

Seminar IHHP, Bombay Sept '95

A seminar was organised by IHHP at Bombay on 17th September, 1995. It was a seminar with a difference, having two speakers of different approaches to Homoeopathic treatment: one a fast bowler (Dr Praful Vijaykar) and another a spin bowler (Dr Jayesh Shah) Their experiences with an uncommon remedy. It was an exciting proposition, especially as I myself was not at all familiar with the remedy. The remedy, discussed most was *Calc-mur* on which two to four cases were shown and discussed. They also touched other remedies like *Aurum Salts* etc. I will report mainly on *Calcarea-mur* and *Aurum-ars*.

Case 1: (Dr Vijaykar)

Mrs M A, 23 years old, came from Jaipur for the following complaints—palpitation since 3 months. Restless³. Profuse perspiration. Felt chilly as if ice was flowing through her.

Four months ago while cutting meat during a fast, she felt a sensation in mind and heart that this animal was alive just a few hours ago and was now dead. This fate could happen to her and her child too? After this she had attacks of panic; searching for knife to slash self or others, runs about and gains strength of five people. 2-3 men are required to hold her. Laughs immoderately. (3+). Fear of life and death. Suicidal tendency — slashing with knife. Sensitive (3+). Brooding. Likes happy songs but not allowed to play tapes in the in-law's house. She misses her mother (3+).

Earlier she had a very happy-go-lucky disposition. Liked parties (3+) and functions (3+). Was a good student, was praised at school, and was good at mimicry. Cravings—earlier spicy but now more of sweets.

Thirst—scanty

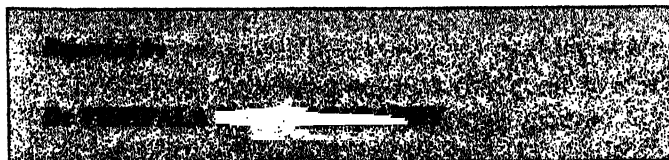
Controls urine for 2-3 days.

Worse in the sun. Tendency to bruises and suppuration.

Video of the case showed a lean and delicate person with big eyes. Muslim. Restless about what to do and what not to do — to run away or not. collapse (3+). She constantly thinks about her future and that of child who can also die: Why live at all?

Dreams:

a) Of eating mother's flesh



b) Cutting elder son's neck

c) Strangling herself.

d) On seeing a knife she gets an impulse to kill, even to strangulate. She is very restless. Likes to move around constantly but cannot as Father-in-law is at home. Therefore just moves about on the bench in her house.

She was prescribed *Hepar-sulph* based on the rubrics—Kill impulse to; Intense expression; Staring eyes and Suppuration.

Follow-up:

A week later: Eyes were no longer staring and she looked more relaxed. Other symptoms—No strength to do work. Head heavy, giddy, numbness worse in the morning. Suicidal and hurting thoughts better (3+). Fear better (3+). Palpitation better. Although she had a good appetite she could not eat.

Craves sweets (3+) Chilly (3+). Worse in Sun (3+) which caused vertigo / headache. The prescribing doctor was not happy with the result and went through the case again.

Basic nature:

Cheerful, lively, vivacious, mischievous, wants to please < sun, craves: spices and sour.

Worse in the sun this symptom contraindicates *Hep-sul*.

The patient was chilly yet worse sun which indicates *Ars-alb* and **not** *Hepar-sulph*.

Worse in the evening. Wants to be held by her mother. Itching in body. Externalisation of internal symptom.

Ars-alb has suicidal tendency by asphyxia, hanging, gagging, constriction, mutilating body.

On review it was decided to give *Ars-alb*. The following rubrics in Phatak's Repertory were consulted:

- 1) Oversensitive
- 2) Violence (3+)—Self torture—pulling hair, biting nails, tearing own body apart. (impulses morbid—*Hep* and *Ars*)
- 3) Suicidal tendencies
- 4) Sudden onset / Fixed ideas
- 5) Does not want to meet acquaintances, thinks she has offended them.
- 6) Mania. Desire to be held.

