

Place of Homœopathic (Dynamic) Medicines in Surgical Disease.*

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MR. PRESIDENT, COLLEAGUES and GENTLEMEN,

It is a pity that most of the orthodox physicians know not and do not care to know the tremendous possibilities of our dynamic remedies in bonafide surgical cases. It is equally a pitiable thing for Homœopaths to ignore an art which the Science of Surgery has equipped us to use to relieve the suffering humanity. Surgery being an act or art of treating a lesion of the human body by manual operations we see no reason why it should not be related to Homœopathic practice in the same way as it is to allopathic. Students of Homœopathy must not remain content simply with the knowledge of Homœopathic therapeutics but they must have thorough knowledge of everything which pertains or belongs to the great field of Medical Science. Not only the laymen but also some Homœopathic physicians have an idea that Homœopathy has no surgery. The fostering of such an idea was more or less due, no doubt, either to the lack of proper knowledge of surgical measures amongst our erst-while Homœopathic Practitioners or having the necessary knowledge of the surgical technique not caring to resort to them even when Samuel Hahnemann enjoins us, practitioners of Homœopathy, to do so. This is why that Surgery had become hitherto the exclusive field of practice of the Allopaths and rightly so because the Homœopaths have so long neglected this branch of practice.

The lay public naturally fearing the knife eagerly resort to such Homœopathic Physicians with the result, not

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sometimes unattended, with grave consequences. The knife of course has its uses and abuses just as many other things in nature. Allopathic and Homœopathic medicines have their uses and abuses. Harsh words and kind words even have their uses and abuses. Many will say that Homœopathic medicines will do nothing bad in case they do not do any good. Personally I do not entertain any such view. I am rather of opinion that Homœopathic medicines may produce untoward effects if they do no good. I can cite to you many instances where the knife should have been much earlier resorted to. In some of these cases when I gave my opinion that the case should be immediately operated to let out the profuse pent up pus underneath deep muscles and fascia I got the answer well, why should we call a Homœopath then? And this even when the patient is dying of agonising pain, hectic fever etc. These are very extreme cases no doubt, but not very rare in Homœopathic Practice. One such case I cannot help mentioning which occurred in my neighbourhood. An elderly woman was brought from Mofussil to Calcutta to be Homœopathically treated for gluteal abscess and a number of Homœopathic doctors were called in before me but no relief was in sight. And how can relief be expected when a large amount of inflammatory products, purulent matter etc. does not find its way out being prevented by deep muscles and fascia. It is in just such cases that Hahnemann gives directions in his Organon to the effect that "*The treatment of such diseases is relegated to surgery; but this is right only in so far as the affected parts require mechanical aid, whereby the external obstacles to the cure, which can only be expected to take place by the agency of the vital force, may be removed by mechanical means*".....(vide organon articles 185 & 186) etc. I need hardly say that any careful reader of Hahnemann's Organon had failed

to go through these lines and so I will not quote them fully. Now in the case referred to what was acting as the external obstacle to the cure. Certainly the vast collection of purulent matter and other inflammatory products was acting here as "the external obstacle to the cure" and unless that be removed by mechanical means such as incisions into the abscess cavities the patient will not be cured. And what will be the result if that "external obstacle to the cure" be not removed by surgical means. Certainly the accumulated purulent inflammatory products will act deleteriously on the tissues and will ultimately cause mortification or gangrene and thereby endanger life. Therefore no sane physician whose foremost duty and high mission is "to restore the sick to health" should act otherwise.

Now to return to the case. I advised her to be removed to the Hospital for immediate operation but they did not pay any heed to it then. Another Homœopath was consulted after me. Perhaps he had also given the same advice. Finally the wellknown surgeon Dr. Lalit mohan Banerjee came to see the case. Next morning an ambulance arrived and the patient was removed to the Carmichael Hospital.

Unfortunately there is growing a class of Homœopathic Physicians who proclaim with a loud voice that to become good Homœopaths only a knowledge of Homœopathic Materia Medica is needed and knowledge of other allied Sciences such as Surgery, Medicine, Midwifery etc are not essential. These practitioners certainly deserve our pity for they know not what they do directly to their patients and indirectly to the Homœopathic profession. Happily there are others who feel the importance of surgery in Homœopathic Practice. You are all aware, I think, that the Calcutta Homœopathic Hospital and

Protap Chandra Homœopathic Hospital have their surgical wards and operation rooms. I had the privilege of working as an attending Physician and Surgeon in the former since its opening in June 1912 up till the year 1926 and from the year 1926 I have been placed in entire charge of the latter. And here I must openly confess my gratitude to Dr. J. N. Majumdar, the President elect of this conference, that it was to his kindness only that I had been placed in the former hospital years before and have been placed in the latter since its foundation.

