

## Abortion—Could it be avoided ?

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I am indeed grateful to Dr. C. Roy, M. A., for his undertaking the trouble of answering some of the queries which were placed before the Homœopathic fraternity through the medium of a case reported under the above heading (vide pp. 383-84 of the "Gleanings"). Dr. Roy by the way of criticism, was very good enough to write an article on "Sabina—Its power to check abortion" (vide pages 404-06 of the same Journal). In this paper he dealt with my three queries and I will now deal with them seriatim :

### 1. HOW TO CONDUCT A CASE OF ABORTION ?

My query was how to conduct such a case as was noticed in the patient under report. By this I solicited the favour of being furnished with some clinical cases by any body well experienced in the line and who can also advise me from his practical point of view the *modus operandi* of treatment of such cases. Dr. Roy, I am afraid has only criticised my paper in a manner which has not helped me in any way to conduct the rest of the case, i. e., to avoid the tendency of abortion at the third month in the particular case under report.

### 2. WHAT IS THE BEST TIME FOR THE COMMENCEMENT OF TREATMENT IN SUCH CASES ?

Dr. Roy has very kindly suggested by advancing reasons that the best time is immediately after the abortion and I fully agree with him in this respect. But one thing Dr. Roy should know that until and unless some grave symptoms are forthcoming, our womenfolk won't tell anything so as to admit of any time for proper treatment and as soon as the abortion takes place, no body cares for her future and thus the same thing occurs in rotation.

The third questionnaire viz., "*Could Sabina save the holy life*" ? has been dealt in a way which was not worthy of

such a veteran educationist as Dr. Roy is. As for myself, I found Sabina particularly suited to the patient and the totality was in favour of it, and so I hastened to prescribe it. Dr. Roy in the course of his findings has mentioned three other remedies viz.,—Bell., Erigeron & Seclé Cor., likely to be suited to the case. I am however sorry to differ from him in this respect. I will now show how and why my final choice fell on Sabina.

#### BELLADONNA.

It is a short acting remedy and cannot anyhow be suited to a chronic case which had met with abortion previously. To meet the exigency, if there would have been pain "coming suddenly and going suddenly" which is characteristic, this remedy could have done some partial good to be followed by some other deeper remedy. Therefore Bell. is out of the question at all.

#### ERIGERON.

Erigeron Canadensis is indicated in hæmorrhage from the uterus associated with painful urination. No doubt Erigeron hæmorrhage comes at "paroxysm" but the tendency to abortion at the third month is not so prominent in Erigeron as in Sabina. We are to look to the genius of a remedy. As painful urination was also wanting in the case under reference, Erigeron would not have been the proper medicine.

#### SECLÉ COR.

Thirdly, Seclé Cor. is only suited to woman of "thin, scrawny, feeble, cachectic appearance" and one with experience can without asking for any other symptoms might prescribe it from her very appearance. Dr. Roy should contend himself that had there been any the least taint of these, I would not have hesitated to prescribe this remedy, if other symptoms were in favour.

Dr. Roy has further complained that sufficient care was not taken to hunt for certain symptoms which could have

distinguished this patient from other. My only point of argument is that in treating female patients, particularly at a state in which my patient was put to, we are only left to the mercy of the husbands who act as interpreters,—as we cannot approach the patients direct. So, many things which ought to be known to us are left unknown and I am afraid, we cannot help it.

There was another allegation in the words of Dr. Roy that we were not certainly following the principles of Master's Organon if we were to administer, in 24 hours, three doses of the 200th potency of a deep acting remedy like Sabina. The learned Doctor has further quoted definition of a nervous homœopath from page 202 of Dr. Kent's M. M. that "a nervous homœopath is one who does not wait for his own convictions to be ultimated, does not wait for his remedy to work etc." but has after all very cunningly omitted the words after work "and he gives another and another" which are of vital importance.

I wrote in my article "I repeated the medicine thrice until a slight improvement began and then stopped the medicine". I say with all emphasis that I did what was required to be done in homœopathy. I stopped the medicine as soon as improvement had begun, which is *the* thing to warrant for the stoppage of medicine. Does the learned Doctor like to say that in a patient who is going to be exsanguinised within a few minutes or hours to come, he will sit idle all the while with his hands off for the action of the medicines. This goes to show that Dr. Roy has got no practical experience in this line of treatment where medicines are to be kept at ones fingers' ends and repeated at the interval of 5 to 10 minutes even in cases of emergencies.

Now let me quote some passages from Dr. Kent's memorable writings which is self-explanatory.

"When medicine is given at intervals, the curative power is increased and may be safe if it is discontinued with judgment. When a positive effective has been obtained the medi-

cine should always be discontinued and the greatest mischief may come from continuing to give. Therefore it is not always that the technical single dose is the best practice, but the single collective effect is always to be sought. The correct observer will soon learn whether this is to be secured by a single dose or a series of doses. In acute sufferings and in emergencies, the above plan is best suited." *Medical advance.*

"The very high potencies seldom require repetition if clearly indicated, to produce a long curative action in chronic cases, but in severe *acute* sickness in robust constitutions several doses in quick succession are most useful."

*Lesser Writings. Page 339.*

Dr. Roy has concluded that had Sabina been the *Similimum* it ought to have saved the life. I know it pretty well. It was not worthy of him to refute an article and to criticise it without first going through it carefully. I clearly said that my medicine Sabina was interrupted by another Doctor, who prescribed Ignatia. That was why I questioned "Had not the medicine changed, could it save the holy life?"

"She was healthy all along but pain during menstruation was present invariably" was the very version of her husband which I merely reproduced to show that there were disorders so far as her female organs were concerned.

To make a long story short, I will now narrate how she gave birth to a fine little baby only a month ago. In the month of May 1930 she conceived again and it was only in the latter part of June that her husband saw me to devise means and ways to prevent tendency to abortion of her wife. I again prescribed Sabina, first 30 and then 200 on symptom-totally and the third month passed off quietly without any further troubles.

After the 7th month, I had to prescribe Actæa Racemosa 200, 4 doses in four weeks "to shorten labour" and by the full term by the grace of Almighty a sweet baby was born to the satisfaction of all concerned.