Case 2: OF AURUM-ARS (Dr Jayesh Shah)

A 29 years old male came on 29-12-94 for com-

plaints of low BP, vertigo, flatulence, acidity, headache, colds and asthma.

Patient as a person : Lean, fair, no hair, very boyish looking and slightly effeminate. Has a tendency to never put on weight.

Life Story: He has a basic trait—Needs appreciation and needs love. In school he was good in studies but two events occurred which made him think why study at all! At the 13th year he started smoking and fell in bad company.

The first incident — was that in the aeromodelling class he made a very good model, which accidentally got damaged. He cried to the Principal —” my life will be ruined”. Yet no one heeded. No one appreciated his efforts. Even on that day his family never supported him. He felt like blowing up the whole world. “Blast everything and go away where no one can trouble me”.

The second incident was while he worked hard for 1 1/2 months for a race. The whole family and girlfriend came to see the race. But in the race, his spikes got stuck on the stones and he tripped and fell. His world came crashing down. He felt humiliated !

Hence, after school, he gave up further studies and joined his father’s business. However he had fears, anxiety and worries which kept increasing till he became sick. Every trifle worried him—party, travel, business, what will happen if father dies ? Will people trust me ? This fear was reflected in his dreams. His dreams were — falling from a cliff or a building; some faceless creature is terrorising him.

The other and opposite side of his personality is his passion for gambling, sports and cricket, entertaining and joking at a party by being on the centre stage. Feels he could have been in films.

To Sum up -

- 1) He is a child who never grew up, emotionally and physically.
- 2) Craves appreciation.
- 3) Fastidious.
- 4) Anxiety.
- 5) Delusions—Failure he is
 - Ruined he is
 - Worthless he is
 - Forsaken
 - Alone
 - Ghosts, spirits, hovering
- 6) Pessimistic
- 7) Self destructive behaviour: gambling, (*Aurum-ars*), smoking, drinking.

8) Want of boyish go (*Aurum*)

Prescription: *AURUM ARS* 1M one dose

Follow-up—After 1 month—Gas and acidity better; colds, better; sleeps well. Looks mature.

2nd follow-up (24/2/95)—weight gain: no gambling though still feels like indulging in it. Stomatitis better, asthma better. No unpleasant dreams.

24/3/95—Work depression and tension less. Emotionally feels better.

Case 3: (Dr Vijaykar)

This was a case of an old man of 68 years, whose son gave the history beginning with -

“My father has not come out of the house for the last 6 months and out of his room for the past 1 1/2 months and bed for the past 1 week. He has not taken a bath for the past 15 days and no food for 10 days.”

Mentally, he was nervous, jittery, and has a feeling that something bad will happen to him. Goes to sleep. Non-communicative. Right from childhood he was never interested in the family. Because of constipation he cannot eat; consequently feels weak. Eats hurriedly and lies down. He has to be forced to take a bath.

Desires curtains drawn in his room for fear of robbers; just sits the whole day in the bed staring. Was under psychiatric treatment for 2 years. In 1968 he had T B followed by a similar illness.

Life Story—

He had a business with elder brother whom he greatly respected. He was a shrewd businessman and built up a virtual monopoly of brown paper envelopes by giving cheapest rate. But stuck sand to increase weight and so made up by giving fewer envelopes per kg ! He had no fears whatsoever and was always out of the house and never involved with the family. He did not help even in organising his daughter’s wedding.

Liked to carry money (3+), gambling (3+) with own money, was quarrelsome and a heavy smoker.

Symptoms —

- 1) Delirium (3+) Feeling of guilt.
 - 2) Weeps (3+).
 - 3) Feels he has done wrong and neglected his family;
 - 4) Wants to commit suicide by jumping out; he had to be held back
 - 5) Hurried;
 - 6) Will sleep only on brown covers.
 - 7) Company aggravates (3+)
- Wears the same clothes for 3-4 days at a stretch and

soils the clothes with food. Never takes baths, nor combs his hair, untidy, shabby (3+), anxious (3+) and weak (3+).

Prescribed *Aurum-ars* 1 M.

Follow up:

After 2 weeks he was found to be neatly dressed and well.

Case analysis:

This case combines the symptoms of *Ars* and *Aurum*.

