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## **Calcarea Fluorica in Abdominal Tumour.**

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The relation of homœopathy to surgery is always a vexed question and is, no doubt, a delicate one. No body can minimise the importance and usefulness of surgery which saves many precious lives from the jaws of death. But it can be asserted by the homœopaths with a pardonable pride that they have come across many surgical cases which have been completely cured without the help of a knife and with the help of purely homœopathic remedies.

In all kinds of tumours of the Breast, tumours of the Abdomen and Uterus and in several malignant Tumours, Homœopathy came to the rescue. Even in my private practice extending over more than 36 years, I have cured several mammary tumours, five abdominal tumours and six obstinate cases of appendicitis with the help of our homœopathic remedies. My own clinical observations and successes may influence others to try our remedies in identical instances and as such, by way of an illustration, I proceed to dwell upon the following interesting case which will conclusively prove that surgical cases are sometimes amenable to homœopathic remedies.

## HISTORY OF THE CASE.

The wife of Mr. S. C. Bhattacharjee, M. A., B. L., of Kushtea, Nadia, suffered from copious menses for a long time which generally lasted for ten to fourteen days. The patient was 46 years of age; mother of 4 children, last child was born 19 years ago.

*Character of the Menses.* It was regular; it generally lasted 10 to 12 days; the flow was copious, painless, bright red and sometimes clotted. There was no psoric, syctic or syphilitic taint present in the system.

*History of present illness.* On the 2nd February, 1934, she had an attack of pain in the lower abdomen followed by fever. The pain increased in intensity and was felt to be very severe for 6 days and the temperature was high and continuous. On the 7th day of the attack, on examination, a hardened mass or lump was noticed on the left side of the lower abdomen, but the pain began to subside with allopathic treatment. The temperature was found to be intermittent and to be of hectic type for about a week. The mass in the pelvis had increased in size and dimension and attained the size of an ordinary cocoanut shell. There was no pain or tenderness in the beginning, but latterly she was complaining of a little pain and the tumour was tender.

*Past History.* About 29 years back she had pain in the pelvis associated with fever and been confined to bed for a month.

*Past Treatment and Diagnosis.* At first she was treated by several noted allopathic gynaecologists of Calcutta notably Drs. K. P. Ghose, S. C. Banerjee, D. P. Ghosh, K. Misra and lastly by the great gynaecologist, Dr. B. D. Mukherji of Calcutta.

All of them insisted upon the examination of blood

which was made on 25. 2. 1934. The report of the examination is given below :—

*Hæmoglobin Value*—70.

*Total Count.*

Red blood cells 3620, 000 per c. m. m.

White blood cells 11, 600 per c. m. m.

*Differential Count.*

Polymorpho nuclears 79%

Small Mononuclears 16%

Large Mononuclears 3%

Eosinophiles 2%

Abnormal cell Nil.

*Parasite.* No malarial parasite was found.

Pathology Dept.

Carmichael Medical College

Calcutta.

25-2-1934.

For the purpose of faultless diagnosis the patient was examined by no less a personage than the noted gynaecologist of Calcutta, Dr. B. D. Mukherji, who left the following notes after his examination :—

"I found a tender mass of the size of a cocoanut shell occupying left and lower abdomen, rising upto 1" below the umbilicus. To the right it has extended 1½" beyond the mid-line. There was no sign of flatulence.

*Pelvis.* The pelvis was embedded in the inflammatory mass.

*Cervix.* The cervix was flat and portly. The tumour was palpable. The uterus was pushed to the right, slightly movable and distinguishable from the mass."

Sd/- B. D. Mukherji.

From the month of February, 1934 up to the 5th May, 1934, Mrs. Bhattacharya had been under the treatment of several competent and eminent allopathic

doctors of Calcutta, but, unfortunately their injections and both internal and external medicines prescribed by them could not do any appreciable good and lessen the size and dimension of the tumour present in the abdomen. Being hopeless of a cure, the husband of the patient sent for me on the 18th May, 1934, and placed his wife under my treatment.

After my arrival at the patient's house I found the following symptoms to be present :—

*Mind.* The patient was suffering from fits of despondency off and on.

*Head.* There was creaking noise felt in the head.

*Nose.* Ozoena was present.

*Mouth.* The patient suffered from gum-boil from time to time and in fact hard swelling on the jaw was marked.

*Throat.* The throat was sore and burning and some pain was felt.

*Anus.* Fissure of the anus was present.

*Abdomen.* There was a tender tumour occupying left lower abdomen rising up to 1' below the umbilicus. To the right, it extended  $1\frac{1}{4}$ " beyond the mid-line ; there was no sign of fluctuation.

The pelvis was embedded in the inflammatory mass. The cervix was flat and portly. The mass was palpable and its size was like an ordinary cocoanut shell. All these points were diagnosed by the eminent Gynæcologist of Calcutta, Dr. Baman Das Mukherji.

*Uterus.* There was copious hæmorrhage from the uterus. The colour of the discharge was bright red. The medicines prescribed by the allopaths could not altogether stop the bleeding. The patient became very weak and exhausted owing to this hæmorrhage. She felt bearing down pains along with the hæmorrhage.

*Modalities.* The patient generally felt worse in damp weather, from cold in general and from taking cold foods or drinks. She felt better from rubbing.

I heard that the menses had appeared ten days ago and the flow was still very copious and of bright red colour. The patient seemed to be very weak for the flow. At first I thought of arresting the bloody uterine discharge and prescribed *Ficus Religiosa* 1x in drop doses to be repeated every four hours.

10th May, 9 A. M. I examined the patient again this morning and was glad to hear that *Ficus Religiosa* had arrested the flow, but there had been no improvement in the size of the tumour. Considering the symptoms given above, I prescribed *Calcarea fluorica* 6x (Trit.), 2 grains per dose, twice daily. As all the symptoms present pointed towards *Cal. fluorica* which is a good remedy in all hard and soft swellings and tumours, my first choice fell upon this drug.

17th May. 10 A. M. I went to see the patient this morning and found her better in all respects. Dr. K. P. Ghosh examined her again yesterday and found the tumour to be reduced in size to a considerable extent. The same prescription was repeated.

25th May. A trace of the tumour could still be detected in the abdomen as the mass though very small in size was still there. The same medicine was repeated.

Suffice it to say that within another twenty days from date, the tumour completely disappeared and there was not the slightest trace of the mass present in the abdomen. And since that time Mrs. Bhattacharya has been feeling well and the tumour has not re-appeared. The cure of this case convinced some bigoted allopaths that surgical cases might be cured by homœopathic remedies without surgical intervention.