally.

Acts well in the sequence sul; Calc; lyc. Sometimes worse at full moon.

Children with dry feable skin large open fontanelles much perspiration on the head which wets the pillow far around when the child is sleeping.

Patient weak ingeneral walking produces great fatigue.

Vertigo ascending a height or going upstairs, is out of breath, has to sit down.

Her feet feel as though she had on cold, damp stockings.

Continually cold in bed.

Despairing, hopeless of ever getting well again.

Menses too often, too profuse, and last too long difficult to stop menstruating.

The least excitement causes menses to return.

Very sensitive to least cold air which seems to go through and through her.

All objects look as if seen through a mist.

Bad dreams and horrid visions when closing the eyes.

Leucophlegmatic condition of scrofular women.

Great longing for eggs, particularly in children in sickness & convalscence.

Fear of growing crazy or that people will observe her and suppose her crazy.

Cannot bear tight clothing around the hypochondria, the head and upper part of the body sweat profusely.

Children self willed Inclined to grow fat.

Scrofulaous ulcers, chorea, epileptiform convulsions etc. of scrofulour origin.

CALC. TEETHING PICTURE :

Fat flabby baby with fair hair, big head perspires furiously at night in sleep.

Dentition delayed Gums swollen, milk disagrees, vomits sour water, sour curds. Stools sour excciate. (In lyc. it is the urine that burns and excoriates and Calc., Sulph. and others the stool).

Rickety rosery - Fontanelles slow to close.

Bones slow to bear weight.

Tissues of plus quantity minus quality.

Sweats when cold Night terrors.

Stomach swollen like an inverted saucer.

Fat fair pallid child is brought in and dumped down into the chair. He sits there; not sruggling down to wander about. Leucophlegmatic patient, presents with a foggy hand makes you shiver and look for soap and water. So boneless, so moist and cold.

Anemia, weariness, weakness, palpitation sweats in cold room, in sleep. Her coldness comes in patches. [Sulph. has heat in patches. Calc. has cold in patches and Kent says sweat in patches].

Breathlessness on going up the slightest ascent.

Easily sprained unable to lift anything, sweat breaks out easily.

T. B. TYPE :

Submaxillary glands ulcers.

Night sweats. Abd. distended.

Hard swollen glands in groin.

The cough tickling cough, sweetish. expectoration chest sore, sensitive to touch and inspiration.

MENTALS :

Frightened, so afraid.
Fear...Fear Fear.

Night terrors.

Fear that something is going to happen to her or to someone else.

Fear she loses reason and people will observe her vague fear. Fear of death.

Sits and forgets small things.

Dread and aversion to labour

Peavish fretful and obstinate.

Thoughts vanish cannot remember.

CALC. EPILEPSY :

Aura as if mouse running up arm or leg (Bell also, has this sil.)

It is peculiar, the more marked the congestion of internal parts the colder part becomes.

In chest, stomach and bowel troubles. the feet and hands become like ice with perspiration.

She lies in bed with fever with head covered with sweat. That strange.

IS THE ONLY KNOWN REMEDY FOR :

Delusion that people think her in sane. Inclined to grow fat (children Mind over sensitive when hearing c cruelties, desires boiled eggs. Drawin shoulders back; chill from working in day

IS THE LEADING REMEDY FOR :

Delusions on closing the eyes, or i frightful, exaltation of fancies in nights worse when narrating her symptoms Photophobia evening. Sneezing with out Coryza. Dry cough before midnight Pneumonia Rt. upper lobe. Chill in Scobiculers Cordis. Chill from working in water. Fever alternating with chill in afternoon. Weary of life during sweat.

We provide risk capital to 50% to help entrepreneurs set up industries.
We assist educated unemployed to become employers by suppliying machinery on hire purchase for their industry upto Rs. 2 lakhs.
We also supply machinery on hire purchase up to Rs. 5 lakhs under our "Quick Impact Industrialisation Scheme".
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Role of Homoeopathy in 'Sports Medicine'

—Dr. K. Siva Shankar

Homoeopathic drugs play a unique role in sports medicine. These drugs are administered internally though the injuries are external. The main principle behind Homoeopathy is treating the patient and not the disease. When the patient is treated the disease or ailment with which the patient is suffering with automatically get cured.

One may get a doubt with regard to the mode of administering the medicines according to homoeopathic principle, as the drug is placed on the tongue though the patient had sustained a bruise of the knee joint. But there will be no room for any doubt when once the action of the medicine is observed and how the bruised knee joint gets completely cured. Though some local applications are permitted, when compared with the action of the internal medicine the local medicinal action is negligible as far as homoeopathy is concerned.

When we are treating an injured person we usually take only the local symptoms into consideration. But sometimes though the injury appears as if completely healed manifests symptoms now and then and as a result of that injury the patient may develop many other complaints. Then we can consider that it had become a chronic trouble and the patient should be treated according to the principle of constitutional treatment as laid down by Father Hahnemann, founder of homoeopathy.

A brief description of certain remidies is given below with their indications in the treatment of injuries.

1. Arnica :

This medicine is prepared from the root of a perennial plant known as 'Caltha alpina' which grows in Northern hemisphere. The effect of this medicine is really wonderful that within a few minutes the pain subsides and the patient will be in a position to walk about. Among all the medicines that were used in the treatment of bruises 'Arnica' must have been used more number of times. As already mentioned we do not treat all the patients, who sustained bruises with 'Arnica' as a specific, since we do not have any specifics in homoeopathy. The symptoms and the signs which we require to prescribe this drug are given below :-

SIGNS :

1. The injured part is swollen and discoloured.
2. The colour of the injured part is usually blackish blue.
3. If the injury is sustained a few hours ago the swelling is very prominent and it may be even hard suggesting a haematoma.
4. Tenderness (pain on touch)

SYMPTOMS :

1. Severe pain in the affected part.
2. Even least movement causes excruciating pain.
3. Movement of the part is restricted.
4. The injured part is so sensitive that the patient does not allow even the physician to touch the part.

Arnica is capable of acting in two ways on the blood. It can control the extravasation of blood into subcutaneous tissues and is also capable of dissolving blood clots. Hence it is a useful drug in the treatment of thrombosis or intravascular clotting.

When the above signs and symptoms are present 'Arnica' is indicated in any bruise or contusion. Another interesting point pertaining to Arnica is that it is capable of curing this type of injuries whether the injury is of recent origin or a remote one. Sometimes we may find a patient complaining of a chronic pain in a joint which he says is there ever since he sprained the ankle some 2 years ago. But when the condition is chronic the acute signs and symptoms like swelling, tenderness, discolouration etc., may not be present.

2. Rhus tox :

This drugs is prepared from a deciduous shrub known as mercury vine, which grows in the forests of United States of America. The leaves of this plant are used in the preparation of this medicine. Many a time we find Rhus tox following well after Arnica. When Arnica had done some work and when it failes to completely cure the condition Rhus tox follows well and completes the cure.

It is not necessary that Rhus tox should be given only after Arnica. When the symptoms of this drug are present straight away this could be administered. The action of Rhus tox is mainly on ligament and tendons. It has been successfully used in the treatment of sprains of the back which is often seen in basket ball tennis and cricket players. Stretching of the ligaments and tendons is a good indication for this drug. But here also we mainly depend upon the signs and symptoms for prescribing this medicine.

1. The part that is affected is very painful.
2. Inspite of the injury the patient wants to move about as the pain is aggravated by rest.
3. Hot water fomentation gives relief to the patient and he is terribly aggravated by cold in general.
4. Inflamation of the joint after an injury (traumatic arthritis) but the pain in the inflammed joint is relieved by movement.

Rhus tox is a very useful remedy in the treatment of traumatic arthritis and lumbago or backache. But always the

• Paper presented at a seminar on 'Sports medicine' conducted by A.P. Sports Council at Hyd. on 21-5-1971

characteristic symp oms of this drug with relief from motion must be present.

3. Ruta :-

This remedy is prepered from an evergreen shrub known as Garden Rue. The whole plant is used in the preperation of this medicine.

This is usually given to old sprains and bruises. In many respects we find some similarity with 'Arnica' But the latter is mainly useful where the soft structures like muscles are involved and Ruta is usful where there is involvement of tendons especially the sprains of ankles and wrists. This drug is usually prescribed where there is stretching of flexor tendons.

Ruta is also useful where there is an injury to the bone. An injury which may usually require surgical intervation may be cured by Ruta. If may not be all the injuries, when there is an injury to the periosteum or the covering of the bone the patient may apply something locally and in a day or two the symptoms like pain etc. may subside. But after sometime the part that is injured may develop small nodule-like structure which will be sore. This type of injuries are usually sustained in the bones which are scantily covered by the muscles—Ex. the skin of tibia etc.

Hence a small growth or nodule in the part that was injured is an indication for Ruta. This remedy has a special affinity to the joints, tendons, ligaments and periosteum and a few doses of Ruta given in 30th potency will completely cure th's condition without the aid of a knife.

4. Ledumpal :-

This drug is prepared from Marsh cistus an evergreen shrub.

Though this remedy is used for many other complaints it is mainly used in the treatment of injuries. Homoeopathic medical practitioners all over the world are indebted to this excellent remedy as it had in many a patient prevented the actual onset of that dreadful disease 'Tetanus'.

Usually this remedy is prescribed on these following indications :-

1. The wound is punctured type. The edges of the wound is irregular.
2. The injured part becomes blue and cold to touch.
3. The pain is confined to the affected part or localised pain.
4. Cold application gives relief.
5. Injuries caused due to nails etc.

Many authors of Homoeopathic Materia Medica and threapeutics speak very highly about its efficacy in the treatment of 'Black eyes', i. e., bruises of the eye, where the area surrounding the eye will turn black with pain and tenderness. This we may come across in boxers.

As I have already mentioned the pain in this remedy is localised. But sometimes we find the injured part which first appears like that of Ledum may develop shooting pains. In such cases another remedy known as 'Hypericum' must be used.

5. Hypericum :-

Hypericum is prepared from a perennial herb known as St. John's wart. The whole plant is used in the preperation of this remedy.

This drug mainly acts on the sensory nerves. When ever there is an injury to a part which is richly supplied by the sensory nerve endings, we think of this remedy. The indications for this remedy are given below :-

1. Lacerated wound
2. The parts that are usually affected are tips of fingers, toes, coccyx etc.
3. The injury may be small, but the pain is excruciating.
4. Pain is always radiating in nature, ie., if the tip of a finger is injured the pain shoots to axilla or armpit.
5. The injured part is very sensitive and tender.
6. Injuries caused by sharp and pointed instruments or any type of injury that is sustained by toes, fingers or back i.e., coccygial region. More than the type of injury, the site of injury and the radiating pains are very characteristic in the sense that they are useful tips in the selection of this medicine. The pain is always severe and not in proportion to the injury sustained.

Besides these indications, Hypericum is also indicated in shock, which can be described as traumatic shock. Usually traumatic shock is caused due to an injury to the abdomen, but here it may be caused due to the severe pain. It is also indicated in shock that may be caused due to witnessing a terrific scene.

I will give you a case history of a foot-ball player to show the manifestations of Hypericum. This case was reported by an English Homoeopath in one of the Homoeopathic Journals. This foot-ball player while playing slipped and fell down sustaining an injury at the coccyx. Few hours after sustaining that injury severe radiating pains started. The pains were very severe and he became so restless that he could not maintain any posture. This homoeopathic physician wanted to try homoeopathic medicine and he requested the authorities to stop all other medicines and assured them that he would try a homoeopathic drug that will certainly give him instantaneous relief. Immediately he ordered for hypericum 200 and administered a single dose. Within a few minutes the patient felt better and there was no need to administer any more doses.

6. Calendula :-

Calendula is prepared from a herb known as Marigold. Dr. Kent, one of the great Masters of homoeopathy says that Calendula used externally gives excellent results in many a patient.

For any type of external injury *i.e.*, lacerated, punctured or clean cut wounds calendula dressing is very helpful. One part of Calendula to six parts of water is

the perfect ratio for cleaning and dressing the injuries. The tincture is too smarting, but the iniured part that is dressed with calendula will granulate most beatifully.

Not only Calendula, any medicine that is administed internally in potency can be applied externally also. But the tincture that is diluted and applied externally is specially manufactured differently by pharmacists.

7. Symphytum :

This is a perennial herb called Gunplant. The fresh root of this plant is used for the preparation of this remedy.

Injuries to bones, such as bruises of bones or fractures - injuries that are caused due to blunt Instruments such as sticks etc. The bone may be directly injured with or without fracture. It is supposed to be a very useful for the treatment of fractures. After the fractured bone is set right a few doses of Symphytum will facilitate quick union of the bone. This action of this medicine has been proved many a time. Pains in the periosteum and injuries of the eyes also find a good remedy in Symphytum.

8. Natrum Sulph :

Injuries to the head. Mental symptoms come on from injuries to the head. A young man became very sad and subject to vertigo and neglected his business after being hit on the side of the head by a base ball. He was entir ly free from all the troubles after receiving this remedy. Nat. Sulph is useful for the effects of injuries to head.

9. Cicuta Virosa ;

Injuries to head. Complaints brought on from injuries to the head. Many a time the area where the injury was sustained may not manifest any symptoms, but the symptoms will be in distant parts, i.e., pains in the limbs, cramps in the muscles etc. Concussion of the brain and symptoms that might develop later are usually cured by Cicuta.

Cicuta Virosa or Water hem-lock is often used for convuisions that develop after injury to the head. The convulsions start with face and gradully the whole body is bent assuming the shape of a bow and is described as opisthotonus.

10. Stapistegria :-

This remedy suits clean cut wound and symptoms caused due to injuries by glass pieces etc. When the wound is incised type, where the edges are clean-cut a few doses of staphsagria will beautifully hasten the process of healing.

In our experience we have seen a number of patients with injuries treated homoeopathically preventing the development of all bad effects. We rarely find injured part becoming septic after proper dressing with homoeopathic tinctures and after administering the indicated remedy. The players, the coaches and all those concerned with sports should be properly educated about the efficacy of Homoeopathy in sport medicine.

"The Chronic Diseases" *

Management of Leukaemia and Allied Haematological Disorders in Homoeoopathy

—Dr. R. S. Paree

The Hahnemannian Miasmatic theory and the theory of chronic diseases are the studies of Life time. The study which one can never afford to neglect in present day medical structure.

Instead of taking just about the Principles of chronic diseases and the Miasms, today, I would prefer to take up a named group of disease condition in hand and then approach it with Hahnemannian Philosophy. I have already talked about the Coronary Artery Diseases, Chronic Respiratory disorders and Disorders of Liver and Gall Bladder. In this series we move further to the management of LEUKAEMIA and other allied Malignant Haematological disorders, which is the talk of today.

Leukaemia and other allied malignant Haematological disorders are now known for quite some time and are also recognised as Diseases of modern times.

The one basic question being asked again and again both by the layman and the practitioner of the other school is

"What has Homoeopathy to offer in conditions like Leukaemia?"

"Is Homoeopathy capable of Handling such cases?"

Well the answer is not that easy t be given in a simple manner and woul come gradually during the course of thi paper.

Before getting right into the subjec we should first peep very briefly into the history, classification, pathology and clinical features of the disease group.

THE HISTORY OF LEUKAEMIA :

Cases of splenic enlargement accompanied by Purpura and Lymphatic glandular swelling has been described since the earliest medical records.

The ancient Indian medicine "Ayurveda" presents records dating 2000 years back.

The history of Medicine however does not present much till the middle of 19th century which is regarded as the time of recognition of present day Leukaemia.

A Paper entitled "Observation on Abdominal Tumors and Intumescence", Illustrated by cases of diseases of the Spleen by Richard Bright of Guy's Hospital, physician exraordinary to the queen makes clear the position of advanced medical opinion on this subject in 1838.

* Paper presented before 35th Sceintific Congress of The International Homoeopathic Leage, UNIVERSITY OF SUSSEX (U.K.) 1982

It is interesting to note that by this time clinicians were so close to the idea of a disorder of "Sanguification Involving the spleen, pathologists and microscopists had been surprisingly slow to exploit and extend the microscopic studies of blood and recognition of white globules initiated by William Hewson in 1774.

The clear recognition of Leukaemia awaited the marriage of clinical and microscopic evidence which was brought about Independently in several centres between 1839 and 1845.

The introduction of differential staining methods, developed and expanded by Paul Ehrlich from 1877 onwards greately facilitated advancement of Leukaemic knowledge.

Later cases of Leukaemia with clinical post Mortem and microscopic findings were Independently published in Paris, Edinburgh and Berlin.

It was Virchow in his description of further similar cases published in November 1845 identified the abnormal corpuscles in the blood as W.B.C. and later in 1847 proposed a new name LEUKAEMIA for the disease.

CISSIFICATION:

Various forms of Leukaemia are classified according to the :-

(A) Anticipated Acute or chronic course of the disease

(B) And the predominant type of cell involved.

A detailed clinical classification does not come under the domain of this short paper.

PATHOLOY:

The basic pathological changes in Leukaemia are related to the primary proliferation of Leukopoietic tissue and to secondary changes consequent upon disturbed functions of involved organs.

THE CLINICAL MANIFESTATIONS:

The clinical manifestations are varied but some of the important and common manifestations are principally due to :-

(a) Hypermetabolism associated with rapid growth and destruction of Leukaemic tissue.

(b) Bone marrow dysfnnction.

(c) Disturbances of organs involved in Leukaemic proliferation.

The increase in Metabolism is manifested by fever, weight loss & fatigue.

Bleeding and easy bruising are associated with thrombocytopenia.

Deficiency in normal granulocytes are associated with extensive Infections.

Leukemic infiltration may lead to enlargement of Liver, Kidneys and Testes.

Homoeopathy as such does not advocate of a case presenting for the first time as Leukaemia with its classical clinical and Laboratory presentations for we must grab it symptomatically much before the pathological evidence of the disease.

THE MIASMATIC BASIS OF LEUKAEMIA:

It is true that Hahnemann never made or gave classification of any particular disease condition like Leukaemia. He was at no time interested in doing so He was a thinker much ahead of his time. His work on chronic diseases with special reference to Miasms includes every aspect of Disease not only past and present but also all the disease conditions to come in future. No matter what sophisticated aristocratic medical name they get.

The study of Miasms have been a very rational and interesting one but has been from time to time confused.

We should be very clear with one basic idea that no specific pathological condition results from a specific Miasm. However, all the three Miasms can result in any pathological condition.

Thus Leukaemia can arise from any combination of Miasm.

The age at which disease occurs is a measure of the number of Miasms involved.

Let us consider two patients with Leukaemia :

(A) PATIENT A AT AN AGE OF 70 AFTER A LIFE TIME OF GOOD HEALTH.

In this case may be only Psoric Miasm is involved.

(B) PATIENT B IN CHILDHOOD.

In this there may be a likelihood of dominance of more than one Miasm.

This can be easily determined by Patient presentation.

It would be interesting to glance at the view of Grauvogel here.

VIEWS OF GRAUVOGEL:

"The glandular enlargement and accompanying cachexia described by Virchow were familiar to the older physician under the name of Sycosis."

Grauvogel admits an infection of the system by Gonorrhoeal poison and its accompanying condyloma as only one of its exciting causes and believes the essential condition to be one in which the blood contains too much water. The patient feels

/_____Cold, damp weather.

/_____Rain.

The complaints are aggravated by

Bathing,

Drinking much fluid etc.

And these I have personally observed time and again in Leukaemic cases suggesting the dominance of the Sycotic Miasm.

MANAGEMENT:

And now we finally come to the most important part of our talk that is the management.

Before we enter into the world of management we must be very clear with one basic idea that we are managing not

only Leukaemia but the patient as an individual with Leukaemia. It is not enough for us to know that it is a case of Leukaemia or further that it is a case of Acute Lymphocytic Leukaemia. But, how does this individual case differs from every other case.

This is our basic philosophy and at no time can we afford to neglect. This is the first important hurdle for us to cross. There can be no compromise at this basic primary stage.

Now we move further with an open unprejudiced mind.

Despite the advances in Radiotherapy and selective chemotherapy, Leukaemia still remains an ultimately fatal disease, the course of which, however, palliated is be set from time to time.

The clinical presentation can be divided into three catagories:

(A) PATIENTS WHO PRESENT FEATURES SUGGESTIVE OF LEUKAEMIC DISORDER BUT WITHOUT ANY PATHOLOGICAL EVIDENCE OF THE DISEASE.