- | | |
|------------------|---|
| <i>Aurum</i> | — Feeling of guilt—neglected his duty to family.
— suicidal tendency
— indifference
— want of will |
| <i>Arsenicum</i> | — Avarice in money matter
— Anxiety about health
— Fastidious
— Gambling |

A brief summary of *Aurum-ars* as related by Dr Vijaykar:

Fanatics (Khomeini / Saddam Hussain)

Gold attracts—greedy avarice

Ars on getting gold is saturated

So the symptoms become opposite

eg Fastidious -> untidy
> Violent

Reproach, imaginary insults, sacrifice, neglects duty etc

Other Aurums:

Aur-sul—Concentration on family. likes children to be together.

Aur-ars—My cause is more important anything else.

Aur-mur—Selfish. My health (not me) is more important than anything else.

Aur-iod—*Belladonna* of *Aurums*. Everybody else more important than me

Case 4: (Dr Jayesh Shah)

A 25 year old male suffered from severe and sudden onset of diabetes. He had high fever with bodyache and pain in abdomen. There was severe throat pain.

Craves: Chilled water, cold wine, bread, butter cheese.

Was on antibiotics but did not improve. Insulin injections needed daily.

Intense heat with flatulence.

Headache aggravated by sun.

Gets into panic when his mother and wife are around. Restless; drowsy.

Nature:

Very fearful; fear of making mistakes. Lack of confi-

dence: hesitancy. A/F suicide by cousin's wife: felt that her ghost will haunt him. Fear when alone and can not sleep. These fears increased after his grand mother died one month ago. Insisted on sleeping in the drawing room with his mother and wife.

P/H — He had a tendency to hide his emotions and tensions because of fear. Introverted.

His friends say that he is cool in a tense situation but the patient says he looks cool but is fearful inside. He is cautious, fearful and personally sees that doors are locked up at night. Sensitive to beggars. Fears cockroaches and horror movies. Very attached to his mother and felt neglected after the second child, but kept the forsaken feeling to himself.

He became very restless, indifferent and dull in school. The teacher spoke to his mother to talk to him. His mother told him that she had to look after the small baby and told the patient that "you are grown up and so look after yourself". After this event, he suddenly matured, never asked for attention, was compromising and become a good boy.

As his attention-seeking behaviors become inappropriate, he became reserved. Afraid to speak out his fears; overcome by forsaken feeling and hence avoided to show his longing for attention, thinking he will be laughed at. He shows it only when insecurity and fears become overwhelming.

Profuse sweating due to insulin.

Prescription — *Calc-mur*

Analysis —

Fear (3+) of *Calcareo*

- 1) Insecurity
- 2) Wants shelter of mother
- 3) Afraid of showing the need of attention
- 4) Wants to avoid others noting his confusion
- 5) Their need for care is ridiculed hence they hide it.

Follow-up (13/5/95) -

Stiff—as if not wanting to be seen by doctor.

Anger better. Weakness (3+) till doctor realized insulin was still being continued and stopped it.

Case 5: *Calcareo-mur*

A 50 years old male, suffered from excruciating pain in joints. Very irritable, slow and stocky and stiff. He was timid and fearful. Gets mad with pain. He shouts at the children if they switch on the TV or if his wife talks on the telephone. Feels that everyone should look after him only; anxious "If I die what will happen to them?"

Dreams—"Saw mother sitting next to me. Since she is

around, I feel better. Every time I fall sick, I think of my mother and think if she was here she would be constantly with me, will not even cook so as not to be away from me, even if this meant getting food from the hotel”.

Developed shoulder calcification.

Prescription: *Calc-mur* 200—one dose.

In 2 days — pains better. After five days — pain gone. After 2 weeks the X-ray; calcification of shoulder as absent.

Conclusion:

Learnt two remedies—*Calc-mur* and *Aurum-ars*. Readers, please write in your experiences. ◉

NJH Marathon — October 1995

The Office Staff and Editorial Board of the NJH held a Walking Marathon Race on Sunday, 15th October 1995, from Santacruz to Worli — a distance of 14 kms.