From the report of the Protap Chandra Homœopathic Hospital which is published only the other day during the opening ceremony of the new surgical wing of the Hospital by the Hon'ble Lt. Bejoy P. Singh Roy, Minister Local Self Government, it will be seen that during the last two years we have treated various surgical diseases successfully by the internal dynamic remedy aided by mechanical or surgical means, where it was seemed essential. Out of these cases I like here to mention, if you permit me, gentlemen, one case in particular, which clearly shows that the dynamic remedy must be aided by surgical measures, and if not done so in time, the case certainly goes down hill and ultimately is sure to end fatally. It was a Pyæmia case. Ram Bahadur, a young Nepali servant, was admitted into the Hospital on the 12th June 1932 for high fever and rheumatic pains all over the body especially over all the joints. The history of the case shews that the patient who has been working as a servant in Darjeeling was attacked with fever and headache on the 18th June 1932. Next day the fever became high, the temperature rising to 104° and he became drowsy, very restless and complained of severe pain in the limbs. On the 3rd day the temperature came down to 100° in the morning but went up again to 103° in the evening. In

this way, the temperature continued a low remittent type up till 9th June when he was brought down to Calcutta and was admitted on the 12th June into the Hospital. On admission four swellings were found to be present over the right Deltoid, lower part of it. Scapula, lower part of Dorsal Vertebrae and on the middle of the right leg; all these swellings were found to be fluctuating and very painful. temperature is now of low intermittent or hectic type; the patient is very much reduced and absolutely confined to bed and cannot even turn himself in bed; there is marked emaciation. tongue coated and dry and bowels not moved for the last few days. There was no difficulty in diagnosing the case to be Pyæmia by the presence of hectic type of low intermittent fever associated with the formation of multiple abscesses in different parts of the body along with progressive emaciation etc. The multiple abscesses must have arisen from diffusion of pyogenic materials from some spot of local infection. There must have been some spot of local infection in the case but we could not ascertain it as we did not get the full history. *Rhus Tox 30th* was given internally first being guided by the characteristic tongue with triangular red tip and white-coated back part, aching of the limbs aggravated by rest etc. *Rhus tox* was followed after a few days by *Hep. Sulph 30th* on account of the hypersensitive condition of the swollen part mentioned above. At first 30th potency was used, then 200th at long intervals and after that one dose of 1m potency was given. Hepar produced remarkable effects and the three abscesses on the upper part of the body were found to be gradually subsiding but the one over the back part of the middle of the right leg gradually increased in size so much that it had to be opened on 4.7.32. and a large amount of pus were let out. A week after, two other

swellings (abscesses), appeared, one over the left gluteal region and the other over the middle of the left thigh and the temperature continued to be of the same low hectic type. In the next week it was found that the three pyæmic abscesses appearing on the upper part of the body were found to be completely absorbed; of course the dynamic remedy used internally played a great part in helping nature to absorb those swellings. But the abscess over the left gluteal region became more and more prominent, painful and fluctuating, so that further waiting to see the action of the internal remedy was thought inadvisable and we decided to open it. So it was operated on 26.7.32 and the temperature at once came down to normal or subnormal and continued to remain so up till 9.8.32 when it was noticed that another swelling was developing about that time on the right gluteal region. The other abscess over the middle of the left thigh was completely absorbed by this time but the newly formed abscess on the right gluteal region gave us a lot of trouble. Fluctuation was first noticed in it on or about 28.8.32 and it was not till 12.10.32 that the abscess cavity was opened as on more than one occasion the swelling seemed to subside, pain became less and temperature also came down to normal or subnormal. But after 6.10.32 the temperature again rose to 102°, the swelling became prominent and painful and fluctuation also well marked. We could not postpone the operation further and the abscess cavity was opened on 12.10.32 and a large amount of thin watery pus came out. This thin watery pus shewed that the operation should have been performed a few days earlier. After the operation temperature came down to 96.2 and remained between 96.2 to 97.4 for a week, when all on a sudden temperature again rose from subnormal to 103° with slight rigor and severe pain on the site of the wound at 12-30

p. m. on 22.10.32. This rise of temperature could not be accounted for as no fresh focus of pus formation was in sight and the case was other-wise improving. So I left instruction that the dressing will be done in my presence the following day to ascertain, if possible, the cause of this fresh rise of temperature. The dressing being opened in my presence I noticed pressure marks of the bandage over the wound and also that the pressure of the bandage caused excoriation of the skin around the wound and a large amount of watery pus gushed out of the wound. The cause of the rise of the temperature was now not far to seek; it was simply due to the bad dressing and the interne was taken to task for that. I had then to dress the case myself till 29.10.32 when the temperature again came down and continued to remain subnormal and finally the patient was discharged completely cured on 24.11.32.