This is the most ripe field for us to work. Such patients as a rule present derangement more marked in the Mental Sphere.

Green (1949) reported studies on twenty males and thirty two females with Leukaemia and concluded that the majority of patients suffered from various types of personal loss or seperation from a key object or goal with resulting sadness, depression, hopelessness, weakness and Anorexia for months before the onset of the Somatic disease.

Here we have to individualise the patient considering both the mental and physical sphere. We have to determine the dominant Miasm and go immediately for the appropriate similimum.

(B) PATIENTS WHO PRESENT A DEFINITE LEUKAEMIC PATTERN SUPPORTED BY PATHOLOGICAL EVIDENCE OF THE DISEASE TYPE:

Such patients as a general trend do not usually come in directly at the Homoeopathic outdoor and indoor sections but prefer to go in for the more popular Chemotherapy and Radiations.

Although at this stage in right Homoeopathic symptomatic treatment has time and again relieved suffering.

(C) PATIENT AS AN ESTABLISHED CASE WHO HAS HAD ADEQUATE RADIATION AND CHEMOTHERAPY

These are some of the common cases coming to the Homoeopathic wards with shattered last rays of hope.

Homoeopathy has still to offer at this stage. In such terminal cases palliation is the most challenging task confronting the Homoeopathic Physician. Such cases as a rule respond temporarily well to the acute remedies which are to be changed constantly to the ever changing totality in order to obtain right palliation. In patients who have already had adequate steroids and Chemotherapy it is a great problem to administer chronic deep acting remedies. They time and again generate a sort of reaction in the body from which it is difficult to arouse the patient.

In these tetminal cases with Malignant Haematological disorders my experience has been to see the patient daily changing the acute remedies constantly and timing the dose according to ever changing totality and severity.

(D) AT THE END IN A DYING PATIENT:

Our role as a Homoeopath still continues to minimise the suffering at the time of Death.

As the time of Death approaches Homoeopathy's role changes from the process of cure to the goal of offering the patient the maximum degree of awareness with minimum amount suffering.

AND NOW SOME OF THE IMPORTANT REMEDIES

Grauvogl recommends	Natrum Sulph and Thuja Occidentalis as the main remedies.
Lilienthal in a study of Leukaemia recommends the study of	Natrum Muriaticum.
Richard Hughes in his principles and practice of Homoeopathy recommends a promising remedy in	PICRIC ACID
William Boericks in his therapeutic	Arsenicum, Picric
Repertory refers to	Acid and Thuja Occ.

Kent's Repertory under the rubric Leukaemia (Page 1370): presents the following as first and second grade medicines,

CALC; CALC.PHOS; CHINA; NAT.ARS; NAT. MUR; NAT. PHOS; NAT. SULPH; PICRIC ACID;

Julian in his Materia Medica of New Homoeopathic remedies refers to X-Ray and Sulfanilamide.

Well these are some of the important remedies recommended by elderly Homoeopaths. But they in no way limit the number of remedies to be used. For the Similimum is the final goal.

CLINICAL CASES

Case - I:

Mr. J a male aged 38 years first sought medical advice in March, '78 because of enlargement of Lymph glands in the neck. Examination revealed gross Lymphadenopathy at all palpable sitesr The gland masses measuring.

up to 7 cm. in diameter. The Spleen extended 10 cm. below the umblicus. A sternal márrow aspirate and lymph gland biopsy confirmed the diognosis of chronic Lymphocytic Leukaemia.

Not being bothered with the name of the disease I preferred to go in for Symptomatic presentation. Mr. J was calling all the time for Bryonia Alba. He was always wanting to lie down. Feeling little better by sleeping over the enlarged spleen. A dry spasmodic cough, Hard dry stool and dryness of Lips added further weightage for the administration of Bryonia.

Bryonia was prescribed in 30 C potency thrice daily along with Ceanothus Americanus 5 drops twice daily. Case responded well with marked reduction in size of palpable Lymph glands and spleen besides a general feeling of well being.

At this time I knew that Bryonia alone would not cover up the case. I was on a look out for a deep acting chronic remedy. Case was reportorised. Phosphorus and Calcarea were the two remedies sharing equal claims. Phosphorus was decided as the patient had a tall (clindrical) appearance and his mother adding how his son used to get frightened during thunderstorms.

Phosphorus was prescribed in 1 M potency a single dose. This was followed by several doses of placeabo and other acute remedies. Patient feeling gradully all the time better.

Complete investigations done exactly after six months showed a spectacular improvement.

Haemoglobin = 12.2 gm per cent

Platelet Count = 350,000 per Cu M.M.

Total Leucocyte Count = 4,000 per Cu M.M.

Spleen was non palpable.

Full remission was maintained for nearly 2 years before recurrent Lymphadenopathy, enlarged Liver and spleen in Appril, 1980.

This time the patient and his family members prefferred to go in for the Chemotheraphy. This was continued for about two months, with patients condition getting worse. It is important to note here that patient never felt mentally well. He was again brought to me but inspite of repeated efforts did not respond before his death two months later.

REMARKS :-

One basic difference observed time and again between well selected Homoeopathic remedies and much talked Chemoeopathy is the all time feeling of betterment in the Mental Sphere with Homoeopathic remedies. The patient feels mentally happy, cheerfull which is very important.

CLINICAL CASES

Case - 2 :

A young male aged 16 years coming from a middle class Indian family was

first seen in early July, '77, with chief presenting complaint of Loss of appetite and painful. hot, swollen stiff right knee joint. On examination a moderate Splenomegaly and Lymphadenopathy was found :

Laboratory Investigation revealed :

- primitive cells in the peripheral blood.
- sternal marrow showed 90% Lymphoblasts.

Belladonna in the 30C potency was prescribed twice daily as it was a typical Belladonna presentation. This was supported with whole blood transfusion. Laboratory investigation on the twelth day revealed normal bone marrow and peripheral blood cytology. After a 2 month's remission a severe relapse rapidly developed with gross splenomegaly and Lymphadenopathy at all palpable sites.

The acute condition called immediately for Rhux Tox which was prescribed again twice daily in the 30 C potency. The patient did not improve getting a little more restless rather somehow wanting to move to amelierate his condition. Rhus Tox was prescribed in the 200 C potency. This helped to improve the acute conditions. This was followed by other acute remedies namely Colchicum, Bryonia and Ferrum Phos. In the mean time with amelioration of acute conditions I was on a look out for a chronic remedy. The strong family history of Tuberculosis, the body structure, Emaciation and ever changing of Symptoms found its similimum in Tuberculinum which was prescribed in I M Potency. Patient recovered very well and in two months time could resume his day to day activities.

Laboratory investigations done in middle October 1977 showed

Haemoglobin	= 11.4 gm. per cent
Platelet count	= 80,000 per cu M. M.
Total Leucocyte Count	= 8,000 per cu M. M.

The only abnormal physical sign was just detectable splenomegaly. The patient was discharged and was called first every month and later every two months for a follow up. Later we did not hear from the patient for eight months as he felt normal. Patient again reported with severe relapse in our out patient department in early November, 1979 and later died the third day with several Bronchopneumonia and Cerebral Haemorrhage.

REMARKS :

We have a number of illustrated cases doing very well. I particularly wanted to present this case to show that we could not do much in this case because of an ill follow up on the part of the patient. There are numerous cases who have responded very well, depending upon the follow up management. It is important to note that in cases who have had no chemotherapy there is a fairly good response to our well selected remedies.

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SUMMARY ;

The study of Chronic disease is a life time study. In our study of chronic disease we today take up a named group of disease condition namely "Leukaemia and other allied Haemotological disorders." We peep very briefly into its History, classification, pathology and present day clinical presentation. We then enter into the world of Management. Supported by Illustrated cases which are being presented at the end of this paper, we find, we are showered with so many advantages in procuring palliation and cure where possible when we follow the master's path. Suggesting the rationality of Hahnemannian Miasmetic philosophy over the present day medical structure.

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NEWS REEL

Homoeopaths Celebrate Founder's Birthday

The Indian Institute of Homoeopathic Physicians in cooperation with Mangal Stree Samaj celebrated Dr. Samuel Hahnemann's 227th Birthday Anniversory at Pushpa-Kunj, A Road, Churchgate.

Dr. S. R. Wadia, immediate past President of the Institute presided. He gave a brief idea about the life and work of the Founder. On this occasion, a Charitable Homoeopathic Dispensary was inaugurated by Shri Keshaodas Bhatia at the above premises. Along with Dr. Wadia, Dr. Jain, Dr. Dedhia, Dr. Goel, Dr. Goshar and Dr. (Miss) Meena Shah attended to a large number of patients.

The whole of Bhatia family was in attendance.

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The views expressed by the authors are not necessarily those of the Editor.

Editorial

Education for Homoeopathy

The problems of homœopathic education have been hanging fire for the past many years. The problem of Diploma and Degree Courses has created furore by the self-appointed gaurdians of homœopathy. We propose to take the profession in to confidence on this vital matter.

There are 116 Homœopathic Colleges recognised by different State Boards/ Councils constituted by State Governments. 90% of these colleges are located in small or Moffusil towns of villages of our country. Nearly 90% of the students in these college are admitted with Matriculation qualifications. The moment we start admitting on Intermediate or 10 + 2 basis, the number of admission to the courses will start diminishing. Majority of students with Intermediate Science seek admission in Allopathic Medical Colleges ; when they fail there, they try for admission in Ayurvedic Colleges. Those rejected here seek admission to homœopathic colleges. Thus, it has been observed the poorest category of Inter-Science students usually get admitted to homœopathic colleges in place of 1st or Second Class Matriculates. A number of homœopathic colleges have started Degree Course in different states of India. The four Homœopathic Colleges of West Bengal running Degree Course suffer from acute paucity of funds. They have requested the State Government to allow them to start the Diploma course along with a Degree Course. Inter alia, it may be elaborated that the Government bears only the salary expenses of the teachers and marginal expenses of the attached indoor hospitals. The institution has to bear practically the entire expenses of the indoor and out-patient departments, laboratories, libraries and hospitals and other miscellaneous expenses. In Orissa, Government Homœopathic College has a 30-bedded indoor hospital where student-bed ratio is not being maintained. Numerous hurdles are being raised by the Orissa University Faculty of Homœopathy and the Senate. The modern medicine men in the Medical Directorate of the University have not cavilled in expressing their strong disapproval of the standards laid down by the State Board or by the Central Council of Homœopathy. In U. P. the State Government have taken over nine homœopathic colleges out of 16 colleges and the Degree Course has to be started in all these colleges. Only 90 students have been selected under the C. P. M. T. Test. Thus only 90 students will have to study the Degree Course in nine homœopathic colleges. Will the State Government bear the expenses of nine Degree Course Colleges where hardly 10 students will study in each college in the first Year ? When the Degree Course was started in 1955 at the National Homœopathic Medical College, Lucknow, only three students were admitted for the Degree Course. The State Government had to reverse back to the Diploma Course in the same institution after two years. What will be the position of the Degree Course colleges in U. P. when the number of students selected is so meagre. Inter-alia, it may be mentioned that the condition of the National Homœopathic Medical College, Lucknow, which is functioning directly under the State Government, is still to be found in a rented depleted building with a 25-bedded indoor hospital as well as the college

in the same building. What will be the spectre of the remaining eight homœpathic colleges which are proposed to be starting the Degree Course from the current year?

The condition of Diploma Course colleges in most of the States is deplorable. One-fourth of these colleges are of Two Years Diploma Course. Their standard is much below the requirements stipulated by the Central Council of Homœopathy. In spite of pressures laid by the Homœopathic Adviser of the Central Government, resolutions of the Homœpathic Advisory Committee and the Central Health Council of the Central Government as well as the resolution of the Central Homœopathic Council, the M. P. Government is still running a number of homœopaathic colleges of Two Years Diploma only. It is true that health is a State subject, but is it not necessary for a State Government to adjust its policy according to the policy decided by the Central Government and the Central Health Council and follow their pattern and principles in education?

When these Deploma Course colleges are not fit even to run a Diploma Course as they are running without an indoor homœopathic hospital of requisite number of beds, a proper laboratory and library and not even qualified teachers and principals on their staff, how do we expect the same Diploma Course colleges to be raised to Degree Course in a short time?

How can the homœopathic colleges be equated with colleges of Modern Medicine and ayurveda. All the 106 Allopathic Medical Colleges and 97 Ayurvedic Colleges are managed and financed by the Central or State Governments. Reverse is the case with Homœopathy as out of 116 colleges, hardly 16 colleges are managed and meagrely financed by the State Governments. These colleges have to function under stringent University Rules & Regulations, and have to put up with the prejudiced and even hostile criticism of the State advisers and ISM Directors.

Another strong and valid argument in favour of maintenance of Matriculation admission to Diploma Courses is that not an insignificant segment of Indian population, namely, of Scheduled Castes, Scheduled Tribes and Backward Classes because of accidence of history have not been able to achieve that level of acadimic standard which the fortunates of Indian society over a long past have been able to nerve and continue to maintain because of multiple factors which need not be enquired into for the moment. Raising of admission standards of Intermediate Science would certainly appeal to the privileged groups as it further butteresses their academic superiority but it is bound to spell disaster to the thousands of youths of the handicapped section as majority of them only manage to get Matriculation certificates. Would not the raising of admission standards result in the denial of opportunities to a large number of socially and academically handicapped young men and women to learn and practice homœopathy, It is nobody's case that only Matriculates should get preference in the matter of admission to Diplma Courses. If candidates of higher academic qualifications are available, then certainly they should get preference. What is advocated here is that intelligent and perceptive Matriculates should also be given fair opportunity to compete; then it is not merely a question of justice, fair play or equity involving the future of thousands of under-privileged young men but a sharp pointer of the shape

of things to come. The frenzied efforts on the part of a few self-centred homœopaths to raise admission standards and to substitute the current homœopathic syllabus by a syllabus heavily weighed in favour of the modern medicine in the different homœopathic colleges is part of a carefully conceived and sinister conspiracy to relegate Homœopathy to the same condition and status in to which it had sunk in the USA.

Believe it or not under the sustained onslaught minted by the USA Allopathy Fraternity, Homoeopathy has almost become extinct in that country. out of 50 odd homoeoqathic colleges that flourished at the beginning of the 20th century, none has been promoted to survive. It happened because homoeopathic education was strait jacketed with modern medicine starched garments. It is fully evident now that our modern medicine people are relentlessly persuing course which not in too distant future would earn for them like their compeers in the USA the distinction of presiding over the liquidation of Homœopathy from India. We should take a pledge from to-day that the lovers of true Homœopathy will not allow this contingency to materialize in India.

Our Central Government have already trained thousands of community health workers for serving the rural areas of our country. The basic admission qualification for CHW Scheme is below the 7th Class and the training will be given for 3 months in rudiments of Allopathy, Ayurveda and Homœopathy. Thus, the exigencies of the situation for affording relief to 70% of our people in far flung areas of our country. Similarly, the admission qualification of Matriculation for the Diploma Course for production of a large number of homœopaths is not unusual and should be continued for many years to come.

—Dr. K G. Saxena.

Different Methods of Drug-Employment in Disease

Dr. Diwan Jai Chand

Hahnemann realized that there were three ways of using drugs and practising medicine:–

1. Allopathy (sometimes called Heteropathy): in its narrow or correct sense, means treatment by drugs acting on some part of the organism with a view to relieving or benefiting another part, e.g., relief of headache by vomiting, or of dropsy by purging and sweating. In the one case you must irritate the stomach or the vomiting-centre in the brain, and in the other you must irritate the bowels and the sweat glands; and the irritation must be adequate to achieve the desired result. Evidently the drugs selected to produce such irritation have to be given in substantial doses. For a material effect, material dosage must be employed; the dosage actually employed has been arrived at experimentally, and is laid down in the Materia Medica with more or less exactitude, according to age or, even in some cases, weight of the patient. Allopathy is, in a way, a case of "doing evil that good may come."

2. Antipathy: frequently made use of by allopaths for purposes of palliation e.g. relief of constipation by purgative (in which case irritation of the bowels is brought about by a drug), of pain by anodyne (in which case insensibility is substituted for pain by a drug that prevents the patient from feeling pain, for a time at any rate), or of sleeplessness by soporific (in which case nervous system is depressed or benumbed by a drug). It would be an excellent method of practice if it were not for the Law that "to every action there is an equal and opposite reaction." The reaction to purgative is constipation, of anodyne is more pain, and of soporific is worse sleeplessness. The dose in this case also must of necessity be substantial in order to produce effect. The palliative, instead of curing, needs to be repeated again and again, and usually in increasing doses till habit is formed; and the last state of the patient is worse than the first.

3. Homœopathy: in this the self-same drugs may be employed, as in other pathies, but in exactly the opposite sence, i.e., to relieve exactly the same symptoms in a patient which they themselves are capable of producing in a healthy person, that is, in accordance with the Law "Similia Similibus Curentur" (let likes be treated by likes). For example, opium will restore consciousness in cerebral haemorrhage (if the damage to the brain is not immediatly fatal) because of the similarity of symptom-picture (hot sweat, puffed-out cheeks with expiration, snoring comatose condition); apomorphia will stop uncontrollable and persistent vomiting, and also will quickly cure diarrhoea if symptoms agree. In such cases it will be manifestly absurd, perhaps fatal, to give these drugs in material doses, as the aim is to rouse vital reaction at the exact spot where it is deficient, and to directly stimulate the actual cells in rebellion or distress. The question of quantity does not arise here, because of the extreme sensitiveness of the diseased tissue. The Arndt-Schultz Law (that the drug which in large doses destroys, and in small doses paralyses, and in still smaller doses stimulates the self-same-cells to renewed activity) makes it imperative to use the infinitesimal dose—

the dose sufficient to stimulate the cell rendered hypersensitive by disease. Thus Homœopathy works for the speedy, gentle and permanent restoration of health in the shortest, most reliable and safest manner, according to clearly intelligible reasons.

Before we discuss in detail (in a subsequent issue of this Journal) the merits and demerits and limitation of each of these methods of treatment of disease, we should like to reproduce here, for the edification of the followers of Allopathy (and Antipathy) what opinion the shining lights and the ablest leaders of their profession have about their own system of treatment.

Opinions of some Eminent Allopaths regarding their System of Treatment:–

Sir John Forbes M. D., F. R. S., Physician to Her Majesty late Queen Victoria, said in 1846, of the Medical methods of his time, "In considerable proportion of diseases it woud fare as well or better, with patients, in the actual condition of medical art, as more generally practised, if all remedies, at least all active remedies, especially drugs, were abandoned... Things (in medicine) have arrived at such a pitch, that they cannot be worse; they must mend or end. He also once remarkd, "Some patients get well with the aid of medicine, more without it, and still more inspite of it." Such views have been repeatedly expressed by other distinguished members of the dominant school of Medicine; and it is interesting as well as instructive to quote briefly some of them.

Professor Gregory of Edinburgh, (and of the Gregory powder fame) said "Ninety nine out of a hundred medical facts are lies; and medical doctrines are, for the most part, stark, staring nonsense."

Dr. Benjamin Rush, M.D. Professor in the First Medical College of Philadelphia writes "Dissection daily convinces us of our ignorance of disease and causes us to blush at our prescriptions. We have assisted in multiplying disease; we have done more, we have increased their fatality."

The well-known Dr. Ramage of London states "How rarely do our medicines do good! How often do they make our patients really worse! I fearlessly assert that in most cases, the sufferer would be safer without a physician than with one."

Dr. John Mason Good, M.D., F.R.S. says, "Our medicines are in the highest degree uncertain, except indeed that they have destroyed more lives than war, pestilences and famine combined."

Dr. Johnson, M.D., F.R.S., Editor of the Medical Chirurgical Review writes: "I declare as my conscientious conviction, founded on long experience and reflection, that if there was not a single physician nor drug on the surface of the earth, there would be less sickness and less morality than now prevail."

Sir Richard Douglas Powell, M.D., K.C.V.O., F.R.S., writes :– "Inspite of all that we hear of our progress in medicine, we cannot cure a common cold."

Sir Oliver Wendell Holms of the "Autocrat of Breakfast Table" fame says – "If the whole materia medica could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for fishes."

Professor Evans, F.R.C.P., of London writes: "The medical practice of our day is at the best a most uncertain and unsatisfactory system; it has neither philo-

sophy nor common sense to commend it to confidence."