Participants included the Coordinating Editor—Dr C H Asrani, Administrative Secretary—Dr Parag Sheth, Manuscript Editor—Dr Rashmi Nagar, Advertisement Editor—Mr Kasiviswanath, the NJH office staff viz Munira Balasinorwala, Nitin Jadhav and others. Participants were led by Dr Vishpala, the Editor-in-Chief who was also the brain behind this event.

The race was flagged off at 6:30 am from Milan Clinic at Santacruz (NJH office). An Ambassador car with first aid was also rolling along with the participants in case of any emergency!

Within 40 minutes, the ‘newly born’ athletes reached Bandra where fresh lemonade was served by our Manuscript Editor—Dr Anuradha.

From Bandra, the race continued uninterrupted to an Irani Restaurant at Shivaji Park in Dadar. The thirsty had the right choice—chilled Pepsi to quench their thirst.

The next stop was scheduled at the Siddhi-Vinayaka Temple which was however bypassed as the competition was now growing fiercer and none wanted to stop. They simply walked further towards their ultimate goal—Worli sea face.

What started as a “walk together-and-talk together” now became a win-win situation. The participants now walked at their individual pace each trying to outbid the other. Dr Rashmi, Dr Aradhana and Nitin were way ahead while Dr Asrani, Dr Parag, Dr Vishpala and Munira lagged behind.

The fag end of the race saw Dr Parag, Dr Aradhana and Dr Rashmi each trying to outbid the other to reach



Dr Vishpala’s residence at Worli—the finish line. The photo-finish race was ultimately won by Dr Rashmi Nagar who danced with joy when declared the winner after a grueling 2 hours and 18 minutes walk.

All participants who finished the race were given prizes and their efforts applauded. Everyone was later served hot delicious idli-dossa to re-charge their batteries.

Discussions after the race revolved around the number of *Arnica* 1 M doses, picnics and “we should have a similar marathon for our subscribers too!—it would promote togetherness and team-spirit and give a dose of fresh air 10 M to the homoeopaths—who are all tired of these seminars and conferences.” It was unanimously approved by all as vehemently agreed that all work and no play has made homoeopaths a dull lot.

A wonderful surprise marked the day’s finale when the Editor personally sponsored a film show at Gaiety Theater showing “Rangeela”—quite a ‘rangeela’ day for the NJH office bearers.

Those who missed this event need not lose heart as the NJH is now sponsoring a Mega Marathon for all Subscribers (students included) a few days before the NJH Seminar—with lots of prizes. So, stay tuned !!!





(Readers will recollect that we started a new Fun section called Imponderables from the last issue (2/95). This is the second of the series and comes from a collection compiled into a book with the highly unlikely name: "How does Aspirin find a headache?"

1) What Do Paper Manufacturers Do with the "Holes" Punched Out of Looseleaf Paper? Do They Recycle Them?

You can bet your bippy that manufacturers recycle the liberated hole punches. But they differ in how they recycle. Forest products giant International Paper, for example, boils more than 90 percent of its paper byproducts to power the very plant that manufactures looseleaf paper, according to IP representative Michael Goodwin.

But Mead's strategy is more common. Mary Potter, Mead consumer relations representative, told us -

"Hole punches," as well as other types of paper trim or waste, are baled and sold for scrap. It is and has always been recycled (for approximately 100 years), usually winding up in chipboard, boxes, etc.

Indeed, when we asked this Imponderable of Fort Howard, its consumer affairs coordinator responded, "Nearly all Fort Howard products (mostly toilet paper, facial tissue, paper towels, and napkins) are made from 100% recycled paper fiber."

Bet you never considered that the missing dots in your notebook paper made their way into your toilet paper.

Submitted by: Wendy Rath of Sandy, Utah. Thanks also to Alvin Polanco of Philadelphia, Pennsylvania.

2) Why Do We Bury the Dead with Heads Toward the West, Facing East?

The following passage appears in Matthew 24—"For as the lightning cometh out of the east and shineth even unto the west: so shall also the coming of the Son of man be".