The case, it will be observed, is a protracted one. The patient remained in the Hospital from 12.6.32 to 24.11.32 i e. for about a period of 5 months and a half. He had altogether 7 pyæmic abscesses, all of which were very large and of which four were completely absorbed by the internal remedy and the remaining three required to be opened. *But here we must remember one thing. We should not rest satisfied by simply opening the abscess etc. but we must give active dynamic aid to accomplish the work of healing. All cures must come from within or as Hahnemann says, "Cure can only be expected to take place by the agency of the vital force."* This vital force should be stimulated in the most natural way by the potentized Homœopathic remedies. We read in the Organon as follows:—"But when in such injuries—and here we may add surgical diseases—the whole living Organism requires, as it always does, active dynamic aid to put it in a position to accomplish the work of healing etc. then the services of the dynamic Physician and

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his helpful homœopathy come into requisition" (vide Organon p. 186.). And why? Because all surgical diseases are attended by more or less disturbances of the entire Organism, or why should there be constitutional disturbances such as malaise, fever, headache, pains, aching etc.—To combat these we must chiefly depend on internal remedies.

Besides Rhus Tox and Hepar Sulph the pyæmia case mentioned above required the following Homœopathic remedies :—Calc. Hypophos 1x and 3x, Tuberculin 200, Ars. alb 200, Kali carb 200, Lycopod. 200, Pyrogenium 200, China 200 and Causticum 30. I need not give their indications which are to be found in our Materia Medica.

Modern researches have shewn that almost all surgical diseases are caused by microbes which invade the system through some minute lesion, either of the skin or of the mucous membrane. Boils, Abscess, Erysipelas, Carbuncle, Cellulitis, Inflammation, Pyæmia, Septicæmia, Ulceration, Gangrene, Osteomyelitis, etc. are all instances of microbic infection. To consider them as mere local diseases and treat them with topical applications—as the Allopaths do—is not the proper procedure and may most often be attended with serious results. The microbe may act as an exciting cause but the system must be deranged previously in order to produce such diseases. *Hahnemann truly says, "That no external malady (not occasioned by some important injury from without) can arise, persist or even grow worse without some internal cause, without the co-operation of the whole organism, which must consequently be in a diseased state. It could not make its appearance at all without the participation of the rest of the living whole; so intimately are all parts of the organisms connected together to form an indivisible whole in sensations and functions. No eruption on the lips, no whitlow can occur without previous and simultaneous internal ill-health"* (p. 189 Organon).

We must not forget, therefore, that Inflammation, Erysipelas, Cellulitis and other microbic diseases depend not simply or merely on the microbes, but chiefly or mostly, if not wholly, on a simultaneous morbid state of the entire organism. They should therefore be regarded as part of the entire disease and thus constitute one of the most important symptoms of the whole disease. The treatment of these diseases, therefore, must be directed against the whole disease. We should not, therefore, treat these by external remedies but select some internal homœopathic remedy corresponding to the totality of the symptoms i. e., we must prescribe some internal homœopathic remedy which will correspond to both the external and internal symptoms present for the time being. *"By means of these medicines" says Hahnemann in Organon § 193 "employed only internally, the general morbid state of the body is removed along with the local affection, and the latter is cured at the same time as the former, proving that the local affection depended solely on a disease of the rest of the body, and should only be regarded as an inseparable part of the whole, as one of the most considerable and striking symptoms of the whole disease."* Hence we see that no sort of external medicinal application—Homœopathic or Allopathic—is needed in these cases as they yield more surely to dynamic internal remedies. That is our experience and we have verified them in numerous instances. I can cite numerous instances where the external application has produced disastrous consequences. Hahnemann has often abused Allopaths for treating these maladies by external applications. But it is a pity to find many homœopaths committing these mistakes even now!

Before I conclude, gentle man, I like to give an idea of the method which I generally follow with regard to the subsequent treatment (dressing etc.) of the surgical cases

which require active interference with the knife. All sorts of allopathic antiseptic lotions such as Tinc. Iodine., Perchloride, Carbolic Acid., Pot. Permanganate and various other things now in vogue with their adjuncts such as Hydrogen peroxide etc. are not used at all. Neither I like to use Calendula and Arnica lotions or lotions of similar Homœopathic medicines. I simply depend on sterilized plain water for cleaning surgical cases but I occasionally use sterilized Normal Saline in asthenic cases. I think no body can object to the use of normal saline as it is present normally in blood and tissues. I am a staunch advocate of Hahnemann's single remedy and the principle of using one remedy externally and another internally does not seem reasonable at all. For the cure of surgical cases, I always depend on the internal dynamic remedy after the "external obstacle to the cure" as referred above dealt with by mechanical and surgical means.

Difficult Children (Les enfants difficiles).

BY DR. LEON VANNER, M. D., PARIS.

[Translated by Dr. R. K. Mukherji, from
L'Homœopathie Française.]

We are very often consulted by parents who are grieved at the slow progress of their child in study and are led to bring him to us on account of some emphatic remarks of his irritated and disheartened teachers. They doubt the soundness of the professor's remarks though at the same time they are themselves convinced of the abnormal condition of their child, but their wounded self-conceit and paternal affection—pardonable of course—compel them to attribute the defects to an unsuspected morbid condition.