Professor C. A. Gilman, M. D. of the New York College of Physicians and Surgeons, remarks: "Nine-Tenth of the diseases to which flesh is heir, is due to abuse of allopathic medicine in infancy and childhood."

Professor H.G. Wood write in his well-known Therapeutics, "Experience is said to be the mother of wisdom. Verily she has been in medicine rather a blind leader of the blind, and the history of Medicine Progress is the history of a man groping in the darkness, finding seeming gems of truth, one after another, only in a few minutes to cast each back into a heap of forgotten baubles that in their day had been mistaken for verities. Looking at the revolution of the past, listening to the therapeutic babel of the present, is it a wonder that men should take refuge in nihilism, and like lotus eaters dream that all alike is folly, that rest and quiet and calm are the only human fruitions.

The eminent Dr. F. Goodhart said in his annual address before the British Medical Association, in 1909, "Why do we give drugs, Often not because the disease demands them, but because the patient is not happy until he gets them; too often he is not happy then. They are sometimes given to hide our ignorance, I fear, to make time which we watch and wait. The drugs were rushed for more than they were worth and they are now buried by later booms, such as animal extracts and anti-toxins, and many of these will be buried too."

Sir Dyce Duckworth, M.D., LLD., F.R.C.P., of London, in speaking before the faculty of Medicine in Paris said, "We are, I much fear, suffering in these days from a widely spread spirit of incredulity, timidity, and hopelessness in the whole realm of therapeutics. We spend much in cultivating elaborate diagnosis and this quite right, but we grievously neglect our main business as healers and mitigators of disease. In short, are we not, as physicians, slowly drifting into the position of abstract scientists and gradually losing our proper relation to the sick as skilful medical artist? To speak the truth, we have no materia medica worth the name."

"The physician should have constantly before his eyes the exalted dignity of his calling—as the representative of the all-bountful Father and Preserver, to minister His beloved human creatures, by renovating their systems when ravaged by disease. He knows, or should know, that observations of medical subjects' must be made in sincere and holy spirit, as if under the eye of the all-seeing God, the Judge of our secret thoughts, and must be recorded so as to satisfy an upright conscience, in order that they may be communicated to the world, in the consciousness THAT NO EARTHLY GOOD IS MORE WORTHY OF OUR ZEALOUS EXERTIONS THAN THE PRESERVATION OF THE LIFE AND HEALTH OF OUR FELLOW-CREATURES."

(Hahnemann)

Yoga: its significance to modern man

Sri A. Sitharamiah

The aim of every person, man or woman, young or old, rich or poor, professor or politician, musician or physician, westerner or easterner-is to seek every moment happiness avoid unhappiness. Unfortunately, modern man seems to regard the very means (wealth, power, position, luxuries etc.) to happiness as the ends in themselves. After achieving power or wealth or position, or all combined most people tend to indulge indiscriminately in alcohol, smoking, drugs, sex, overeating etc., in mad pursuit of happiness. These give him of course some temporary joy, at the same time taking him down the drain, physically and mentally. We seem to have lost our sense of proportion between means and ends, and our headlong desires have become our very ambitions and morals.

STORY

An old woman was noticed searching for a needle on the road under an electric light. When asked to point out the exact spot where she had lost the needle, she answered that she had lost it in the house but was searching on the road because she had no light in her house. Similar is the position of the modern man who, having lost his happiness that is in him, tries in vain in to find it in all the bars, big hotels and tourist centres.

The highly sophisticated man of today is intensely astute, scientifically analytical, flamboyantly dynamic and fiercely ambitious. But luxury and comfort, in which the modern man seems to revel succeeds in seducing the best of man. The modern man claims to be so busy in building up the material side of his life that he does not find time for any physical exercise aimed to build up or maintain his physical health, or strengthen his mind through prayers, meditation or reading the scriptures. In modern neurotic society, man's energies are mostly consumed in making a living and rarely in living itself.

The perennial problem of man is personality disintegration consisting in physical detorioration and mental frustration. What happiness can one enjoy, what delight can he exult in and what pleasure can he reveal in, when one has lost through neglect and also abuse, his physical health and mental peace? No man can give another, no wealth can purchase, and no position or power can procure two things in this world, physical health and mental peace. All the other possessions lose their significance and charm if one has no physical health and mental peace to enjoy them. And these two have to be acquired by man through sustained effort

Physical exercise has been regarded as indispensable for continued good health. All over the world countries have evolved their own systems of physical cultures. Most of them, east or west, are muscle-building systems. Many of these systems of body building physical cultures have proved unsuitable and sometimes harmful for man as he advances in age.

They concentrate only on certain muscle groups while never involving others, resulting in bodily imbalance. Health is not the absence of disease as

Family Planning - The Natural Way Safe Inexpensive

Dr. Sanjeev Bhatia

The much published practice of family planning of safe period Ovulation Method of fertility regulation has come up in a more well understood form. A study conducted in Karnataka has been accepted by the Union Health Ministry. I will suggest all the Homeopathic Physcians to evaluate the efficacy of this natural method. of the 2,790 couples on which the study has been conducted the method has been effective on 70.8 percent at the end of two years. 255 couples deliberately avoided the method so that they could have children. Only one couple reported a failure, in the technique, giving failure rate as low as 0.2 percent. This method is ideal in promoting the 20 Point Programme of our beloved Prime Minister Smt. Indira Gandhi giving a new boost to control the country's Population.

THE METHOD :

The method is very simple and easily understood and ideal for the situations where for the religious reasons the couples decline to adopt the present family planning methods. In the ovulution method of natural family planning, discovered by John and Evelyn Billings, the Australian scientists – The Woman has to discern a sensation of wetness in the genital area. Due to rise in the level Oestrogen Ovulation takes place the cervical mucus appears due to rise in Oestrogen & causes the WETNESS at the vulva. This sensation of wetness is in her genital area is an indication of her Fertile period. Sexual contact during the "Wet period" could result in pregnancy.

During the study women were asked to record on chart when they had been menstruating or passing through dry days. The sensation of wetness was marked with a circle on chart. It was observed that 97 percent of the women were able to distingiush clearly the sensation of "Wetness and dryness" which is an important criteria to render the method successful. They also admitted that they had noticed such sensation earlier but were insignificant for them, as they never knew it's significance. Most of the husbands did not seem to mind the guidence safe period, and observing the ovulation method schedule.

Thus we all can make & should support Prime Minister's Programme of family planning a great success, effectively, safely and inexpensively by educating our married patients about the Ovulution Method in a better understood way and helping for an effective control over the country's rising population.

Role of Homœopaths in family Planning

Dr. R. K. Kapoor

When we talk about Role of Homoeopaths in Family Planning we actually mean out of it. Role of Homoeopathy in Family Planning as in making our mind we are guided by certain cardinal principles of Homoeopathy. Therefore when we talk about Homoeopathy and its application in Family Planning we should be very clear with regard to the scope of Homoeopathy.

Homoeopathy is a therapeutic method of similar similarity primarily concerned with morbid vital processes in the living organism by the sign and symptoms, irrespective of what caused them.

Disease from the point of Homoeopathy is a derangment of the vital force caused by the dynamic action of external force making itself known by the perceptible sign and symptoms, the totality of which represents the disease.

Dr. Close writes 'In defining the scope of Homoeopathy it is necessary to discriminate between disease *perse*, as a morbid vital process and the material results or products in which the morbid process ultimates, with the later Homoeopathy primarily has nothing to do. It is concerned only with the disease *perse* in its primary, functional or dynamic aspect." But later explaining how the ultimates are often cured, Dr. Close writes "While gross pathological tissue changes, organic lesions, neoplasm and the physical effects or mechanical cause are not primarily with in the domain of Similia, and therefore are not the object of Homoeopathic treatment, the morbid process from which they arise, or to which they lead, are amenable to homoeopthic medication. Homoeopathic remedies by virtue of their power to control vital functions and increased resistance, often exercise a favourable influence upon physical development as well as upon the tangible products of disease or accident. Thus, the growth of tumors may be retarded; or arrested; absorptions and repair promoted, even to a total removal of the morbid product of growth secretions and excretions may be increased or decreased; eruptions; sores and ulcers healed. But all these happy tangible results are only incidental and secondary to the real cure which takes place in the functional or dynamic sphere quelling disturbances, controlling metabolism, antidoting poisons, raising resistance and bringing about cure by the dynamical influence of the symptomatically similar remedy.

The question of parmount importance now is that with the authoritative view as stated above, can we use Family P'anning; within the purview of Homoeopathy. when its use is limited to functional disorder as a result of natural diseases and has limited scope in pathological disorders, some of us will say 'Yes' but many others will say 'No'.

Strictly speaking Homœopathy, Allopathy or any other system of treatment are limited to natural diseases but the general investigations and procedures with regards to the examinations of patients, Surgery, Dentistry, Gynæcology and Obstetrics, Public Health and Hygiene etc., etc., are the same.

In article 4 of Organon of Medicine, Hahnemann writes, "He is likewise a preserver of health if he knows the things

that derange health and cause disease, and how to remove them in persons in health." This article is significant which does not only point out the utility of ordinary hygiene but points out the utility of studying ancillary subjects like Anatomy, Physiology, Practice of Medicine, Surgery etc., etc., to know thoroughly what deranges the health and causes disease.

In this context we can add another subject in the medical curriculum 'Family Planning'. But here we should not forget one fundamental condition that though in treating patients homœopathically we utilise surgical appliances, proper manouvering in conducting deliveries, take required ante-natal or postnatal care in pregnant ladies, follow useful means in extracting tooth etc., etc., but we use homœopathic medicines from mother tinctures to highest attenuation and nothing else under any circumstances. Thus in accepting Family Planning we have to use our own medicines from our vast materia medica but we will accept Family Planning appliances which are already in use.

To-day the need of the country has also thrown a challenge to Homœopathy and are we going to stick to old dogma or will advise "Self-control", complete sexual abstinence. Coitus Reservatus, Coitus Interruptus, safe period, Douching etc., etc., which are not reliable and with the exception of safe period method is extremely harmful or we will get up to accept the challenge. With the lapse of time and development of Homœopathy all round the world more facts came to light and a thorough assessment will show that Homœopathy has great scope than its predecessor could think of it. In my opinion therefore we can march forward with a view to find out whether Homœopathy can provide any scope in Family Planning. If we succeed as we hope for the vast materia medica is before us, some of the Homœopathic drugs may prove as oral contraceptives. The task will get easier if large number of successful but silent practitioners are touched and their experience are experimented and utilised. I am convinced that some of us are doing good work in this connection in our clinic but these facts have not been thrown out by them for general use. I have hope that Ist Homœopathic Convention which is going to take place in the holiest of the holy city of Allahabad will open a new chapter and show direction in this field.

COITUS INTERRUPTUS:

When undertaken for a length of time can have disasterous effect on both partners. In male condition of strain and anxiety is produced which later on result into pathological manifestation. Most commonly husbands develop anxiety neurosis. Coitus Interruptus is also one of the causes of impotency. The female is also unsatisfied and has to keep herself in constant worry during the act whether her partner will be able to exercise necessary restraint, commonly suffers from anxiety neurosis.

COITUS RESERVATUS:

In this man's intention is not to have any ejaculation at all, the effect of which is more dangerous on both the partners than coitus interruptus.

Therefore in my opinion homœopathic physicians should limit the use of Family Planning as follows:

1. Oral Medicines.
2. Sheaths & Caps.
3. Abortions.

1. ORAL MEDICINES:

Oral Medicine so far used by the advocates of allopathic system of treatment have proved unsuccessful. Though they may be successful in preventing conception yet its continuous use for years together is bound to prove the drug itself. In other words the side effects or 'Drug Toxicity' have resulted into disasters like that of 'Cerebral Thrombosis' etc. On the other hand the Homœopathic medicines are devoid of 'Drug Toxicity'. Much has been said about Natrum Mur, Pulsatilla, Gossipium, Apis Mel etc., but to me they have provided 30% to 40% success. If an extensive research is made and the drug is properly spaced in between the menstruation, conception can be checked and this percentage can improve. The greatest advantage of these drugs will be that they will avoid side effects and will save patients from severe consequences as a result of proving of the substances. You will remember in this context that how many allopathic drugs came out at first with glorious success but later on have proved a flop and discarded on plea that they produce disasterous side effects. So far our medicines are concerned they have potentialities to prevent conception yet they need proper working and only after the statistics are ready it can be used on mass scale with satisfaction. Natrum Mur 200th one dose every week after menstruation and Apis Mel 0-3 to 4 days before the menstrual period; 5 drops a dose every 4 hours till the menstruation begin has provided success in some cases.

2, SHEATH AND CAPS ;

In the present set-up of Family Planning devices, it is most acceptable method. Men use sheath or condom is the oldest and most widely used method of contraceptive; the sterilised sheath in form of french leather is available in market in plenty. The sheath should be tested by blowing it out like a child's baloon for a minute or two for any air leak. The sheath is then dried and kept in powder. Keeping in powder has an advantage that if the sheath has some minute microscopic hole to give egress to a sperm it is covered by the powder. In addition to it spermicidal powder, jelly, or vaseline is used as an extra precaution. This has a disadvantage that it occasionaly breaks but if due care is taken and it is checked before use then such a danger is also minimised. A thin smear of vaseline over the F. L. just before use specially at neck leaves a very remote chance for the sperm to find its way out except by breakage,

The female contraceptive is used in the form of Dutch Cap, Cervical Cap, Dumes Cap, Matriculus Caps, Vimule Caps. Sponge etc,, is not successful in our country as there is a mass illiteracy, The village folk do not get the caps checked and rechecked by the doctors, and as the male penis does not come in contact with female cervix the latter is devoid of real sexual pleasure. This in some caused results into neurosis in women.

ABORTION :

In our country at present induced abortions with the help of medicine or evacuation is considered illegal except under certain circumstances under medical advise where the patient cannot stand the burden of pregnancy e. g, in tuberculosis, nephritis, cardiac diseases etc,, artificial abortion or evacuation is allowed. Contrary to it Japan seriously faced the same problem of heavy birth rate where induced abortions exceed the total number of live births each year.

The greatest danger of induced abortions primarily is sepsis and secondarily is pelvic cellulitis and peritonitis. This infla-

mation later become chronic and once it sets up is very difficult to be eradicated.

Homœopathy can play vital role in inducing abortions. In this respect I have found following drugs useful :-

1. *Secale Cor 3X-30* — In repeated doses every 4 hours in 2 to 3 weeks time has not only induced abortions but evacuated the content without any mechanical help. In some cases I have found it producing severe headache where its use has to be abondoned.

2. *Pulsatilla Q to 10 M*— Though I have found it more useful in delayed menstruation than actual pregnancy yet in some cases it induces abortion.

3. *Pinus Lembertina Q* — I have found it very successful in inducing abortions but it is to be given in ten spoonful doses several times during the day.

The above drugs when singly used give occasional success but the success is assured if the help of Limenoria Tent is taken to dilate the cervix. These days the use of limenoriatent has been discarded by gynaecologist as it often produces severe sepsis. The tent has been replaced by i. v. pentothal etc., which produces dilatation of cervix. But I have always preferred the use of L. Tent for if the patient is homœpathically prepared by giving Hypericum 30-200 before sterilized L. Tent is introduced and kept for a few hours inside the cervix and after the tent is removed another dose of the same drug is given the chances of sepsis get remote. As soon as the cervix is dilated Scale Cor and Pulsatilla give good results but I have found the best result coming out from Pinus Lamberrtine Q tea spoonful doses every 2 to 4 hrs. By the use of these drugs within two to three days whole content came out and in six out of ten cases no mechanicsl help is needed. In remaining cases where there is much bleeding and the content fail to come out quickly, careful curratage by a blunt currette is required. Soon after the contents come out Arnica 30-200 is administered which not only is a strong antiseptic but also a quick healear of injuries created during abortions some time patient suffers from secondary fever which is quickly ameliorated by the use of F. P. 2 X, Echinesia Q. Pyrogen 6-1 M etc.

Homoeopathy is undoubtedly sweet, to delicately induce abortions that Government can safely look forward to open few Family Planning Centres for collecting research datas and statistics, It may take two to three years to deliver accurate results and after satisfactory results are obtained abortions with the help of homœopathic medicines be legalised as it will hardly produce in 5 per cent cases some bad effects.

I hope many of my colleagues will realise the urgent necessity of controlling the birth rate and rise up to the occasion to participate to the call of the nation and the Govt. to check this rapid growth of population danger and severe proverty, scarcity of food and low standard of living.

— Reproduced from Souvenir Provincial Homœopathic Convention Allahabad.

Modern Psycho-somatic conception of disease and Homœopathy

Dr. S. K. Nayak

The realization that emotional disturbances are tied up with physiological over-activity which can lead to illness and even to death is not new. It has long been known that emotional and psychological life of an individual frequently influence his physical health viz. diarrhoea, anorexia when confronted with an examination; palpitation of the heart and hand sweat during excitement or fear. These reactions are perfectly normal and temporary i. e. disappear after the removal of the cause.

One third to half of the patients who consult physicians because of physical symptoms, either have no bodily disease or have ailments that are partly due to organic Pathology and partly dependent on emotional factors. The possibility of a causal relationship between body and mind in disease was mentioned both by Hippocrates and Paracelsus and in later date by Nasse and Jacoby (Zilboorg 1944). While the empirical foundation of the said concept owed much to the views of Barkeley, Perkins, Eddy and Mesmerists, it got its scientific basis through the research findings of Beaumont, Pavlov, Cannon,Bard and their followers. Although the term psychosomatic, was first used by a German Psychiatrist, Margets Credit Henroth in the year 1818, in a discussion on Insomnia, it was introduced in the American Medicine by Dr. Dunbar in the year 1929 (Pottor, 1946). Interrelations of the psychological and physiological aspects of all normal and abnormal bodily functions (Dawson, 1951) have been studied by various workers in the fourth decade of Twentieth Century leading to develop the field of 'Psychosomatic medicine'.

The term 'Psycho somatic' refers to organic (somatic) diseases which are partly 'non-organic' in the sense that in their aetiology emotional factors are held to play a significant role. Thus it applies to a more or less well defined group of somatic disorders for which the aetiological significance of psychic factors has been demonstrated quite convincingly in a large number of cases. To this group of Psychosomatic diseases belong peptic ulcer, essential hypertension, bronchial asthma, ulcerative colitis, arthritis migraine, persistent eneuresis, primary dysmenorrhoea and various forms of skin diseases, neurodermatitis etc.

So the psychosomatic concept, like Homoeopathy, express a wholistic approach to clinical problems and interest in the vicissitudes of the whole organism rather than the activity of a single organ, belief that psychic and somatic are completely and eqally necessary angles of observations, understanding and management. Psychogenic, especially neurotic conditions as a whole present themselves more frequently in a somatic guise than a mental one.

The psychosomatic disorders like the neurosis and the psychoses, are not something that a person thinks out consciously. It is something that happens to him when he is under stress. The process of developing this disorder is an unconscious one. The specific organ system that will be affected by a psychosomatic reaction is dependent

on firstly, the possible constitutional weakness of a particular system. Previous illness and accidents in the person's life history, as well as the presence of some illness affecting the organ system in the relatives of the patient may act as an initiating influence factor. The nature of the emotional stress has an enormous influence over it. The theory of specificity' proposed by Alexander and his co-workers, sees the determining factors of organ choice in specific constellations of psychic conflict rather than personality types. At present, it is an open question whether the correlation between type of conflict and organ choice is dependable and specific. The relative significance of these factors can be determined only through a complete study of life history. More recently, however, physicians (of the other school) have realised the value of studying the patient as a whole.

Most of the investigators in this field took the form of the traits of character, temperament, or delineations of the personality profiles associated with various physical syndromes. There was a notable uniformity in the findings reported. The personality patterns of the psychosomatic individuals have been found to differ widely from that of normal individuals. The neurotic traits are present to a considerable extent in the personality pattern of the individuals suffering from psychosomatic disorders. So it can be safely inferred that psycho-somatic ailments are directly related to neurosis.

Emotional stress and strain plays a considerable role in the causation of psychosomatic diseases. The work of Miss S. Bhadury (1968) in this field reveals that various precipitated factors like frustration, bereavement, poor job satisfaction, marital discord, financial stress etc,. give rise to emotional conflict. These conflicts ultimately create emotional stress within the individuals. Most interestingly, the individual suffering from psychosomatic diseases, on the average, are introverted in nature, because of that there is close relationship between neuroticism and introversion. Thus introvert persons are liable to be affected by psycho-somatic disorders.