Interpreting this as an indication that when Jesus is resurrected he will appear in the east, early Christians buried the deceased with the feet nearest the east and head towards the west (but facing east) so that the dead could best see and then hurry to rise up to meet Him. Dan Flory, President of the Cincinnati College of Mortuary Sciences, wrote Imponderables that this custom inspired the phrase "the wind of the dead man's feet" to describe an east wind.

The practice, both in Europe and North America, steadily declined over time, but our informal observation is that the older the gravesite, the more

likely the headstones will be situated in the western portion of the plot. In fact, burying the dead with this east-west orientation predates Christianity. Pagan societies, being sun worshipers, lay their deceased down to face the sunrise or sunset, depending upon the particular religion.

Submitted by: Joseph Centko, Jr of Streator, Illinois.

3) Why Do Birds Usually Take Flight Against the Wind?

Nancy Martin, naturalist at the Vermont Institute of Natural Sciences, points out that, given the constraints of runway design, airplane pilots prefer to take off against the wind as well. And for the same reason: It facilitates lift because of increased air speed. Martin elaborates -

Birds' wings are structured like an airfoil and so work best with air flowing from front to back. Also, feathers are arranged to overlap like shingles to aid in smooth air flow—taking off with the wind ruffling up the feathers from behind creates a lot of useless turbulence.

Janet Hinshaw, librarian at the Wilson Ornithological Society at the University of Michigan, adds that birds with disproportionately heavy bodies for the size of their wings would probably take off against the wind more consistently—they can use all the lift they can get.

Submitted by: Arpi Calioglu of Northridge, California.

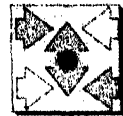
4) Why Does Pasta Create Foam When Boiling?

Pasta is made from durum wheat, a particularly hard wheat. More precisely, pasta is created from durum wheat semolina, fine particles derived from the much coarser durum. The extraction of the semolina is largely responsible for the foaming of pasta when cooking, as Farook Taufiq, vice-president of quality assurance at Prince Company, explains:

Durum wheat semolina consists of carbohydrates (starches) and protein. In the process of grinding wheat to extract semolina, some starch links are broken.

When pasta is put in boiling water, these broken starch links swell up, taking in tiny air bubbles, along with water. These air bubbles come to the surface of the boiling water and appear as foam. So the foam is a combination of starch molecules, water and air.

Submitted by: Sam Rosenthal of Amherst, Massachusetts ©



Can a Homoeopath Practise Allopathy? Views

[EDITOR:

In response to this query our readers have rushed in their views. Here below we carry them for you. If it sets your mind ticking, you too could pen your thoughts.]

AGAINST:

From my long experience of inspecting some of these mushrooming Homoeopathic Colleges turning out half baked Homoeopaths, my reply to the above question is positively — NO. Very few Homoeopathic Colleges send their students to learn surgery, mid-wifery and Gynaecology and other allied sciences. What is taught in the Homoeopathic Hospital is very cursory, and is taught by Doctors who have not had the benefit of Allopathic training. We are required to prescribe a Homoeopathic remedy; instead half a dozen remedies are prescribed simultaneously in high potencies and at times allopathic medicines too. This should stop. There are cases where the patient should be allowed to continue their Allopathic medicines for serious diseases, or else the results will be tragic. To give you a few examples — Diabetes, high blood pressure, and Chronic Bronchial Asthma are diseases wherein sudden discontinuation of allopathic medicines would be disastrous. Hence medicines should be carefully tapered to avoid complications. From my experience our remedies work on a higher plane, while the usual remedies work on a physical plane; so there is no harm giving a Homoeopathic remedy carefully spaced.

Some champions may not agree to what I have said; they may be the incarnation of Hahnemann or Kent while I am only a humble Homoeopathic Physician.

Dr SAROSH R WADIA
Alipur Bldg., Colaba, Bombay

AGAINST:

Why should a genuine Homoeopath be compelled to go to another system in his practice ?

A doctor sometimes might feel that he was not getting the desired results from various medicines prescribed in a certain case. But then that is not the fault with or insufficiency of the system. The prescriber might have missed some important aspect of the case

and if he carefully reviews the given case again, he shall find his mistake !