Failure of adjusting with the environment may be manifested in the disturbances in some part of personality-either as bodily symptoms of various kinds, or as effections resulting in the attacks of anxiety phobia obsession, depression and other mental distrubances. Again if the personality is sensitive due to neurotic predisposition even a minor factor may be the precipitating cause for a psychosomatic disorder. Emotional stress and strain effects some system of the body and the 'week spots' of the system are generally victimesd. The sufferers from psychosomatic effections may inherit abnormally labile autonomic nervous system and their temperamental traits may also have inherited foundation. Most of the psychosomatic disorders appear to show a familial incidence.

Halliday (1948) finds that different psycho-somatic effections may appear in the same individual simultaneously. He also observed that study of the natural history of psycho-somatic effections show that neurotic or psychotic illness may accompany psycho-somatic diseases, and may appear as preceding, alternating or sequence disorders.

Unconscious mental forces in the aetiology of peptic ulcer—Draper (1944) pointed the way to deeper psychological understanding of personality relation to peptic ulcer by calling our attention to the unconscious mental life in his studies of patients with ulcer. Oral aggressive feeling

played an important role in peptic ulcer. Knap and Nemetaz in a study as recent as in 1960 concluded in connection with the study of Asthma patients that more severe the somatic disfunction the more pronounced the neuroticism. In general, obsessive personalities are the field for psycho-somatic disorders.

De veries and others (1961) found that apparently allergic and apparently non-allergic asthma patients scored equally high on a measure of neuroticism, and significantly higher than a normol control group. The following conditions are widely held to determine the onset of psychosomatic disorders—

(1) A vulnerable or sensitized organ system ('somatic exposure')

(2) The presence of some illness involving the organ system in a relative (psychic exposure)

(3) The symbolic meaning to the patient of a given organ system.

(4) Over-all psychic vulnerability ('readiness to regress').

(5) The nature and severity of the situational stress.

The psychosomatic concept of modern ages admits the homoeopathic principle that each patient must be treated with a many sided understanding, both as an individual and as a member of community, in all the aspects of his sickness, suffering or maladjustment. So, a real understanding of psychodynamics is necessary in order properly to study the emotional life in relation to ill health which conforms in toto to what our Master Samuel Hahnemann advises in relating to case taking method in Homœopathy. Thus a detailed case taking with particular attention to circumstantial environment and familial factors (as exciting aggravating causes) with neurotic questionaire will help to reveal the back ground as well as the nature of the particular case.

Homœpathy had all along been treating patients on the basis of a wholistic conception much prior to modern concept of Psycho-somatic Disorders. This remarkably bears a parallel relation with our Homœopathic stand point as reflected in the short statement "we treat the patient not the disease". To achieve this end analytically instructions of our master is to lay more stress on mental symptoms, fundamental cause, etc. On this basis the peculiar mental symptoms of the psychosomatic diseases helps to select a particular medicine from the rest. This is usully over looked in other medicine, but utilised with great advantage in Homoeopathy.

The scope for homœopathic medicine in this field is noteworthy. It can be said, in this regard, that homoeopathic medicine with psychotherapy, if needed, is beneficial. This will not only help to increase the rate of cure but also shorten the duration of the suffering.

To conclude in psychosomatic illness organic disorders are seenand Emotional trauma is greatly responsible for the organic manifestations.

'What Hahnemann strove to impose upon the medical man of his time is being indirectly accepted by the orthodox medical school under the garb of psychosomatic medicine'. The importance of taking the mental symptoms in the study of a patient is being slowly but surely recognised by the so-called scientific modern medicine. The votaries of the said school are just learning to look for the psychological as well as for the biological events that cause illness. But our Master Hahnemann is still ahead of them. He showed a theraputic way to utilise the psychological components of the diseased conditions which the modern medicine has yet failed to grasp—B.K.S.

Psycho somatic disorders are treated either with somatic measures (medicition, diet, surgery) or with psychotherapy or with combination of both.

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The Value and Application of the Repertory

Dr. P. Sankaran

THE VALUE OF THE REPERTORY :

Since the homoeopathic materia medica has over 2000 remedies, most of them with hundreds and some with thousands of symptoms, it is clearly impossible for an average practitioner to remember all the symptoms and prescribe only on the basis of this knowledge and his memory. There fore the prescriber who does not want to fail will take the aid of the repertory which is a most useful and comprehensive aid. The inetlligent use, or rather the dexterous manipulation of the repertoy can considerably lighten the work of the prescriber and also make prescribing more precise.

Some people may mention that Hahnemann himself was not using any repertory. But Hahnemann had some distinct advantages. The number of proven remedies and their symptoms was comparatively limited in his days. Further, Hahnemann had directly involved himself in the provings and so he had an excellent first-hand idea of the symptoms. Besides, he had a remarkable memory. But in spite of these advantages, later on, when the volume of the homoeopathic materia medica became larger and unwieldy, he hemself found it diffcult to practise only with the help of his memory without referring to the books. He himself was then known to have welcomed a repertory prepared during his life-time.

Some prescribers feel embarrassed to refer to the repertory in front of the patients. Possibly, they feel that this will lower their estimation in the eyes of patients. But once the patients realise that this helps the physician to make better prescriptions, they do not mind this.

Many great homoeopaths, for intsance Margaret Tyler, Pierre Schmidt, Sir John Weir. Elizabeth Wright Hubbard among others, were using the repertory very freely. I am told that some leading homoeopaths in India especially in Calcutta rely more upon their knowledge of the materia medica rather than upon the repertory and that they get very good results. They are to be congratulated and envied. I too am having some remarkable results in my practice, comparable to these results of my colleagues, but my results have been mainly achieved with the help of the repertory. I may quote two recent experiences (1) A patient had most violent sneezing, so violent that it caused abdominal pain. I was able to select the remedy INDIUM. (2) A patient with pain in the left calf muscle worse on standing or walking (with absent pulsation of the arteries) was relived by ARUNDO. Therefore I would recommend a free and liberal use of the repertory to all my colleagues.

VARIOUS REPERTORIES AND THEIR APPLICATION :

Among the repertories the most complete one and one most used is KENT'S REPERTORY. Once its construction and method of use are grasped, it can be used very easily and to great advantage. Bidwell's book is an excellent guide to the use of this repertory. John Weir & Tyler have written a small useful booklet explaining its use, as also my learned friends Kanjilal and Patel. I shall not enlarge upon them but I shall only explain my own approch.

My OBJECTIVE in using the repertory IS TO FIND THE REMEDY. I do not want to miss the remedy under any circumstance. So when I translate a symptom into a rubric and look into the rspertory, I do not confiine myself to the particular rubric but I cosult other rubrics also which are similar or nearly similar. For example when I see a patient who looks prematurely old, I see not only the general rubric 'Old age, premature'. But I also consult the rubric 'Face, Expression, old looking'. If I want to see 'Head, swollen' I also see 'Head, Enlarged', Head, Expanded' etc. Thus I do not confine myself to the narrow walls of each rubric. Where there are two or more similar rubrics, I consult or take all these rubrics. Kent himself has given numerous such references e. g. 'Mind, Fear, men, of' see 'Fear. people, of (P. 46) 'Mind. Childish behaviour' (P. 11) see also 'Mind, Foolish behaviour' (P. 48). These are very near in meaning.

Other similar rubrics are 'Menses, before agg.' & 'Menses, during, amel, (P. 1373–1314); 'Menses, dark' (P. 726) & 'Menses black' (P. 724) ; Eating, before, agg.', ,Eating, after, amel.' (P. 1357) and 'Fasting, while, agg.' (P. 1361); 'Motion, at beginning of, agg.' (P. 1374) and 'Motion, continued, amel.' (P. 1375) 'Lying, back, on, agg.' and 'Lying', abdomen, on, amel.' (P. 1372) ; 'Lying, side, on, painless, agg' and Lying, Painful, on, amel.' (P. 1373) ; Food, vinegar, agg., and Food, sour, agg' (P. 1364). The repertory contains hundreds of such similar rubrics.

In using the repertory we may find that the symptom-headings give in the repertory (the rubrics) do not exactly will tally with the language of the patients. For example the patient says he has a cold; the repertory gives it as 'Nose, Coryza'. So the repertorian has to learn how to translate correctly the symptom into the rubric.

While repertorising you may find often that a rubric that you expect and look for in a certan place is actually located somewhere else. For example 'Emaciation with increased appetite' is not found under 'Emaciation' in Generalities where you would expect to find it but is actual found in the chapter Stomach as 'Appetite ravenous with Emaciation' (P. 479). In such cases it is better for us to insert below the rubric 'Emaciation' in the Generalities chapter a sub-rubric 'Emaciation' with increased appetite', and put in a cross reference as 'see Stomach, Appetite ravenous with emaciation '. By thus cross-indexing the repertory we will find it possible to reach any rubric (symptom) we want easily. Cross-indexing of the repertory should be done in such a way that all possible imaginary allied rubrics should point out to where this particular rubric (symptom)—the one we are looking for can be found. The prescriber should be able to reach the correct rubric easily without any difficulty or loss of time.

For example a patient looks frightened. We look for 'Mind, Frightened look'. There is no such rubric. But it can be found under 'Face, Expression frightened, (P. 374). So we have to put in a rubric under 'Mind Frightened, look, and give a cross-reference as see Face, Expression, frightened'.

A patient has squint. We look for 'Squint' in the chapter Eye. There is no such rubric. It is given as 'Strabismus'. So we have to make a note in the Eye chapter as 'Squint' and give a cross-reference as a see 'Strabismus'.

The idea is to put in reference everywhere, wherever you are likely to look for a rubric and insert cross-reference so that you will come to the correct place.

Now the next point I wish to mention is that if you do not find a proper remedy under a particular rubric, it is better to look into the general rubric also. For example, I saw recently a lady suffering from itching of female genitalia worse before and after the menses. If you combine the rubric 'Genitalia Female, Itching before Menses' and Genitalia Female, Itching after menses' (P. 720) you get GRAP,. KALI-C., SUL., TARN.,ZN. Now we all know that LACH., SEP., and other remedies also have Agg. before menses and Agg, after menses in general (P. 1373–1374). So naturally these remedies should also be considered. Here by taking the general rubric also, the chances of arriving at the correct remedy are greater.

If a patient has for example cough agg. from milk, fat food or sour food, I see not only under the chapter Cough but I also take the general rubric 'Face, milk agg.' Food, fat food, agg.' and Food, sour, agg.' to see if any of the those remedies given in those rubrics will fit the patient.

In repertorising, I use and combine the rubrics with a great degree of latitude. For example, suppose we have a patient who has pain right iliac region after menses, we look into KENT'S. We do not find such a rubric. In such a case I take the rubric' Abdomen, Pain, iliac region, right' (P. 566) and combine in with, the rubric 'Abdomen, Pain, menses after agg. (P. 4558) [or even with the general symptom 'Menses after agg'. (P. 1374)] and if a remedy comes through e.g. KALI-C., I consider if KALI-C. will fit the patient.

BOENNINGHAUSEN'S REPERTORY EDITED BY BOGER :

Boenninghausen applied has knowledge of law and logic and enlarged the scope of the homoeopathic meteria medica. He split up each symptom into its three parts—the location' the sensation and the modality and classified these three parts under three major chapters viz. location, sensation and modalities. For example, if SULPHUR produced 'Burning of the soles at night' he put down SULPH. under the location Sole, under the sensation Burning and under the modality Worse at night. By splitting up all the symptoms in this manner and arranging them in the three different major sections of the repertory, he enlarged considerably the scope of the homoeopathic materia medica because instead of depending only on the symptoms which had actually come out in the provings which were comparativey limited in those olden days, he made it possible to synthesise and create new symptoms by taking the different parts of the symptoms—any location, any sensation and any modality and assembling them together. He argued that if SULPH, produced burning of the sole at night, it is capable of affecting the sole, of producing burning and of getting agg. at night. This is very much like the composing work of a printer who is able to create any number of words by merely assembling and combining the various letters taken from different compartments. Though Kent has criticised this idea whereby Boennigghausen made the symptoms flexible yet this method working offers much more scope in the repertory work. I freely use this method of Boennighausen with KENT'S REPERTORY and I have had very good results. I do not confine myself rigidly to Kent's method.

This book also gives a variety of concomitant symptoms under each chapter, a feature which we rarely find in *Kent's*, Boger who was an extremely successful homœpath used to give great value to concomitant symptoms.

Further this book gives modalities for each section separately so that the remedy may be selected even if the symptom is incomplete.

I do not want to give the impression that a practitioner can go on prescribing only with the help of the repertory and without referring to the materia medica. The repertory presents the image of the remedies only in a fragmented, disembowelled from and the picture that emerges out of these fragments may not really tally with the actual picture of the remedy or of the patient though technically it may be covering the symptoms. Therefore even after repertorising, even if a single remedy alone comes out after repertorisation, we will have to study the materia medica to make sure that indeed the matching of the picture is virtually correct and not only apparently so. I may mention that in repertorising I have sometimes found most of the symptoms covered by one remedy e.g. *Lyco* or *Phos.* whereas the actual remedy for the patient as revealed by a matching of the total picture by a study of the materia medica was something else e. g. PULS, or CAUS. We all know the contrasting points.

But it is my strong feeling that the person who has an excellent knowledge of materia medica becomes a very good repertorian and one who makes good use of the repertory gathers excellent knowledge of the materia medica. In other words. a good knowledge of materia medica helps us to repertorise better and the use of the repertory improves our knowledge of the materia medica.

Just as a remedy may work out covering most of the symptoms but may not be the correct remedy, so also a remedy may not technically cover the symptoms in the repertory but may actually prove to be correct remedy.

LYCO. as you all know, is a right-sided remedy and generally affects the whole of the right side. But it is not found in a number of right-sided rubrics e.g. 'Perspiration, side right' (P. 1300) (though it is given under Perspiration side, one side); 'Abdomen, pain, Iliac, region, right' (P. 566), 'Addomen pain, Inguinal region, right (P. 566), 'Nose, pain, right' (P. 343), Eye, pain, right' (P. 248) etc. Yet it should be considered in all these symptoms.

In repertorising I freely interchange the general and particular rubrics. For example, if we take the rubric Head, Pain, Side left then right' (P. 167) none of these remedies are found in the general rubric 'Side, left then right' (P. 1401) and vice versa. But if I have a patient with this symptom, I do look into the general rubric also and see if any of those remedies can cover this patient.

I may say that by considering the generals also and by interchanging the locals and generals I have found much more success. I consider that the general includes the particular.

READING BETWEEN THE LINES :

Though the repertory does not give some remedies under some rubrics, I feel that logically they should have come in there. For instance under the general rubric 'side, right then left (p. 1401) you find remedies like ACET-AC., ARS-N., ASPAR., SPONG. Now these remedies are not given under the rubric 'side, right'. I am unable to imagine how the symptoms could have gone from the right to the left side without remaining on the right side first at sometime, or for some time, even if it was for a very short period or only for a fleeting moment. Therefore, when I have a right-sided case, I consider these remidies also.

Similarly under the rubric 'Side left, then right' (P. 1401) we find CALC-PHOS., ELAPS., KALI-C., NIT-M- AC., PHYT. and RHUS-T. I think all these remedies should have been included under the rubric 'Side left.' In fact, I have treated many leftsided complaints with RHUS-T. Similarly under the rubric 'Loss of sleep agg'., there are many remedies. I believe this rubric is synonymous with the rubric 'Sleep after amel.' If I have a patient who is agg. from loss of sleep and if I do not find the remedy in the former rubric, I look into the latter. In fact I have cured many patients having this symtom with PHOS. though PHOS. is not given in the former but only in the latter rubric. Similarly under the rubric 'Pain, appear gradually' and disappear gradually' you find a number of remedies but under 'Pain appear gradually, only a few remedies. I think all the remedies in the former rubric should be included in the latter rubric because irrespective of how the pain disappeared all these remedies definitely had pain appearing gradually. It is also possible that some provers noted only the gradual appearance and not the mode of disappearance.

I shall now refer to a serious lacuna that can mislead us much if we are not careful. You will find throughout KENT'S REPERTORY numerous rubrics followed by sub-rubrics wherein some of the remedies found in the sub-rubrics are not to be found in the main rubric. For instance.

1. You find a rubric 'chest, Pain, mammae, nipple' (P. 846) and below this rubric some sub-rubrics e. g. Pain, nipples morning' 'Pain nipples, menses, after, 'etc. Now you find RHUST-T under 'Pain, nipples, morning' CON. under 'pain, nipples, evening', BERB. under 'Pain, nipples, menses, after'; NUX-V and PHYT. under 'Pain, nipples, nursing while' and so on. None of these remedies are found in the main rubric 'Pain, nipples'. Under whatever particular circumstances, these remedies might have caused or cured pain in nipples, they all caused or cured pain in the nipples of this there can be no doubt ! So I feel they should all have been given in the main rubric 'Pain, nipples' also.

I shall give a few more such examples,

2. The rubric 'Pain tearing larynx' (P. 755) gives the remedies ANAN., BELL, BOR., IGN., LAC-AC. But in the sub-rubric 'Pain tearning, larynx coughing, on' you find ALL-C., BELL., BOR., CALC., CIST., MED. PHOS., STAPH. I feel all these remedies in the sub-rubric should have been in the rubric also because they all caused/cured tearing pain in the larynx.

3. 'Nausea, throat, in' (P. 510) gives many remedies. This rubric has two sub rubrics, one giving GRAP. and the other giving LACH. but both these remedies are not given in the main rubric.

4. 'Chest, pain, bursting' (P- 854) has some sub-rubrics such as 'Pain, bursting, night' with ASAF., 'Pain bursting ascending, when' with ARG-N, 'P.b, coughing, on' with ARS., CAPS., LACT., and 'P. b. sneezing' OL-AN., SIL. These remedies are not found in the main rubric, Pain, bursting' where I feel they should have been given.

5. So also 'Chest, Formication' (P. 832) has no PHOS. or MEZ. though the sub-rubrics give these remedies.

6. Under Extremities, gangrene, toes' (P. 1009) we find CROT-H., CUP., IOD., LACH., SEC. In the sub-rubric 'Toes, gangrene, senile' we find CARB-AN., CARB-V., CUP., PH-AC., SEC. I feel that CARB-AN., CARB-V. and PH-AC.

should have been included in the general rubric. 'Gangrene toes' and given again in the sub-rubric 'Gangrene, senile.'

Again ARS. is given in the rubric 'Extremities, gangrene' but not under 'gangrene, toes.' We all know that gangrene often starts in the toes. I have seen many cases of gangrene toes clearing up with ARS.

There are three rubrics 'Nausea, food, on looking at, 'Nausea, food, smell of' 'Nausea, food thought of (P. 507). I generally take these rubrics as one because the sight and smell of food generally go together. If the mere thought of food is going to aggravate the ARS. patient, surely looking at it is also going to aggravate him though ARS. is not given under the latter rubric.

I can give you hundreds of such instances but I am only trying to draw your attention to the possibility of reading between the lines in the repertory so that you can take a wider view and make a broader interpretation. Personally I use or manipulate the repertory in this broad manner and have benefited by it.

Where I get particular (detailed) symptoms, I go for KENT'S REPERTORY Where I get very good concomitant symptoms, I make use of BOGER-BOENNINGHAUSEN'S REPORTORY. If I get only generalities, I take the help of PHATAK'S REPERTORY.* Where I get pathological symptoms, I seek the aid of the repertory section in BOERICKE'S MATERIA MEDICA. In general these are the four major repertories I consult. Other books I consult are BOGER'S TIMES OF REMEDIES, BHARADWAJ'S CAUSATION etc.

THE LIMITATIONS OF THE REPERTORY :

The fact must be accepted that no single repertory is complete and perfect, not even KENT'S. KENT'S is nearest to a perfect repertory but even Kent has mentioned that as there is scope for many additions to be made he had left spaces in his printed book for these additions. After going through the homoeopathic literature in detail, I like many of my friends, find quite a good scope for making many additions to the repertory. And this I think we should make so that the future generations of homoeopaths will find the repertory more complete.

If we closely examine the materia medica, we shall see that some symptoms in the materia medica are found missing in the repertory. To give an example Boericke gives under AMM-MUR. in Mind 'Desire to cry, but cannot', In KENT'S under the rubric 'Mind, Grief, cannot cry' and 'Mind Grief, ailments from' we do not find AMM-MUR. AST-RUBENS, LACH., and PULS. are all better by weeping but we find them missing in the rubric 'Mind, Weeping, amel.' (P. 93) Clarke and Boericke mention Abies. n for bad effects of tea but Kent does not give it. Whatever the reasons that prompted Kent to omit them, surely they are indications if they are found in the materia medica. Many other such omissions are found in the repertory. Drugs proved in the last fifty years are naturally also missing.

I belive that if your repertories can be made as complete and as perfect as humanly possible, the chances of our failure will be considerably diminished. With this idea I have been making additions in my own repertory from various authoritative

* This most useful book is unfortunately out of print now. We are trying to bring out a second edition.

book like CLARKE'S DICTIONARY, BOGER - BOENNING - HAUSEN'S REPERTORY. BOGER'S SYNOPTIC KEY, ALLEN'S KEYNOTES, etc. However, I have been making these additions only in a casual manner-not regularly or systematically. But still numerous additions have gathered up and I have found these additions very useful. In fact, in some cases I have been able to select the remedy only because of these additions. So I published the additions for the Mind chapter in the INDIAN JOURNAL OF HOMOEOPATHIC MEDICINE. But after publishing a few pages we faced two facts.

1. The additions I had made were comparatively less as compared to the enormous number of additions that are possible, 2. In my additions, I had not done the work systematically. For example, I had omitted to note down for each entry the authority from which I had taken it. I could not say that they had been taken from well-known anthorities. My friend Dr. K. P. Mazumdar, who was then the Asst. Director (H) of the CCRIMH, told me that it would be better if I could note down the authorities also for each entry. So I have been revising this work for the last two years or so I have also noted down the authorities and I hope we shall be able to publish them chapter by chapter. It may surprise my friends to hear that the additions made to KENT'S REPERTORY Mind chapter alone may come to as many pages, as are found in the Mind chapter itself. Similarly we hope to make additions to all chapters and to publish these additions.

As a beginning we are publishing now the additions to the Vertigo chapter of KENT'S REPERTORY. The additions are made from authoritative sources which are mentioned. Though the additions havd been brought out in a booklet form, I attach a specimen page of the additions for the information of the participants in this connection. The additions to the Mind ehapter which is practically ready will follow soon.

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Why do we age ?

Prof. G. P. Talwar

Since antiquity man has searched for the elixir of life. The urge to live has been the quest of all young, and old humble and the mighty. Unfortunately immorality has only been attained conceptually or philosophically but not physically. Everything that is born is programmed to die. The quest on that arises is why? A normal cell can multiply only a limited number of times. It is, for instance known that firoblast, an easily dividing cell in the skin, divides about 50 times under the best of conditions and then stops. To keep it dividing, it requires transformation by a virus or mutation by chemical or physical agents. But such cells released from the controls on replication, lead to another problem and that is how they become cancerous. This has its own disadvantages and a self-limiting finality. The normal events of growth and development seems to have a sense. The early embryo multiplies fast and has multipotent cells. As it grows, the development is accompanied by steps of differentiation giving the early multipotent cells, a specialized spectrum, thus creating tissues and organs with special functions. We all know that grain or liver cells have very distinct functions. They also differ in their appearance. Nonetheless both type of cells have emerged from a common ancestor. The process of differentiation is accompanied by an inbulit step to the multiplication of the specialized cells. Thus the gain of evolution resulting in the performance of specialized functions are accompanied by a block of the proliferative properties beyond a point.

Having realised these basic limits, there is a lot of play within. All human beings do not live the same age, even though none is immortal. What accounts for the longevity of one and not of the other ? Leaving aside accidents, the span of life is dependent on how well the potentials of growth and maintenance are utilized,and how undue stresses and insults avoided. Proper nutrition and stimuli particularly at the developmental stages influence the extent of expression of the potential games for development. Genetics has no doubt a role to play, and this is expressed through amounts of hormones produced and other internal signals. There is a role for bolh the seed and the soil to achieve the optimal results and it is in the later that control is exercisable.

ONSET OF AGING

The problems of aging commences primarly from the fourth decade of life.

These are expressed by alterations in several organ functions. Reproductive functions also tone down and many feel the overall diminution in the efficiency with which physical and mental tasks can be performed. How do these things happen? Human beings are made of several types of organs. Their nutrition as well as the carriage of waste Products from different tissues is materialized through the circulatory system. Blood vessels can be conceived as irrigation canals, and if these are choked there is short fall in supply of nutrients and in removal of wastes. This would have an impact on the overall functioning of the organs. For critical organs such as the heart, insufficient blood supply can seriously impair function and endanger the very survival of the individul. That is what happens in the so called heart attacks. Diminution of blood supply to the brain has its consequent effect on brain functions. It can thus be seen that one of the way in which aging is manifest is by the corroding of circulatory channels irrigating the organs. Biomedical research has clarified to an extent the factors that contribute to the arteries. These are over-eating, high intake of saturated fats, lack of physical exercise, smoking and mental strain. Many of them are avoidable by exercising will-power, discipline and proper knowledge. Living habits can therefore expeditae or retard the physiological process of aging.

Besides the mechanistic network and its proper maintenance aging also takes place in tissues and cells. Some of it is avoidable the rest have to be coped with. The avoidable components are the injuries to tissues by toxic compounds, chemicals and radiation. The factors on which one does not have direct control are the activities of the hormone producing glands, many of which divide in their output with age. These in turn have an influence on many other body functions. For instance with the decrease in the function of pancreas secreting insulin, the blood sugar cannot be efficiently utilized by tissues. Other complications include damage to kidney and heart and nerves. Luckily these can all be taken care of by an extraneous supply of insulin, and as many are aware, diabetics can live a full life with proper control on their diet as well as their way of living. The decreases in the sex hormones production is reflected in the waning of reproductive functions, plus the skin changes in the female, decrease of muscle power in males. Change in brain function and behavior are also influenced by the respective male and female sex hormones. The age and the extent to which happens in different individuals is again variable but within a range. However, all are subject to the overall process. I can foresee that with the knowledge of the basic principles revealed by research, the day is not distant when replacement of the key hormones is made possible. This will no doubt have an effective on the

vigour and quality of life. Aging should be considered not only in years but also in the fulness of these years. The life expectancy in India has nearly doubled since Independence. To a large extent it is due to the decrease in infant mortality. However, here in India and elsewhere in the world, the actual life span has also increased and more and more people are living longer due to better knowledge of body and health sciences and availability of modern medical care. One can foresee not only a continuation of this process to enlarge the orbit of life span to its theoritical limit of a little over 100 years but also in having a full blooded life of vigour and quality with the rational utilization of the leads from research. These would perhaps also include the make up of a whole gamut of missing hormones by regulated intake or transplants of hormones producing organs, made possible by the new advances in immunology.

NEWS REEL

NEWS FROM THE WORLD OF MEDICINE

Lasers is an acronym for "Light Amplification by stimulation Emission of Radiation." meaning the molcule of any substance oscillates and emits light a certain frequency. A highly concentrated form of light laser light-can be coaxed out if a substance is subjected to stimulation with energy in any form (heat, light, electrical) of the same frequency.

The power of this light is rarely more than that which is produced by a light bulb it's application in field of Medicine, the difference only being that the laser beam only puts out a single wavelength which can be focused to concentrate most of it's energy at a pinpoint. It also depends upon the substance which is being stimulated to produce a laser beam. The wavelength is so adjusted to fit only a particular type of call making it a particular laser beam's of a wave length receptive to a particular type of calls. This characterstic in 1963 was demonstrated by aiming at a ruby laser beam at a blue baloon put inside a transparent baloon. When the ruby laser baloon was passed through outer baloon the inner baloon punctured and the outer was intact. The phenomenon occured because the ruby laser is absorbed primarily by bluge pigment material i. e. the inner baloon.

This principle is utilized in the field of medicine and its results are Miraculous.

In Retinal Haemorrhage : The condition, a common complication of Diabetes and Hypertension difficult to treat with conventionnal surgery has an answer in laser therapy. An inert gaseous element Argon emits a wavelength which-coagulates but does not vaporises the red tissue. It has become invalueable in the management of retinal Haemorrhage The target is selected, beam focused at the point of detached retina making a spot weld of the torn retina.

"Port Wine" stains : Very common among Europen females, and those having these brown colour spots on the skin have to undergo hours of masking make up everyday. Argon beam is passed only for 1/10th of a second. The beam passes through clear outer skin which is heated, then sealed up the fine layer of blood vessels underneath it and instantly, the flesh turned white. Scab forms and falls of, leaving a white patch which-eventually darkens to natural colour of skin. The same is also used for birth marks and blemishes,

At Munich's Municipal Hospital a professor has successfully treated 400 cases with bladder and other tumors, clearly revealed through an encloscope, the tumors are coagulated with bursts of 40 watt laser power. A case had 76 tumours, in the bladder, at other medical centres opinion survival was only possible through complete removal of baldder. Under the professor's care in three & half hours sessions

of laser treatment localted and destroyed all 76 tumors, Isn't it strange.

The human cell on observing the energy from co_2 looses 75 to 90 percent of fluid, which turns into steam and the cell explodes. The fragments after burning vaporize, making minimal damage to the surrounding tissue.

Thus the new miracle laser can revolutionise the method of treatment from conventional surgery it's painful long lasting procedures operative as well as postoperative to a few sittings of laser. Making it possible to dissolve very small tumours to large tumours possible even in the body's most delicate parts as brain, spinal cord besides the other part. Not only this it is economic too, avoding unnecessary hospital admissions and delays. The most sensative use of the therepy can be applied in the field of Neuro surgery where it is difficult to operate without damaging the surrounding parts In all 500 laser operations on brain tumours at the University Clinic of Neuto Surgery.

So valuable had the laser already been in medicine that future generations might well refer to our times not as the atomic age but as the age of the laser.

By
Dr. SANJEEV BHTIA

REDUCING INFANT MORTALITY

APPEAL AT WORLD HEALTH ASSEMBLY

GENEVA : The Union Health and Family Welfare Miniter, Mr. B. Shankaranand, suggested that every development activity incorporated definite plans for the betterment of health conditions of women and children,

Addressing the 34th World Health Assembly he said the greatest and most urgnt need was to reduce infant and child mortality rates.

He said the objective of "health for all" would remain a mere dream unless women were emancipated from unplanned child bearing and enabled to assure for themselves and their offspring appropriate levels of health and well-being.

"Every woman requires to be educated regarding the possibility of choosing pregnancy as an option and not submitting to it as an inevitable natural occurrance.

She is to be assured of her basic right to decide for herself the spacing and number of her offspring, which alone can lead to the better care of children and their growth as happy and healthy citizens."

Mr. Shankaranand cautioned that efforts to raise the health status of the

people would fail miserably unless the high rate of growth of population in the developing countries of the world was arrested soon.

APPROPRIATE STRATEGIES

He said though the W.H.O. had succeeded considerably in preventing and controiling diseases, appropriate strategies and technoligies for making available better, simple, safe, hygienic, inexpensive and reversible contraceptives for men as well as women had still to be developed.

A time bound research and development programme for such a contraceptive would phenomenally improve the levels of acceptance of the small family norm which would rapidly lead to betterment in the health status of women and chidren, the Health Minister added.

Mr. Shankaranand called upon medical professionals to shed their pre-conceptions and take a fresh look at the vast store house of knowledge and practice which was laid almost unexploited in the ancient systems of medicines.

He said in India ayurveda and siddha had proved efficacious for thousands of years. Later, unani and homoeopathy systems were established and continued to command acceptance over the centuries.

In recent years yoga and naturopathy had been rediscovered and their practice was becoming increasingly popular. Such systems required to be inquired into and their capacities harnessed in the overall efforts to secure health for all, Mr. Shankaranand said.

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The Institute with all its experience and indepth study of the problems of the profession can give them proper guidence.

The Rational Medicine which mirrors the idealism should be properly nourished and nursed so that it may inturn may satisfy our souls and intellects with its news views and mission. An organisation or a journal cannot go forward with the work of only a select few. All have to sacrifice a bit to give them life then only we can see animation in an inanimate matter. Collection of materials articles advertisements finances all these and many more things contribute to breath life into the journal.

It is hoped that all young and old belonging to the institute keep the organization and the journal in one corner of their conciousness and contribute their mite to keep the balance of the institute aloft and to promote the ever renewed growth and development of The Rational Medicine. A life with a purpose and a purpose with life in it can only infuse life and light into the drab and monotonous life of the profession.

—P. Nagabushanam

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NEWS

The XXXVIII International Congress of Homoeopathic Medicine Vienna - March 6th to 10th, 1983.

Lega medicorum Homoeopathica Internationalis.

Dear Doctor,

The XXXVIII International Congress of the LIGA MEDICORUM HOMOEOPATHICA INTERNATIONALIS will be held at Vienna from 5th to 10th March, 1983.

For particulars contact: Dr. B. N. Chakrabarthy
1, Dr. M.D. Ishaque Road,
Calcutta, 700 016.

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Is Reproving of our Materia Medica Pura Necessary?

Y. Sahu

It is more than a century and a half that Homœopathy was established and recognised as a national scientific system of medicine in all its aspects as preventive and curative. Moreover. in comparison with other systems of medicine, Homœopathy is definitely better for the treatment of chronic obstinate diseases, Yet many of our people do not place their absolute reliance on this system because, they say that as there is no research and investigation on Homœopathy which was invented as long back as the 18th century. We do not have data to logically and scientifically talk about it. And since then as the world has again witnessed enormous changes in the various branches of science, we must have sufficient proof that homoeopathy was really a science, The theory of Bacteriology has occupied a very prominent place along with X-Ray, Radium, Antibiotics, Vitamins and Chemo-Therapeutics.

There is a general feeling in the minds of modern Homœopathic Physicians that our old remedies should be reproved on modern scientific lines so that we can stand the test, but nothing has been done as yet to either reprove or improve any of the old provings recorded during the time of Hahnemann, Hering, Allen, Clarke and the others.

We should not expect our Materia medica to grow unless it is handled by experts and keen observers to find out what more characteristics of a drug are to be recorded.

The provers have now to subject themselves for a research, it is said, through various types of laboratory procedures of a physical chemical or physiological, pharmacological nature etc. with a view to confirm the drug pictures and to find out more about them. The question is if all this is really necessary provers do not push a drug until tissue changes are found as it is not helpful in curing diseases.

Hence the expert examinations have been useless and the said lobaratory examinations do not add to the information that is required either in the patient or the prover. The plain and simple-minded patients and provers give us the best characteristic, peculiar and rare symptoms of use. On the toxic effects of the drug and clinical symptoms, the so called pathological prescribing is all done but most of pathological prescribers are so ignarant about the source of symptoms, that they cannot prescribe successfully on clinical symptoms as a basis of the prescription. It is due to such ignorance, mixo-homoeopathy or mongrelism has become characteristic throughout.

In America towards the close of the 19th century there was once a challenge in the re-proving of Bellandonna. The reproving of Belladenna was done by different eminent Cardiologists, Neurologists, Gynaecologists, Opthalmologists and pathologists with all sorts of laboratory tests of urine, stool, sputum and blood. Help of Radiology, Electro - Cardiography, Radio-Isotopes and other kinds of modern instruments was also taken thinking that this highly modern scientific procedure will give the required information, but the experiments failed, as it did

not satisfy the rule, that the man was sick and not his organs or the tissues. The 'sick' struggles for his existence with the force of his mind. 'Mind' was taken as a collossal power and that it could not be completely neglected by the allopaths, why ? Because the Orthodox school has not studied the dynamic action of the 'Mind' in Anatomy,, Physiology and Pathology. Allopathy recognises only the 'Physiological action' but it has no knowlodge about the 'Dynamical action' of the Mind on the body.

The specialist cannot measure or cannot analyse the current of thought, emotion, fear, hatred, love, anger, desires and aevrsions of a patient even with their ultramodern instruments. Allopathy applies all its techniques but it cannot analyse the mind and thus it brings in the question of the Vital Force. The man as a whole is sick. In a machine we have different parts and they are separate from each other whereas the man is originally composed and born as one piece. Providence has uever sent the organs like heart, liver, spleen, kidney, lungs etc. separately, to fit them for getting a man or a woman. Man therefore is not a bundle of special organs as the anatomists or a physiologist contemplate and there his parts cannot be replaced after repairing-though to-day some parts are being replaced by surgery, yet the temporary phase is so short that those surgical operations have not been successful and the patient has ultimately succumbed. Man therefore is a compact and a mobile unit. His origin is from the divine source before the time of fertilisation.

In the Bhagavat Geeta, Lord Krishna discourses :-

"Of all the bodies that take birth from different wombs this Primardial Matter is the mother and I am the procreating father-O son of Kunti."

The Vital Force was there even prior to the formation of all organs prior to the formation of the body, The body and all the organs are ultimates. The vital force is responsible for the subsequent growth and orderly function of the structure. Without vital force the growth and function of the whole system stops. Similary in the animal and vegetable kingdom the life force is responsible for the growth and harmonious function of the whole living unit of the individual. Could the roots of a tree be separate from its trunk or leaves? Similarly could the heart or the lungs of an animal be separate from its body and limbs.

Now it is clear that the vital force is the governing force and is pervading throughout the whole economy of a vegetable or animal kingdom and if the vital force is deranged, by a wrong will or a wrong understanding the funtion and growth of each and every organ will suffer. If as a result of derangement of the vital principle some organs or parts get involved, it is not that organ or part alone needs repair, but primarily it is this force which has to be rearranged by a proper remedy. This will set in perfect order all the organs of the human structure and they will again function properly. This is the fundamental principle of Homoœpathic medical science

Now if we act as per the principles recorded in the monumental work of the organon of madicine drawn up by Hahnemann, we would be working on right lines and arrive at the true drug which will have its basis on the 'Law of Similars', 'the law of cohesion' and the 'law of relativity'. The so-called modern provers are quite ignorant about the philosophy of the dynamic force and therefore they do not know

what is required of a successful and correct study of a drug.

The modern Homoeopaths especially the converted homoepaths demand reproving. They simply aim to bring forth the pothological or the common symptoms neglecting the characteristic, peculiar and rare symptoms that individualise the patient. This great defect is stamped upon all such modern provers. True are those words of our master Hahnemann when he declares – "This doctrine (Homoeopathy) appeals not only chiefly but solely to the verdict of experience – 'Repeat the experiments' - it cries aloud, 'Repeat them carefully and accurately and you will find that the doctrine is confirmed at every step', and it does what no medical doctrine ever did or could do, it insists upon being judged by results."

Hence Materia Medica Scholars should master the sections of organon 'first and make proving or reproving later'. The methods of Hahnemann (being based on logical grounds) have never been improved. The modern provers can compare with the Hahnemann, Hering, Allen, Clarke drug provings and note the difference. But as drug proving is based upon the law of nature 'Similia' Similibus Curantur' or let likes be treated by likes, the happenings would be always eternal for all time to come There should be no doubt about it in the least.

In fine our well proved remedies do not need reproving. There are about 1,600 drugs according to William Boericke's Materia Medica and other Materia Medica out of which 60% of the remedies are scantily and haphazardly proved and hence require thorough reproving as per scientific methods as laid down by Hahnemann in his monumental book the Organon of Medicine, the sixth edition. They should be proved in low medium and high potencies. Before Hahnemann's time pharmacology was merely of speculative nature. Hahnemnn may rightly be called the "Father of experimental Pharmacology" in the rational and scientific sence of the term. As such it is futile and would be unwise to reprove a drug which has been once thoroughly proved, reproved and clinically verified.