Every system has its limitations and failures and our system is no exception. Had this not been the case with Allopathy the doctors from the old system of medicine would not have been attracted to Homoeopathy and become good Homoeopaths. Our great Master Dr Hahnemann's life is the best example of this.

Homoeopathy is based on scientific principles and the provings are done only on healthy human beings and therefore chances of failures are less as compared to other systems, provided we give proper attention to treat our patients according to the law of similars. If the case is in the curable range and if we go deep down to the history of the case again and take a proper review, it is possible to find we missed something important and then prescribe again; then the case is certain to get cured, and if there is some obstacle in the way it is the duty of a Homoeopath to overcome it rather than to throw up his hands in dejection and seek shelter under Allopathy.

Moreover, both the systems are based on different and diverse principles: whereas one adopts a suppressive method, the other aims at rooting out the disease. If a Homoeopath is allowed to practise allopathy he will only mess up the case and will not be able to practise either system in its proper and pure form and that will not be in the best interests of society at large.

Dr DWARKA DASS
3053, Sector 40-D, Chandigarh 160014

AGAINST:

1) It is true that a seat in an allopathic medical college is most coveted and a seat in a Homoeopathic medical college is accepted when one fails to get the former. Even at that stage the student in a Homoeopathic college considers his qualification in Homoeopathy will be a licence to practise allopathy legally. There are exceptions where the student takes up Homoeopathy for the love of it.

2) A consultation with a leading Homoeopath, say in Bombay, may entail a long waiting period of several weeks or even months.



3) Leading Homoeopaths in towns and cities in India earn as much if not more than a good surgeon. But the average Homoeopath has neither the competence nor the ambition to achieve the degree of success in Homoeopathy that an allopath is supposed to have. Even now Homoeopaths carry on debates and organize essay competitions on whether Homoeopaths should practise allopathy.

4) So, for many decades, practitioners of Homoeopathy and other indigenous systems of medicine have carried on agitations to force the Government to permit them to prescribe allopathic drugs.

5) But Government being generally overawed by the powerful allopathic lobby have not yielded, and on the other hand had issued a circular in February 1990 to all the State Governments and Union territories to implement certain recommendations of the Advisory Committee on Homoeopathy attached to the health ministry, of which 'making it obligatory on the part of Homoeopathic practitioners to use drugs according to principles of Homoeopathy and drugs prepared according to Homoeopathic pharmacopoeia ...' and aiming thus to prevent Homoeopaths from prescribing, or dispensing medicines not in the Homoeopathic pharmacopoeia!' The core.

6) Since then police in some states were prosecuting Homoeopaths prescribing allopathic drugs.

7) Then came the judgment of the Supreme Court (AIR SC PPI 317 — 1318 — 1992) in the Writ Appeal, A K Sabapathy Vs State of Kerala which ruled that the provision in the Kerala State Act on Medical Practitioners and the notification issued by the Government of Kerala under this provision were invalid.

Declaring an enabling provision in the state law as invalid it set aside a notification of the Government enabling the holders of a Homoeopathic qualification, D M S of Bihar, to practise allopathy.

The Supreme Court held that the provision in the state law empowering it to permit a person to practise allopathic system of medicine even though he does not possess the recognized medical qualification in that system of medicine is inconsistent with the provisions of the Central Act (Indian Medical Council Act, 1956) governing the registration of allopaths and the definition of allopathic medicine.

In another case before the consumer court, it was not entirely surprising that the apex body, the National Consumer Disputes Redressal Commission failed to

give a decision, for the reason that the Commission did not have competent legal assistance. but it was odd that the Central Council of Homoeopathy was not called in by the Commission, because the Homoeopathic physician claimed that he was registered by the Homoeopathic Council as an allopath. This is a matter of serious concern, if true, how the Homoeopathic Council could register any medical practitioners in any system. The registering authority of medical practitioners is the State Government. It is to be hoped that the Central Council of Homoeopathy will issue a clarification.

It is also desirable to note that perspicacious patients opting for Homoeopathic treatment after alienation from allopaths, strongly resent if the Homoeopath prescribes allopathic drugs and stop further consultation on the reasoning that 'if I wanted allopathic prescription' I would certainly go to an allopath and not consult a Homoeopath'.