(From The Orissa State Homoeopathy Board Journal - August, 1970)

Sulphonamide Compounds & Their Mode of Action

Diwan Jai Chand

In 1935 Klee and Roomer first used an azo dye in streptococcal infections in man having been lead thereto by startlingly favourable results obtained in mice by Domagk in the same year. The azo dye used was called Prontosil Rubrum and was relatively insoluble, fit for oral therapy only. A search for more soluble form led to the discovery of Prontosil Soluble which soon replaced Prontosil Rubrum because of its suitability for injection and consequent rapid diffusion. Its efficacy in cases of puerperal sepsis caused by hæmolytic streptococci was proved by Colebrook and Kenny. These complex sulphonamide compounds have very feeble, if any antibacterial action in vitro, but when mixed with human blood or serum in the body they are split up to yield a relatively simple substance Viz. P amino benzene. Sulphonamide (briefly called sulphanilamide) which in a dilution of 1 in 10,000 inhibits the growth of streptococcus in broth. It is absorbed quite as quickly from the alimentary canal as from subcutaneous injection and is therefore commonly given orally. An adequate dosage should attain a concentration in the blood of approximately 10 mg. per cent and to maintain a sufficiently constant concentration has to be given in adequate amounts at least as often as every four hours. Sulphanilamide has no significant effect on the motility or phagocytic activity of the polymorph-oneuclear lencocytes, but appears to alter the cocci in such a manner that the natural defences of the body can cope with them. They might be appropriately described as "synthetic opsonins". Not only in puerperal sepsis, have brilliant result been obtained with sulphnilamide, but also in acute tonsilitis, suppurative otitis media, meningitis, streptococcal pneumonia, empyema, erysipelas and cellulitis. Infective endocarditis, in which the infecting organism is almost always streptococcus viridens (against which Sulphanilamide is in effective), does not respond to sulphonamide therapy.

There have been recent additions to the series of sulphonamide compounds, viz· proseptasine and Soluseptasine, but they do not show any superiority over sulphonilamide. Another comparatively recent compound is M. and B. 693 (its chemical structure being 2 (p. amino-benzene sulphonamide) Pyridine which retards the growth of penumococci and haemolytic streptococci in the blood and can destroy them in large numbers. The presence of leucocytes is necessary for this destruction and the effects are increased by the addition of some specific immune serum. Both sulphanilamide and M. and B. 693 have proved efficacious in meningococcal affections, and equally whether given orally, subcutaneously or intra hecally.

Prontosil Rubrum has been employed with good results in treatment of pyelitis in children, and Prontosil Albumin pyelitis from B. Coli and also in B. proteus infection. Sulphanilamide given orally has a dramatically rapid, beneficial effect upon gonorrhoea in a high proportion of cases but gonococci are noted in the secretions sometimes after the cessation of symptoms; and it is agreed that the stopping of sulphanilamide therapy with a few days of apparent recovery is often followed by relapse of the disease. The sulphanilamide

acts on the bacteria in the blood stream but does not necessarily reach. local foci. It is perhaps for this reason that with the sulphanilamide treatment of gonorrhoea, many advocate the coincident use of irrigation by permanganate of potash solution; there is a serous ooze produced by transudation of tissue-fluid through the epithelium of urethra, which is more marked following the use of permanganate than of any other solution in the irrigation treatment of gonorrhoea : Investigation of over 600 cases of gonorrhoea treated by Prontosil Album clearly demonstrated that the best time to begin the treatment by prontosil was from the eighth to the tenth day of the illness, as when used in the first few days of the illness prontosil brings no better results than the old methods. If the prontosil had a direct lethal action on the gonococcus one should expect the results of treatment from the first day to be the best, but this is obviously not the case. The only explanation possible is that it takes eight days for the body to acquire (or mobilise) enough immunity to dispose of the organisms arrested by the prontosil. In Germany a new compound know as Uleron has been extensively employed and is regarded as more efficacious than sulphanilamide, but it has the disadvantage of occasionally causing peripheral neuritis of peroneal type, which may be severe and prolonged.

Like most of the new chemical compounds the sulphonamides have the drawback of frequently causing toxic symptoms, the most frequent being :-

1. Cynosis : which depends on the presence in the blood of sulphaemoglobin or methaemoglobin. An important part in causing cynosis is played by the ingestion of food stuffs containing sulphur, such as eggs or onions, or of drugs such as sulphate of magnesia. Cyanosis does not interfere with the action of the drug and does not much affect the patient's general condition.

2. Skin eruptions : Which are generally maculopapular or erythematous. Drug fever with Pyrexia may occur and be accompanied by a cutaneous eruption. Sunlight appears to be a factor favouring skin eruptions and suggests that the patient has become photosensitized.

3. Haemolytic anæmia : Which may be associated with jaundice. This is the most serious but the least common, toxic effect.

4. Hypochromic anæmia.

5. Agranulocytosis : which has occurred in a few cases following therapy with Prontosil Rubrum, sulphanilamide and Proseptasine.

6. Peripheral neuritis: which occasionally follows the use of Uleron.

7. Other effects : such as nausea, headache, dizziness, slight mental confusion, specially in brain workers, anorexia, lassitude and drowsiness.

Further knowledge of the limitations of sulphonamide therapy may develop in course of time because of its extensive use (or abuse) in all types of diseases, specially those accompanied with fevers.

What has been written above sums of our present knowledge of the Sulphonamide compounds in Chemotherapy and has been summarised from an article by Dr. V. E. Lloyd, Director of the Veneral Disease Departments, Guy's Hospital Londonl published in the Journal of Chemica, Research for October, 1938.

In a subsequent issue of the Journal we shall quote from reliable authorities and show that "Sulphanilamide is the most

over–rated and one of the most poorly proven fads of pseudo–medical Science. It is worthless in urinary tract infections and contraindicated in pneumonia." To use the word of a professor in one of the most prominent medical teaching institutions of the United States of America.

The study of sulphonamide therapy is fascinating for a homœopath for two reasons:–

1. The manner of its action in disease or rather in patient: when given by the mouth, sulphonamide group, including the now famous M. and B. 693 greately increases the bactericidal power of the blood (although it has, as stated above, very little such power in vitro), and this increased power, is found in the serum rather than in the cells of the blood. The actual destruction of the germs is effected by the natural defences of the body. In some way, it makes the bacteria susceptible to the natural defences of the body. All of us admit that the strength of these natural defences undoubtedly varies from individual to individual. It is not a question of prontosi + coccus = cure, but prontosil + X ÷ coccus may be cure. And this X factory, this unknown variable, is the immunity, the natural defences of the individual patient ? Under these conditions we cannot expect 100 per cent cures by the prontosil treatment of puerperal fever or gonorrhoea or any other streptococcal disease. Add to this, the idiosyncrasy to the drug shown by some patients, leading to the development of the dangerous condition of agranulocytosis, and the difficulty of knowing a priori which individual subjected to treatment by the drug shall be idiosyncratic. In other words, it means that not only must we expect variation in different persons in their response to bacterial poisons but also in their response to drugs. It was because of this that Professor Clark said, that "the existence of individual variation constitutes a limitation to therapeutic measures, of an annoying and irrational character....The extent of individual variation is consistently underestimated; the laws of probability indicate that if very large populations are studied, occasional individuals will show very wide deviations from the mean response. These exceptional individuals are undoubtedly a nuisence but their existence must be recognised." Such being the case, the need for individualisation for purposes of treatment as stressed by Hahnemann, becomes at once apparent, as well as his contention that it is the patient who cures himself, the drug admisistered to him providing the necessary stimulus to his defensive powers (immunizing process) and not acting directly on the diseased organ or tissue.

2. Equally rapid absorption of the sulphonamide group of drugs whether administered by mouth or injection beneath the skin into subcutaneous tissue or even deeper tissues. This has been confirmed by testing of the blood and of the cerebro-spinal fluid at intervals during the period a patient is receiving the drug.

VIRAL DISEASES

V. S. R. Prabhu

Virus :– (Lat. Virus =Poison) the specific living morbid principle by which on infectious disease is transmitted. The term also can be applied to a group of infective agents which are so small that are able to pass through the pores of colloidon filters.

The viruses are difined as those micro-organisms having at least one dimension under 200 milli-microns. Thus most viruses can not be seen under ordinary microscope but require greater resolving power of the electron microscope.

HISTORY AND STRUCTURE OF VIRUS :–

The filterable nature of the Virus was discovered by the end of 19th Century. Long before Viruses were seen or grown, the infectious nature of agents causing certain disease such as Small-pox was recognised ; it is also observed that life long immunity followed as a consequence of the disease. As early as the 18th Century Edward Jenner inoculated Children with the mild virus of Cow-pox in order to Protect them against the ravages of Small-pox caused by a related virus which is highly virulent for man. In the 1880's when Lowis Pasture and Emiliroux were developing the now classical method of immuisation against Rabies ; they believed that the infectious agent was a virus.

STRUCTURE AND PROPERTIES OF VIRUS :–

Each species of virus has a characteristic remarkably uniform size and shape like filamentous, flatened spheres or needle like rods etc. A striking discovery was made in 1935 when Wendell M. Stanely showed that a virus could be crystallized. Crystallization of these micro-organisms has aroused violent arguments as to whether they are truely living or they are chemical micro-organisms or are they livin micromolecules. In fact, the viruses have the properties of both. The viruses are nucelo-proteins in nature i.e. large molecules consisting of protein in combination with one of the two known types of nucelicacid DNA or RNA.

MECHANISM OE CELL INFECTION BY VIRUS :

A virus attacks a cell in the most direct manner possible. It penitrates the Cell and discords its protein shell. The DNA or RNA core of virus in turn makes its way into the cell cytoplas–. The subsequent action is a form of war between two groups of hereditory material. If the virus material wins as much as 80% of the infected cell, DNA may be broken down and resynthesized into viral DNA. Thus instead of producing its own heriditory material and proteins, the infected cell nucleus is producing virus substances. After 20 minutes or so the cell may burst and release 100s of new viruses.

CLASSIFICATION OF VIRUSES :

According to the bio-physical charecteristics—

1. Presence of nucleic acid
2. Size : Human virus 15 nm to 300 nm (one millionth part of millimeter)
3. Sensitivity to Ether

4. Presence of an envelope
5. Symmetry (cubic or helical).

Viruses have different species and organs specificities. On the whole, viruses infecting plants, insects, rickettsia, bacteria and other animals are distinct from their human counter-parts. Neither structural nor chemical simillarity of viruses however is any sure guide that they may cause similar disease. Besides the great dissimilarities among viruses and their associated diseases, the common features of viral infection can be considered as useful generalisations.

Most viral investions occur in childhood at which time any of the 200 obligatory human viruses ordinarily produce acute but benign diseases or no disease at all. However unborn child may be pecularily vulnerable to the effects of Rubella and the new born if unprotected by the maternal antibody may be severly damaged by infections like virus of Herpes Simplex. With the exception of neonatal period, the severity of the disease associated with primary or initial viral infections increases with the age of the patient.

CLASSIFICATION ACCORDING TO TISSUE SELECTIVITY :-

Viruses can be grouped according to their affinity for particular tissue within the body and the type of lesions produced there. Among the animal viruses are—

1. The neurotropic viruses (attracting the nerve cells, notably rabies) invade nerve cells only
2. The viruses which can be trasmitted while circulating in the blood stream from one susceptible host to another by insect vectors are grouped as Arbor Viruses (arthopod borne), such as those causing yellow fever and encephalitis
3. Enteric Viruses infact primarily the intestinal tract. They include Poliovirus and a large group viruses from the intestinal tract in tissue culture grouped as Echo-Viruses (Enteric Cytopathogenic human orphans). However, a viruse may have an affinity for more than on tissue. For example, poliovirus commonly infacts the intestinal tract causing no recognised illness. Rarely, it may infact the central nervous system, producing the paralysis diagnosed as 'Palio-yelitis.'
4. The myxovirus group include the influenza, parainvaluenza and mumps viruses.
5. A new group of adenoviruses was found when adenoid tissues were grown in tissue culture. Although no single virus has been found as the Etiological agent of common cold, some of the newly isolated agents of the adeno and the Rhinitis – Coryza group appear to be responsible for some upper respiratory illnesses thus confirming a current belief that there is no single 'Cold Virus' but rather that an associated groups of viruses is responsible for colds.
6. Viruses causing exantoematous diseases including many of the inefectious diseases of childhood, such as Poxes and measles.
7. Viruses that cause neoplasums (benign or malignant tumours including Cancer and Leukemia) have been demonstrated in lower animals. Viruses have so far not been proved as a cause of Cancer in man although the present evidence suggests that they may be found in time. Surely this is one of the greatest unsolved problem in medicine today. It is necessary to emphasize the

evidence for greater potential susceptibility of the adult because it may appear that the adult is less vulnerable to the viral disease protected as he is by a legacy of immunity acquired against viruses from his childhood experience.

EPIDEMOLOGY OF VIRUS INFECTION :

Virus inefection occurs clinically or it may be a symtomatic. The severity of the disease may also be age related e.g., in adults, Chicken-pox and mumps occur often with severe complications – Mump Orchitis or Encephalitis – Viral Pneumonia as a complication of Chicken-Pox, which are rare during childhood. The incidence rate of infection is usually calculated as the ratio of the number of new clinical cases divided by the population under surveillance in a given year. Incidence of infection is the number of new cases of a disease occuring in a unit of time. Incidence rate. Number of New Clinical cases divided by population under surveillance in a year. Prevalance is the number of cases of a diseases existing at one time, while the prevalence rate is the number of cases of a given diseases at one time divided by the population at risk.

Mode of infection of human viruses are:-

1. Respiratory
2. Alimentary
3. Contact (Mucosal, Bite, Infections)
4. Transplacental.

Appropriate environment is necessary for the spread of human disease.

The successful primary infection in a susceptible host depends upon:

1. Number of viruses circulating per cu. foot of air
2. time of exposure Ex: The smaller number of respiratory infections during summer may be due to multiple excahanges of air that results in open windows.

DIAGNOSIS :

Depending upon the pathogenesis of the particular infection —

1. Throat swab or sputum
2. Stool or rectal swab
3. C. S. F.
4. Urine
5. Vesicular fluid
6. Tissue (Biopsy or autopsy) should be obtained. The earliest specimen is to be taken from these sources according to the infection. The higher the titre of virus present, the easier is the diagnosis.

PREVENTIVE MEASURES :
GENERAL MEASURES :

1. Controlling the sources of infection
2. Blocking the channels of transmission
3. Protecting the susceptible population

The general measures of control of reservoir of infection are 1) Early diagnosis 2) Notification 3) Isolation 4) Treatment 5) Quarantine 6) Surveillance and 7) Disinfection

The incidence of certain viral diseases sporodically or epidemically may give the physician the symptomatological portrait obtainable in a given region. The population at risk can be prevented by the administration of genus epidemicus. Since the symptomatologicial portrait of an epidemic

is found to a vary from time to time in the same region and also from region to region at the same time, the physician is required to study the symptomatology of the patients observed at different stages of the disease including information obtained through the attendants of the patients.

TREATMENT :

The general measures to be instituted with regard to the given viral diseases do not very much from patient to patient. The specific measures in the form of homoeopathic remedy may be found to vary from patient to patient since individualisation is the redthread of homoeopathic therapeutics.

The following drugs are commonly indicated in cases of Viral Diseases if the Totality of symptoms agree:-

1. ACONITE :

Sudden on-set of Fever, with chillness throbbing pulse, and great restlessness- from anxiety. A remedy of cold, dry weather.

2. EUPATORIUM PERF :-

Intense aching limbs and back, as if Bones were broken.

Dare not move for pain.

Aching in all bones, with soreness of fleesh.

Bones feel broken; dislocated; as if would break. Bursting headache.

3. PYROGEN :

For the fever of violent pulsations and intense restlessness.

Pulse very rapid : Ratio between pulse and temperature with slow pulse, or the reverse.

Chilliness no fire can warm.

4. BAPTISIA :

Rapid onset. Sinks rapidly into a stupid Typoid state.

Dull red face : drugged, besotted appearance.

High temperature : Red; Dusky : comatose.

Drops asleep while answering.

'Gastric 'flu'' : Sudden attacks of violent diarrhoea and vomiting. Great prostration.

Flu-pneumonias with this bestotted apperance.

In the worst casses, mouth and throat are foul and discharges very offensive.

Scattered and can't get himself together.

5. BRYONIA :

White tongue : thirst for much cold fluid worse from every movement, every movement, every noise, attacked with dry heat.

Wants to lie quite still, and be let alone.

Especially with pleurisy, or pleuro-pneumonia

Headaches and pain all better for pressure, and worse for movement.

The anxiety, dreams and delinum of Bry. are of business; in delirium he "wants to go home". Pains in head from coughing Irritable.

6. RHUS TOX :

Stiff, lame and bruised on first moving, passes off with motion, till he becomes weak and must rest : then restlessness and uneasiness drive him to move again.

The worst sufferings when at rest and kept without motion.

Illeness from cold, damp weather : rom cold damp when prespiring.

Anxiety, fear : worse at night.

Restlessness : intense fever : thirst : great prostration. Weeps without knowing why. Typhoid forms of fever.

Severe aching in bones.

A mental symptom of Rhus is fear of opinion.

7. MERCURIUS SOL :

Profuse, very offensive sweat. Very foul mouth. Excessive Salivation with thirst. Offensive. Wrose from sweating; or no relief from sweating. Colds extend to chest, aggravates night.

8. APIS MEL :

Rash may be in patches. Great tumefaction. High degree of inflammation, with stinging, burning and oedema and vesication, aggr. from heat, thirst.

9. ANTIMONIUM TARTARICUM :

Delayed or receding, blue or pustular eruptions. Drowsy, sweaty and relaxed; nausea. Tardy eruption, to accelerate it. Associated with bronchitis, especially in children.

10. BELLADONNA :

Severe headache, face flushed; hot skin Drowsiness with inability to sleep.

11. KALI BICHROMICUM :

"Is like puls, only worse". Follows Puls. Puls in the mild cases. It has a rash like measles, with catarrh of eyes. Measles with purulent discharge eyes and ears. With pustules on cornea. Salivary glands swollen: catarrhal deafness. Kali. Bich. has stringy, ropy discharges.

12. CUPRUM METALLICUM :

Symptoms violent. Starts up from sleep' Spasms: Cramps: Convulsions. Cramps of fingers and toes, or start there.

13. ZINCUM METALLICUM :

Where child is too weak to develop eruption. Rash comes out sparingly. Body rather cool. Lies in stupor gritting teeth. (Bry. chews.)

BROMIUM:

Parotids, especially left affected : Especially after scarlet fever. "Swelling and hardness of left parotid : Warm to touch. Swelling of all glands with hardness. Brom especially helps those who are upset by being overheated : But when attack comes on, sensitive to colds and draughts. Worse damp, hot weather.

LACHESIS MUTA :

Especially left side parotid, enormously swollen : Sensitive to least tough; least possible pressure-severe pain; shrinks away when approached : can scarcely swallow. Throat sore internally. Face red and swollen. Eyes glassy and wild.

There is not the offensive mouth and dirty tongue of the Mercs., but more throbbing : with the usual Lachesis horrible tension.

Paper presented at A. P. Homœopathic Medicial Officers' Association meeting held at Vijaya Puri North on 11-9-82.

Pyrexia of Unknown Origin

Harish Chandra
M.B.B.S., D.M.R.E.

I wish to report my own case to show how sometimes, with the best modern investigational facilities, in the hands of most experienced specialists of medical colleges, one may utterly fail to arrive at any diagnosis, fail to acheave cure and may then have marvellous cure with homoeopathic drugs. In early February 1977 I had developed the following complaints—

SYMPTOMS :

i. Dry, hacking cough.

ii. Tiredness from noon till evening.

iii. Slight rise of temperature from noon till evening.

CLINICAL DIAGNOSIS–Bronchitis.

TREATMENT—

The following drugs were taken, in succession. Noting that the drug being taken in sufficient dose and for sufficient time had no efficacy, the next drug was selected—

i, Tetracycline, 250 mgm Caps., 1 Q.I.D., for 12 days.

ii. Chloramphenicol, 250 mgm Caps., 1 Q.I.D. for 5 days.

iii. Ampicillin, 250 mgm Caps., 2 T.D.S., for 5 days.

iv. Inj. Omnamycin, I.M., daily, for 5 days.

There was slight decreese of cough after omnamycin. it may have been drug effect or a natural decline. But the temperature rise and tiredness persisted exactly as before. It was, therefore, decided to get thorough investigations done to find out the cause of one full month's pyrexia.

X-ray chest and D.L.C. done in my own clinic revealed no pathology. Consequently I decided to go to M.L.N. Medical College, Allahabad, where my elder son was doing M.S. (surgery). This I am mentioning to stress that most careful attention had been given by the well learned professors in examining me and in getting the investigations done at most reliable places, either under the care of their colleagues or their own students, all highly qualified specialists. Following investigations were done.

INVESTIGATIONS – MARCH 1977—

SWARUP RANI HOSPITAL OF M.L.N. MEDICAL COLLEGE, ALLAHABAD

i. X-ray chest (12.3.77) N.A.D.

ii. Mantoux Test – Nagative.

KAMALA NEHRU MEMORIAL HOSPITAL

iii. X-ray chest (P.A. upright) 14.3.77 —N.A.D.

iv. X-ray chest (Lordotic view) 14.3.77—N.A.D.

PATHOLOGY CLINIC OF DR. KAPOOR, M.D.,D.C.P.

v. Fasting Blood Sugar – 80 mgm%, 12-3-77—Normal.

vi. Serum cholesterol – 173 mgm%, 12-3-77—Normal.

vii. Urine test – Protein in trace & stray pus cells, 14-3-77

viii. Sputum test – negative for A.F.B. 14-3-77

ix. Blood Urea–22 mgm %, 15-3-77, Normal.

PATHOLOGY CLINIC OF DR. VEENU SAXENA, M.D.

x. Blood urea – 26 mgm%, 15-3-77, Normal.

I TEMPERATURE CHART

March	Morn.	Noon	Eve.
1	98	99.2	97
2	97.5	98.6	98.6
3	97	98.6	97.5
4	98	98	98
5	98	98.4	99.5
6	98.6	98.2	99.5
7	97.5	98	98.6
8	97.5	98.2	99

FURTHER TREATMENT—

While investigations were being done Erythromycin Tablets, 250 mgm, 2 tablets four hourly were taken for 5 days, on the advice of a famous professor. Strangely it had no effect.

Thereafter streptomycin injections 1 gm. daily + 30 mgm. of isoniazid daily for 10 days were taken, as a clinical test for tuberculosis,on the advice of a specialist. But all in vain, the temperature fluctuated to the same level.

DIAGNOSIS—

After the above investigations the diagnosis of P.U.O. was made. The head of Postgraduate department of medicine, a very learned professor of repute, was of the the opinion that as no significent positive finding has been obtained, it was not rational to take any treatment merely on speculation and that a monthly watch be kept on relevant investigations.

Consequently I did not take any drug hence forth. But the knowledge that I was running temperature with symptoms of tiredness and cough made me worried and I proceeded to S.S. Medical College REWA, where one of my loving teacher was professor and head of surgery department. It is a human nature that one gets solace with his near & dear, when he is in agony. He got following investigations done in his college.

FURTHER INVESTIGATIONS IN MEDICAL COLLEGE, REWA,

18th March 77

xi. X-ray chest – N.A.D.

xii. X-rays cervical spine – A.P. view) Lat. view) N.A.D.

xiii. X-rays Thoracic spine – A.P. view) Lat. view) N.A.D.

xiv. X-rays Lumber spine – A.P. view) Lat. view) N.A.D.

xv. X-ray Paranasal sinuses – Maxillary antra some-what cloudy – Hypertrophy of mucosa of Turbinates.

xvi. Urine Culture – Kleb. aerogenes grown, 22-3-77.

I did not agree with cloudy antra, which seemed normal to me and Kleb. aerogenes is usually commensal. Hence my professor asked me not to worry, as sofar no pathological finding of any significance had been obtained and as temperature upto 99.5 was considered to be normal now.

Rise of temperature and tiredness remained consistant during March 77. As

there had been nothing new with temperature I am omitting it to save space. The frequency of cough and its severity went on decreasing as time was passing.

I held the view that in the absence of other symptoms a temperature upto 99.5 may be taken as normal, but if other symptoms are present, any thing above 98.4'F is definitely abnormal. Therefore watch was kept on as follows.

FOLLOW UP–

Aprial 1977–

X–ray chest – in my clinic – N. A. D.

D.L.C. – ,, ,, – ,,

Urine culture-Kapoor's clinic — 13.4.77, proteus grown.

Urine culture-Medical College 16.4.77, sterile.

Sputum test - Medical College 16-4-77 negative for A. F. B.

E. S. R. (westergren's) 29 mm (normal men 3-5 mm)

Temperature continued to rise as before, with tiredness.

May 77–

X-ray chest in my clinic - N. A. D.

Temperature, Tiredness & worry remained same.

June 77–

X-ray chest in my clinic – N. A. D.

Temperature, Tiredness & worry remained same.

July 77–

X-ray chest in my clinic – N. A. D,

E. S. R. (wintrobe) Kapoor's Clinic-28mm. (normal men 0–9mm)

T.L.C. Veenu Saxena's clinic-8500/cmm-Normal.

E.S.R. (Wintrobe) Veenu Saxena's clinic-40 mm.

Bleeding Time Veenu Saxena's clinic 3 minutes

Coagulation time Veenu Saxena's clinic 4 minute 10 sec.

Urine test Veenu Saxena's clinic Tripple phosphates

Urine culture Veenu Saxena's clinic sterile.

Temperature, tiredness and worry remained same.

II TEMPERATURE CHART

July	Morn.	Noon	Eve.
1	97.8	98.8	98.6
2	97.8	99.2	98
3	98.4	99.4	98
4	98	99.8	98
5	97.4	98	98.4
6	99.2	98.9	98.6
7	98.8	98.6	98.6
8	99	98.6	98.4

HOMOEOPATHIC RESCUE–

After six month's rigorous observations I had exhausted my patience and decided to catch the homœopathic boat in fathomless allopathic sea. I noted my case as follows-

1. EMOTIONAL SYMPTOMS –

Critical and exacting temperament. worry.

2. GENERAL SYMPTOMS –

tiredness and prostration periodicity of fever.

3. MODALITIES–

Aggravation in noon.
aggravation in evening.
amelioration by rest.

4. LOCAL SYMPTOMS–

Burning ache in calves,.
amelioration by massage (Pressure)

5. PATHOLOGICAL CONSIDERATION–

Muscular Rheumatism.

CHOICE OF DRUGS–

The above headings were consulted in Boger's and Clarke's repertories which indicated Arsenic album and Rhus tox. As none of them seemed to cover totality of symptoms, when finally looked in materia medica, it was decided to take them in alternation. 200th potency of each was taken and one dose on alternate days, in alternation. The temperature record was maintained.

RESULT–

Within a week's time temperature came down below 98.4F and there was no trace of tiredness and worry.

III TEMPERATURE CHART

Drugs	Mor.	Noon	Eve.
Ars.	97	98.6	99
Rhus.	97	98.2	97.5
Ars.	97.5	97.8	97
Rhus	97.5	98.6	97
Ars.	97	98	97
Rhvs.	97	98	98.2
	98.2	98.4	98
	97	98.3	97.8

SUMMRY–

1. A report of well and reliably investigated case of P. U. O. of 6 month's duration is presented.
2. Tetracycline, Chloramphenicol, Ampicillin, Omnamycin, Erythromycin, streptomycine + Isoniazid had given no response.
3. Symptomatology from Homœopathic point of view suggested Arsenic alb. and Rhus tox, which were taken in alternation.
4. A few doses of each, in 200th potency cured long standing P. U. O. within a week's time.
5. For convenience only parts of temperature charts are presented.

Adminisiration). The study showed that in 60 per cent of these products there is no proof of the therapeutic effects. A large number of these products have been withdrawn from the American market but continue to be sold elsewhere in the developing countries where the legislation on toxicity and efficacy is rudimentary or nonexistent.

In most of the Third World countries, drugs can be purchased freely over the counter. It is quite well known that in many of these countries Anabolic steroids can be purchased quite freely for children, with risk of producing male sexual characteristics in girls and stunting the growth of boys. Complaints in this regard are on the increase.

In Dacca, for example, the antibiotic known as Comboitic can be purchased freely in injection form and customers are told that it is good for pains and cuts. The indiscriminate use of these products results in immunisation in the case of serious illness.

Well known researcher Charles Medawar has compared the indications given for the same drug in Britain and the USA and for the Third World. He refers to three drugs, Proactidil, Parmaol and Onadox. In the USA and Britain those drugs carry a warning: Do not give to children. But this is not done in the developing count.ies. He further found that there is no indication in the developing countries that this drug is dangerous for pregnant women. It may sound amazing but the monthly Index of Medical Specialists (MIMS) is published in England in several versions; One for Great Britain and one for Africa and another for Asia–with different indications.

Imagine in the midst of all these games and a booming drug industry, a billion people in the developing countries are exposed to tropical diseases for which they are too poor to buy drugs. For some of these diseases, drugs are not available when wanted. It is rather ironic that even the Danish Director of the WHO Dr. Halfdan Mahler when reviewing the drug scenario had to say that the whole picture is one of "drug colonialism".

The Indian drug scene is no difierent. The market is flooded with a wide range of non-essential medicines whereas essential life-saving drugs have vanished or make brief appearances. While the much publicised Hathi Committee Report on the Indian drug industry gathers dust the situation is fast changing from bad to worse.

With the advent of the public sector on the drug sence it was hoped that some much needed and long-awaited changes would be brought about. This was however short-lived. It is public sector only is name. Of over 20,000 formulations in the market an estimated 93 per cent is in the hands of giant multinationals, just 1 per cent in the hands of the private sector and a mere 6 per cent in the hands of the much publicised public sector.

The giant drug companies appear to be swallowing the smaller companies. Yet, according to two researchers, Nagesh Kumar and Kamal Mitra Chanoy, this was not always so.

It all began in the fifties and between 1952 and 1966 multinational companies were given a big boost when permission was given to 15 units to produce 364 items. There was further liberalisation between

Of over 20,000 formulations in the market an estimated 93 per cent are in the hands of giant multinationals....

1965-67 period. There has been no looking back since.

If the Hathi Committee's verdict is accepted, we could do with a mere 115 drugs. This was estimated when about 17,000 branded drugs were on sale in india. On paper; we have as many as 5,000 pharmaceutical units. Of these 3,500 are manufacturing units and believe it or not the rest are concerned with repacking only. It is estimated that the per capita consumption of drugs is around just eighteen rupees per annum. And 60 per cent of these drugs are sold to just 20 per cent of the population residing in urban areas.

The World Health Organisation has of late seriously been recommending that the requirements of the developing countries could be met by just 200. And what is the stuff, we give to some of our critical patients. Here is just one recent example. It happened barely two months back. A leading Indian intellectual, was rushed to the operation table shortly after his arrival in Holland. Looking at his reports and list of prescribed medicines, the doctor said later : *'Its surprising that you are alive. As for your medicine, we may be testing some on cattle and havn't even tried some of them.* Today, the Professor is healthier and far more active than in the past two years.

Back at home, three years ago, one remembers how at a nursing home in the Capital, one saw a relative being fed one stronger antibiotic after another. "I now give you the real reliever," said the doctor. We went to the chemist shop and got it. "Very good," said the chemist. "Its the American bomb' in antibiotics." For almost two years subsequently, antibiotics of milder strength had little affect on her. And for at least a year she remained quite weak.

This is not all. Way back in the fifties, antibiotics hit the market in a big way. Here it seemed, was the answer to a wide spectrum of diseases. It is now being reported that bacteria have started to develop resistance. Some antibiotics no longer cure. Stronger, and supposedly still stronger ones, some of dubious quality, have entered. Doctors and researchers now concede that more than half of the antibiotics prescriptions are often unnecessary and can cause problems later. Some, even charge that doctors are tools in the hands of aggressive sales gimmicks of drug cartels. It is also clear that consumers too are themselves willing to lap up some of these drugs, having got used to at least one being prescribed for each ailment. It is a fact also that doctors in business and in close touch with salesmen often opt for the short cut. "Prescribe fast and on to be the principle. The net result is antibiotios and more antibiotics flooding the market. I remember in my three hours wait at a doctor's clinic patients imploring the doctor for antibiotics and tonics, some refusing to budge till at least a tonic was prescribed. It took a foreigner to tell us that "Undernourishment must be treated with food. People die from lack of calories long before they die from lack of a particular vitamin."

Here is a tip from Dr. A. R. Phadke, which may take us by surprise, Many of the over-the-counter medicines, we may, be taking because they are 'in' thing for common ailments are too costly from the cost benefit point of view and some of them are virtually useless. In his list, presented at the recent Seminar on the Drug Indusrty and the Indian People, are some of the medicines and tonics very much in demand in urban areas and making their way even to the countryside. He mentions products, offering symptomatic relief, like Vicks Vaporub, Coldarin and Anacin, various types of tonics and health 'restoratives like

Phosphomin. Gripe waters and Incrmin and so called food substitutes like Complan, Protinex and Uniprotein. About common colds and their 'cures' Dr. Phadke says : We don't have any drug to kill the virus of common cold. It is a self-limiting disease and the treatment is aimed at relieving symptoms and helping the body to get rid of the virus. The treatment of uncomplicated common cold, he says, is rest in warm bed, plenty of fluid and steam inhaltation and gargles with warm salted water. A few crystals of menthol can be added to warm water and the steam inhaled. With body ache and fever one or two tablets of asprin three times a day are recommended. Vicks and Rubex, he claims, are thus very costly compared to the benefits they offer though they may relieve some of the symptoms of common cold. They are moreover promoted with misleading claims. Medical books, he opines, do not mention chest cold symptoms which Vicks is supposed to relieve. Complan, he says, has been advertised as the complete food—with only 20 per cent of proteins. It has been specially recommended for young teenagers with the caption "Growing children need complan." For a non-sick child and one who has normal appetite, obviously parents should better spend their money on many nutritious food than on complan An advertisement of Vimgran similarly shows a good looking man telling us that he takes copper with breakfast. Deficiency of copper is extremely rare in man. As for some of the protein powders the only advantage they have over ordinary 'idli' is their reduced bulk. But this has to be seen against their high price.

We hear of spurious drugs each day and they are multiplying. It is said that for every ten drugs in the market we have one fake. But then what is the punishment ? True, we have the Drugs and Cosmetics Act. But the Act seems to exist only in the name. Consider the following facts: In 1978–79 there was one prosecution. A fine of Rs. 1,500 with simple imprisonment till rising of the court. In 1979–80 four prosecutions launched with lesser punishment and in 1980–81 prosecution started finally leading to acquittal. Where the drugs and Cosmotics Act cannot provide deterrent punishment even for spurious drugs one can hardly expect it to be effective in the case of substandard drug. Small wonder, that substandard drugs worth crores are sold every year.

It is quite well known that almost each year batches of medicines are being withdrawn by drug firms. There is no provision in the Act to compel manufacturers to inform the medical profession, chemists and actual users the reason for withdrawals. The net result is that when the belated information is received a major portion of these are already consumed unknowingly by innocent people. On paper we are doing wonders. Since independence there has been a rapid proliferation of the formulation market from ten crore in 1948 to 1,200 crore in 1980–81. But behind these figures is another story.

A factory for the production of Chloramphenicol, was set up, amidst much publicity. The foreign exchange requirement was 5 per cent making the country almost self-reliant technologically in the production of Chloramphenicol. However, the only factory could produce

They found that 35 per cent of these products (made by the British) were ineffective, outdated or irrational.

Chloramphenical from the basic stage was not utilised for ten years.

This is a danger which we cannot overlook. The Federal Drug Authority (FDA) of the USA and the British Committee on Safety of Medicines are continuously monitoring usage of drugs and are restricting their usage periodically. A comparative study of such restricted use of drugs in the USA, Latin America and other developed countries show that the toxic drugs are widely being promoted by the multinationals in under-developed countries. These drugs are banned in USA. For monitoring, the Drugs and Cosmetic Act is totally inadeqate. There are certain irrational formulations which are widely being used in India. A Sub-Committee under the Drugs Consultative Committee probing 34 categories of fixed combinations condemned 16 categories. A few days ago it was even reported that the Drugs Controller had recommended "immediate withdrawal" of 17 drugs.

Imagine out of Rs. 12,600 million worth of drugs, made in India in 1979–80, essential drug shortage continued. Figures of 1977–78 show that essential drugs were produced much below the installed capacity. Take the anti T. B. drug, Streptomycin. With an installed capacity of 257 tonnes production in 1977 was 194 tonnes. In 1978 it was 225 tonnes. As far the anti malarials out of an installed capacity of 156 tonnes production wss 34 tonnes in 1977 and only 45 tonnes in 1978. Regarding anti–dysentery medicines too, from an estimated 587 tonnes we have managed 195 tonnes. As for the anti–typhoid medicine, the target was 128 tonnes and we managed just 95 tonnes.

Here we have the two-fold role of multinational deliberately resorting to under–production of essential, and life saving drugs. On the other hand non–essential and high profit earning items are being produced beyond their licenced capacity.

Thus it will be seen that in one year one multinational produced 54 metric tonnes of Terramycin against a licensed capacity of 14 metric tonnes. Another giant, in 1979, against a licensed capacity of 26 million tablets produced 187 million tablets of Septron. While bulk selling drugs were produced by some in excess—Streptomycin and penicillin were produced below the licensed capacity as the profits were less. Three giant multinational companies, it was admitted in Parliament recently, were manufacturing items under doubtful authorised licenses.

Sale figures tell their own story. In 1980, over Rs. 187 crore worth of tonic and vitamins were sold followed up by Rs. 120 crores worth of antibiotics. This raises another question what about diseases which often affect the common people and drugs to cure them. One of them is diarrhœa. According to one estimate there would be 125 million cases of diarrœa with a mortality rate of 2 to 5 million among Indian children. No single disease kills so many so early. Among the causes is poverty and poor environmental sanitation. Even WHO recommended oral electrotype powders are hardly available in the market. The one that is available is electral and it does not conform to the needs of treatment of acute diarrœa It is a fact, the sale of anti–diarrœals is 2.2 per cent and that of digestive enzymes is 2.1 per cent—some of which have hardly any rationale. In fact antibiotics are being used in larger quantities to check diarrœa and this can result in development of resistant strains.

This is just one example. Disease patterns and recent figures would show that in India the infant mortality rate was 130



per thousand births. About 30 per cent of the world's leprosy patients are in India. Ten million patients are suffering from active Tuberculosis, 18 million from filarial diseases. Add to this another 14 million suffering from irreversible disease manifestation and cases of worm manifestation and gastro intestinal disease which are endemic. What are the cheap drugs the common man can depend upon for these? Consider too that nearly 75 per cent of our people do not have access to modern medicine and in any case around 70 per cent are below the poverty line or bordering on it. The so called dispensaries in interior villages, is quite well known are often without essential medicines.

There is something more to vanishing of essential drugs.

Essential drugs vanish, reappear with new labels and often remain under ground for months. Attempts to cover up the real reasons are sometimes to say the least not convincing.

Recently official figures were cited to show that the shortfall in production in life saving drugs was mainly due to labour problems. That was barely a month ago. A year earlier Parliament was told the same story.... "The matter was taken up with the manufacturers, who reported that as they had closed down for some time due to labour unrest and later had to go slow, their production and supply of above formulations were affected". For the employees of the company—a giant multinational—there was another story. This was what the factory Manager said: "It is hereby notified for the information of the employees of PAS section that due to certain steep increase in the price of MAP without a corresponding increase in the price of the finished product, it has become uneconomical to produce PAS and, therefore, it has become necessary to suspend operations in the PAS section of chemical plant. We are making all efforts to secure a price revision of the finished product".

In reply to another question, the Lok Sabha was informed on 18th August 1981, that though PAS granules were in short supply in the market, as far as one company is concerned, the equivalent brand of PAS granules of another company were available. A market survey revealed that the company which was supposed to be now supplying granules had not been doing so since January 1981. Even today we understand that the PAS granules of both these companies are not available. And PAS is an important anti T. B. drug. Let us not forget that there are 10 million people suffering from active tuberculosis

Every now and then Depro Povera is in the news as the ultimate in family planning. This is what an American magazine "Mother Jones" has to say on the subject: 'Unsafe IUDs, dangerous estrogen birth control pills and most recently Deproproverean injectible contraceptives, not approved for American use, are bought wholesale by the U.S. Government for mass consumption in the third world.

of lungs as per the statement of the Government.

Listen to the story of another important anti T.B. drug. A drug company notified its employees: "It is hereby notified for the information of employees of Hydrazine section that due to accumulation of stocks of INH, Hydrazine hydrate production will be suspended from Monday, June 29, 1981, until further notice". Till further notice could mean perhaps till they get a better deal or that the company was going to explore for more profitable pastures. Similarly, another company, which used to produce the most essential anti-tubercular drugs, much below the licensed capacity in 1981, stopped production completely. Where as, even today it is known to be producing the highly profit earning terramycin and protinex much beyond its licensed capacity. Sales are known to be zooming from day to day. The over all picture in the industry is the same. As the table below will show that in India the multinational specially have deliberately resorted to low production of essential drugs.

	1977		1978	
	Installed capacity in tonnes	Actual production in tonnes	Installed capacity in tonnes	Actual production in tonnes
Anti-TB drugs				
INH	509	57	539	94
PAS & its salts	1170	560	1299	588
Anti-malarial				
Chloroquine	156	34	176	45
Anti-leprosy				
DDA & its derivatives	26	17	38	17
Anti-dysentery				
Halogenated Quinoline	587	157	590	195
Metronidazole	137	16	170	55
Anti-phylerials				
DEC Citret	50	18	56	23

(Reproduced from 'Hindustan Times' Sunday Magazine, Dated 18-4-82)

Last month there was the usual uproar in Parliament over the recovery of large quantities of spurious medicines from a factory in East Delhi. The media also went through the motions of expressing shock and concern. The storm has, however, died down and the racketeers are back in business. Making spurious drugs is just one aspect of what goes on in the name of manufacturing and marketing medicines. Manipulation of drug markets, creating artificial scarcity of essential medicines, and unscrupulous methods increase profits are other aspects of the trade. The role of the multinational drug firms, controlling the medicine market, is particularly disturbing. S. K. PANDE gives an account of what goes on, where and how in the drug business.

❊

POSOLOGY AND HOMŒOPATHY

S. C. Roy

After having selected the drug, we have got to choose its potency. This is really a very difficult problems and we have no hard and fast rules for it.

Each individual case,as in the selection of remedies, is to be treated separately according to its merit of the case. There are ofcourse certain rules laid down. But herein experience only is the surest guide.

Then comes the question of repetition of remedy. It is generally stated that a second dose of a drug should not be given so long as the action of the first dose continues. "A single dose of a well selected homœopathic medicine should always be allowed first fully to obtain its action before a new medicine is given or the same one repeated". (Note of Art 246, Organon, Hahnemann). However, Hehnemann in his later edition of Organon forwarded a view shot "under these conditions, the smallest dose of the best selected homœpathic medicine may be repeated with the least often with incredible results, at intervals of fourteen, twelve, ten, eight and seven days, and where rapidly is requisite, in chronic diseases resembling cases of acute disease, at still shorter intervals; but in acute diseases, at very much shorter periods every twenty four, twelve, eight, four hours, upto as as often as every five minutes-in every case in proportion to the more or less repid course of the disease and of the action of medicines employed" (Organon, Art 247).

Our master Hahnemann has given a very nice discussion on the subject in the notes of Art 246-A. He, however, in conclusion, has not completely altered his views but chalked out a middle path.

He says, "I perceived that, in order to discover this true middle path, we must be guided as well by the nature of the different medicinal substances; as also by the corporeal constitutions if the patient and the magnitude of his diseases." He also points out that at the time of repetition of drug due attention should be paid to the nature of the disease, nature of the drug and lastly to the nature of the paitent. "In acute diseases", he says "the time for repeating the fitly chosen medicine is regulated by the greater or less rapidly of the course of the disease we have to combat, so that, when necessary, it should be repeated often twenty four, sixteen, twelve, eight, four and even in fewer hours, if the medicine continued to more beneficial without interruptions, without producing new symptoms- but it is not sufficiently rapid in its action for the excessively quick and dangerous course of the actue disease, so that in cholera, the most speedily fatal disease we- know, at the commencement of the disease, one or two drops of a mild solution of camphor must be given every five minutes in order to procure speedy and certain relief and in the more developed cholera, doses of cuprum, veratrum, phosphorus, etc; frequently required to be given every two or three hours; and also Arsenic, carboveg; etc; at similar short intervals."

In malarious intermittent fever I have found that repetition of drugs becomes necessary. In these cases I generally repeated the selected drug after each paroxym of fever with perheps the best result. I seldom required more than two or three times to repeat the rightly selected drug. The idea is that so long as the paroxysms of fever continue in malaria the drug cannot be supposed to have excited the vital force to such a degree as to bring about a favourable reaction; and as long this is not accomplished the drug cannot be supposed to have produced its fuli action and requires to be reinforced by another dose; and immediately one paroxysm is stopped the drug is supposed to have its desired result and must be allowed to continue without being interfered by any additional dose.

Lastly the nature of the patient must also to be considered In cases of patients of weakened vitality, or in case of children, repetition must be very cautiouly done. Also there are certain drugs about which we must be very careful of which phosphorus, Lycopodium etc; being examples of that type. They some times cause serious aggrvation. There are certain drugs which act very slowly, and if they are repeated in quick succession, they may excite the vital force in a very unfavourable way by their yet latent accumulated action.

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NON-ULCER DYSPEPSIA

Dilip Kumar Saha

Peptic-ulcer was a rare occurrence in the 18th century, thus, Albertus mentioned Perforation as a cause of sudden death simply as a rare condition which required distinction from poisoning. Later in the early 19th century five patients with perforated ulcers were reported by Abercrombie (1830) and the ulcers were described as usually situated high in the stomach with a special tendency to occur in young women.

The tendency for ulcer to be gastric in site and especially a disease of younger women was well emphasized by Brinton's book on Gastric-ulcer published in 1857. It was not until the late 19th and early 20th century that duodenal ulcer was recognised as a real problem. This can hardly have been because of the rudimentary nature of diagnostic facilities, which will equally have affected the recognition of Gastric-ulcer, and the conclusion seems inescapable, as Jennings in 1940 accepted, that duodenal-ulcer was simply a very rare clinical problem.

The rising importance of duodenal ulcer can be conveniently dated from Moynihan's classic Paper on perforation in 1910, although it was still not until 1911 that the Registrar General's statistics recognised duodenal ulcer seperately. Since that time British and other morbidity and mortality statistics have emphasized that although duodenal ulcer has become a very common disease, its frequency has continued to fluctuate chronologically, geographically, by age and by social groups.

In assessing these changes there are prob'ems in producing reliable basis for comparison in a disease which seldom causes death and which only causes hospital admissions in a minority of cases.

CAUSE:

The causes of variation are poorly understood. Peptic-ulcers are well-known to occur with increased frequency within families, and genetic factors associated with the A. B. O. blood groups and secretor status are known to affect ulcer incidence. However, genetic-factors could account for only a minor proporation of overall ulcer incidence variation, and it seems much more likely that social habits, dietary and otherwise, account for the major proportion of the observed variation. Thus it seems extremely unlikely that simple genetic factors explained the observed variations within India.

DIET:

The most attractive postulate is a dieatary influence, and arguments have been adduced to suggest amongst other high carbohydrate. Prote in-stripped diets and roughagen diets (Malhotra - 1964). The evidence in support of these hypothesis could however be much stronger. Unrefined carbohydrate bigger and green vegetables reduced in city dweller.

The present picture of both duodenal and Gastric-ulcer is of diseases which are commoner amongst the semi-skilled and unskilled than in the profession and managerial classes. It is predominantly a disease of men and it seems to hit a younger age group. In India, among the poor communities and people who are subsistence farmer and official workers they are

definite area of high incidence of duodenal-ulcer.

Mild antritis may be found in non-ulcer dyspepsia. Duodenitis a typical duodenal cap is seen in all cases of duodenal-ulcer except in non-ulcer dyspepsia.

In order to study the effects of Homœopathic medication and management, the cases of non ulcerative dyspepsia, a small trial was undertaken, on the patients attending the outdoor at the Lions Orthopaedic Hospital and Research Centre, Calcutta.

The cases were selected on the basis of clear indications pointing to non ulcerative dyspepsis.

Habitual indigestion; Acidity; Distension of abdomen ;

Nausea, Vomiting, loss of appetite, irregular food habits, none of the cases showed radiologica evidence of any advanced stage of ulceration except mucosal irritation (Gastritis).

CAUSES contributing to above physical particulars are poor sleep. Anxiety and nervous nature of the individual. In fact these three causes contribute to a large extent to the production of peptic ulceration. Irregular and rich spicy Diet also contribute the even hypersensitive state of the stomach to go into ulceration.

About One hundred cases were treated HOMOEOPATHICALLY after taking the case history the result of which are reported here. No change in food habits or their daily routine was made. The only addition was introduction of homœopathic remedy, The purpose being to avoid any other factor which may come in between interpretation of results. Any change for good or bad was therefore interpreted to be that of the medicine.

The remedies were selected on the totalities and the following remedies were found indicated.

Pulsatilla, Nux-Vomica, Chelidonium, Graphitis, Sepia, Colchicum, Arsenic, Album, Teucreaum.

NUX-VOMICA was by and large a major remedy found useful in the context. The time taken to relieve the condition was found variable depending upon the response of the individual. Average time taken was between to 8/10 weeks.

CHELIDONIUM was the commonest remedy which followed the primary or the first prescription with good results.

Pharmacology of both these drugs indicate their acidity and the glandular secretions, particularly on the Gastric juice and the control over the nervous system.

Broadly speaking the treatment of Peptic-ulcer depends on an abnormality of acid-pepsin secretion and a predisposition of the mucosa to ulcer etc., when exposed to digestive juice.

Treatment may be designed to reduce the acid secretory rate, neutralize the acid secreted, inhibit peptic-acidity or maintain the integrity of mucosa.

Patient with duodenal ulcer tend to have more parietal cells than normal, with a resulting increased capacity to secrete acid, and there appears to be a lower limit to the parietal cell mass below which duodenal ulcer does not occur. These facts have suggested that treatment for these patients should be directed mainly to the control or neutralization of acid secretion.

Patients with gastic-ulcer on the other hand, tend to have a normal or low gastric-secretion, correlating with a normal or small parietal cell mass. There is evidence that these patients tend to have a PRE-EXISTING gastritis.

Assessment of the result of Treatment periodic and ulcer itself tends to heal spontaneously. Thus in recent trials of treatment in DUODENAL-ULCER there were improvement in symptoms – radiological appearances and endoscopic findings in groups.

It is observed that the drugs NUX-VOMICA and Chelidonium is non-ulcerative-dyspepsia in 100 cases in hospital may reduce the acid secretory and maintain the integrity of MUCOSA.

(The author acknowledges his gratitude to Dr. K.P. Mazumdar, Ex-Director, N.I.H., for advice and guidance,)



THE GUINEA PIGS

Who says we are not guinea pigs for foreign drug companies? Consider the following examples : To be given with a recent example.

1.—A key multinational sought the permission of the Drng Controller to conduct human trials for a new drug. This drug is HL-725 for hypertension. But the cruellest cut lies in the fact that even in the West where hypertension is a major killer it is only in the clinical trial phase.

2.—Every now and then in the Third World, including India, Depro Provera is in the news as if it's the ultimate in family planning. It's being lobbied for in India and arround 70 developing countries. This is what the American magazine "Mother Jones" has to say on the subject : "Unsafe IUDs, dangerous estrogen birth control pills and, most recently, Depro Provera, an injectible contraceptive not approved for American use are bought up wholsale by the US Government for mass consumption in the Third World. In the summer of 1978, a Congress committee held hearings on the subject. The key question was : Should the US Government subsidize the export to Third World nations of a contraceptive drug that has been ruled unsafe for American women. Depro Provera was banned in US because it caused malignant tumours in beagles and monkeys. Depro-Provera, according to a report, further causes nodules in the breast and cancer in the reproductive organs of test animals. It causes "irregular bleeding disturbances" which have been described in one medical journal as "Menstrual chaos". There are even reports that indicate that it can "cause birth defects, especially congenital heart defects and even enlargement of the elitoris. And yet a vigorous campaign for its use in Third World countries is on and it has its champions in India. In some Third World countries it is possible to buy it over the counter with no prescription whatsoever.

3.—It was not too long ago. that the silkoh algon Sheild IUD had also been tried out in India after it killed at least 17 women in the United States .It is still in use in developing countries.

4.—It is also quite wellknown that even anti spasmodic combination are used in India. For example, Amidopyrin— a toxic drug banned the world over—is imported by India.

5.—Since 1976 British medical journals have been repeatedly warning that Lomotil is highly dangerous for children. In India it is still a widely used anti-diarrhoeal formulation.

Speaking of guinea pigs we are reminded of how scientists of a bygone era reacted to problems. Way back in 1767, John Hunter infected himself with syphillis to prove that it was the same as gonnorhoea. But then times are changing...

We are now in an era where a drugging game is on as never before. Imagine 7 crores of people, who do not get two square meals a day, have a market of tonics, vitamins and capsules. Isn't it high time the Government woke up to this drug game before it is too late.

S. K. P.

(Reproduced from Hindustan Times, Sunday Magazine, dated 18-4-82)

NEWS REEL

Indian Institute of Homoeopathic Physicians (Punjab Branch) has submitted a Memorandum to the Hon'ble Minister for Heelth-Family Welfare, Govt. of Punjab, Chandigarh

Hon'ble Sir,

With due regards we hereby submit a charter of Genuine demands as passed in the Patiala conference dated 1.8.1982 of Indian Institute of Homœopathic Physicians. We are confident about the redressal of these grievances as these are most genuine reasonable and justifiable.

1. We request the Punjab Government to recognise the I. I. H. P. Punjab Branch as this is the only Association of the Institutionally qualified Homœopathic Physicians.

2. Either the Govt. should provide aid to the colleges on U.G.C. pattern or take over the Homœopathic colleges.

This is something vital because at present all our Institutions are facing the financial problems such problems are putting obstacles in progress of our Institutions. The Govt. of U.P. and Andhra Pradesh had already taken over all the Homœopathic Colleges.

3. Two Govt. Homœopathic Hospitals each equipped with 100 beds be opend in the State. This will enable us to serve the massasiatia-longer scale and our students who pass out will get proper training in these hospitals.

4. Homœopa hic Dispensaries equivelent to 1/3rd of Admission capacity in colleges be opend every year.

To keep this noble system of Medicine alive, Govt patronage is needed and no better way of it can be found other than to open more and more Homœopathic Dispensaries. This will solve the problem of anxiety and distress among the unemployed Homœopathic Doctors.

5. PAID-INTERNSHIP SHOULD BE STARTED

As It is a universal fact that without getting the practical knowledge of the Medicine, all the Theory teaching remaies useless, so the provision of paid internship should be introduced.

6. A Seprate full fledged Director (A qualified person having done 4 years Diploma Course in Homœopathic) should be appointed for Homœopathic Directorate as there has been a rapid change in the Chairmanship of CHSM because the persons were always holding dual charge.

7. An Honorary Adviser for Homœopathy to the Punjab Government be appointed.

8. Red Cross Society, Punjab be requested to open Homœopathic Dispensaries.

As the Red cross society of Haryana has already started in various Districts of Haryana, by forming Red Cross Homœopathic Councils.

N. P. A,, R. H. A. C. A. should be given to the Homœopathic Physicians as is to the Allopathic Physicians.

9. Class II Gazetted designation should be given to Homœopathic Physicians as it is to Homœopathic Physicians in U.P.

10. Selection of the teaching staff in Homœopathic colleges should be on Merit & Experience basis and CHSM (Punjab) should send one member on interview time.

11. Selection for Govt. Dispensaries of Homœopathic Physicians should be on Merit basis as was neglected in last interviews.

We are sure Sir, that keeping in view positiveness and genuiness of these demands your goodself shall take immediate steps on all these vital issues.

With kind regards,

Sincerely yours,
Sd/-
(Dr. A. S. MAAN)
General Secretary.
I. I. H. P. (Punjab Branch)

Comment is Superflous :

The Central Council of Homœopathy had organized a three day conference on 12th, 13th, &14th of October, 1982 for all Directors, Deans, Principals & Secretaries of the Boards belonging to Homœopathy. There were lot of politics and less of discussions from the 1st day itself. Persons with acute or factory sense could feel that the conference was a premeditated affair to show the strength of numbers and gain a point over their adversaries. For unknown reasons many of the Principals have not attended the conference. There were discussions on all the three days on Education, Ethics, Regisaration of R.M.P's and legal problems related to Practitioners. It was the topic of Education which was made the matter of contraversy, between two groups having difference of opinion.

One recommending to the Central Govt. that both for degree and diploma Inter Science should be the admission qualification and the degree & diploma should be reduced by 6 months. Another group protesting that it was un-reasonable to make Inter-Sciencs as basic qualification for both degree and Diploma. They said that in Bihar and Utter Pradesh even for Govt. Degree colleges the admissions were dismally poor and Diploma colleges were on the verge of closure. Some of these high standard walaha's whose basic qualification is not even Intermidiate shouted that those colleges have no right to exist. All these years even State Governements have allowed such colleges to grow & now that such colleges have grown in such numbers when it requires vision and skill to give LIFE to them to survive and improve their standards. Closure is drastic amputation and does not require great intelligence or capacity to ask institutions to close down. It definately demands ingenuirity and deterity to control and develop an institution which had been started with Sweat and Blood of the Organisers. Those who cry hoarse that the standards would fall if S.S.C. is made the basic qualification, have approved ungrumblingly the reduction in duration of the course by six months. Does it mean that the standards of the doctors will improve if the study of Physics, Chemistry and a Frog is increased at the cost of Medicine? Many were jubilant except those who are interested in maintaining and even increasing the number and standards of the institution.

The jubilant one's will have to answer at a later date for the reduction in the number of qualified people in the coming years, as they are delibarately laying the path for the closure of a number of colleges. Or are these high standard walaha's have a trick up their sleeve like awarding diplomas and degrees to R.M.P.'s and including them in the II Schedule of the Central Council Act?

Is this the motive behind all these trails and giving a dog a bad name and hampering it? The future will guage and assess their standards. Somehow all felt that this problem of Education should be disabused of all murky politics and a broad vision should be given to it to make homœopathic education a purposeful and creative one.

—UNPREJUDICED OBSERVER

The Good Samaritan

He does not miss any conference or congregation. Carries the message of good will and unity, like a Messaiah, such good Samiritans are not rare even in this Kaliyuga. In a desperate bid for unity among the Homœopaths recently he went to the top boss with his inspired followers.

The lion was caught napping in his own den, bearded for the first time in his life, Ego punctured and deflated and as seisemic waves were shaking the chair, he accepts all their accusations and adds his own to the award list and ultimately shrinks into his own shell.

The trouble with our Good Samritan is that he forgets that he is dealing with the granite, and mistakes every choriec movement of his followers head as an affiirmative nod and accepts as gospel truth each of their pious platitudes. They take part in the daily border firings as usual as soon as our friend leaves the station.

The future may be his, but for the present all his hectic trials in converting the undertrials, deplete his health, purse and nerves. Nevertheless let us pray that the tribe of such sweet tempered souls may increase.

CONFUCIUS

THE RATIONAL MEDICINE

The Rational Medicine, the bi-monthly journal of the I. I. H. P. has completed one year and is entering the second year on the 1st January 1983. It is registered with the registrar of News Papers of India vide Reg. No. 37753/81. It is having good encouragement from all sections of Homœopaths and laity as well. The journal is to be supported financially either by way of subscription, donation or advertisements.

Accordingly the subscription and tariff for advertisement had been fixed as follows.

1.	Back Cover Page	Rs. 500–00
2.	Front inside Cover Page	Rs. 400–00
3.	Back inside Cover Page	Rs. 400–00
4.	Inside Coloured Page	Rs. 400–00
5.	Inside Full Page	Rs. 300–00
6.	Inside Half Page	Rs. 150–00
7.	Physician's Directory (Single Insertion)	Rs. 10–00

If Advance payment is made for all the six insertions 10% discount is given., and payment should be made in advance. The payment should be made by draft or cheque in favour of "The Rational Medicine" payable at Hyderabad. All the Cheques should be included with Rs. 3/– towards clearing charges. The advertisement matter should be sent in advance.

II. SUBSCRIPTION :

Annual subscription Rs. 15/– (six Issues), single copy Rs. 2–50.

The payments should be made towards subscription by way of cheque/ draft/by postal order. MONEY ORDERS WILL NOT BE ENTERTAINED. Cheque/draft/postal order should be all made in favour of "THE RATIONAL MEDICINE" payble at Hyderabad. Communications should be made to the Managing Editor, The Rational Medicine, 1–4–880/20/8/A, Gandhi Nagar, Hyderabad–500 380.

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