Homoeopaths who indulge in this kind of dual practice prove to be neither good Homoeopaths nor successful allopaths. The major casualty is the reputation of the Homoeopathic system ultimately. If this degradation is not arrested, the system will lose public and Government support and the Homoeopathic colleges and hospitals will be taken over by the allopaths as had happened in the USA, where today there is not a single Homoeopathic college or hospital after the antibiotic era, and has seduced the patients and the doctors into abandoning Homoeopathy. In one of the States there the State Supreme Court had even declared the practice of Homoeopathy as 'quackery'.

It is time that Homoeopaths ponder over the serious consequences of their 'dual' practice — the 'golden goose' cannot survive if the Homoeopaths try to cut it to get rich quick. Mutatis Mutandis, this principle of each system of medicine being practiced by those qualified in that system is a solitary practice and has to be seriously considered by all.

Dr D LAKSHMINARAYANAN,

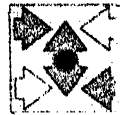
President

Andhra Pradesh Homoeopathic Association

1) The SC had declared that Homoeopaths should not prescribe allopathic drugs. (This judgment was abstracted in the journal *Medicina Futura Homoeopathy*)

2) GOI had passed a specific law banning this practice.

3) But there is no corresponding ban on allopaths, sur-



geons, ayurveds, acupuncture, radionics/radiosthesia and other conglomerate rag-tag groups, masquerading under the umbrella of 'Alternative Medicine; who also use Homoeopathic drugs. Should there not be a ban on this ?

4) This same 'Alternative Medicine' seems to be headquartered at Calcutta or Bengal. What is their legal status ? This group confers such highly distinguished rarely conferred doctorate qualification of 'DSc' on a honoris causa basis. There is one such senior Homoeopath in Bombay who is adding 'DSc' after his name in his letter-head etc. There are only a very few prestigious old universities in India — Madras, Bombay, Andhra etc universities who confer DSc and that too only on senior scientists (not doctors), who already have published a series of scientific papers based on original research of a high standard. Should Homoeopaths accept such dubious and highly misleading titles from unauthorised bodies registered under the societies act ?

5) The British Faculty of Homoeopathy is conducting courses in Hyderabad to physicians/surgeons holding degrees in medicine to train them in Homoeopathy on a part-time basis, holding tests and awarding the British Faculty certificates. Has the Faculty obtained permission from GOI ? One understands that no one can start a Homoeopathic college/teaching institution in India without permission and recognition from the respective university authorities ?

6) The terms 'medicine' and 'surgery' have not been defined under the central law on Homoeopathy till now, while the degrees and diplomas refer to both Homoeopathic Medicine and Surgery (BHMS) why such serious lacunas are continuing ?

A debate or a discussion on a sterile issue like using allopathic drugs may not serve any useful purpose, when there are so many major issues plaguing Homoeopathy.

D LAKSHMINARAYANAN PHD
Hyderabad

[Editor: Dr Dhillon furthers the argument and his comments, edited for want of space, are presented below.]

FOR:

Though having invincible faith in the principles of Homoeopathy, I am constrained to practise allopathy

due to our social milieu.

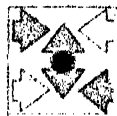
Our society seems to be hostile towards Homoeopathy. Our people want to be treated and cured instantly. They ask for "tika" (injections), "Goli" (tablet) and capsules for quick action to gratify their psychic fads.

There is an overflow of colleges but fresh doctors do not have the confidence to bolster them up for starting a clinic on their own. Allopaths seem to be fortunate and at an advantage as after the completion of studies they can easily get house posts providing them "belly security" as well as experience. After getting sufficient experience and bucks they can independently handle a clinic of their own. Ayurvedic medicos have also got similar prospects as they are considered assistants to allopathic medical officers. Homoeopaths have no such provision as it is first difficult to convince hospital administration of their being equivalent to other medicos — allopathic and ayurvedic; secondly if somehow, he succeeds in getting the entry, seeds of death are sown, his grave dug and an impending allopathy practising Homoeopath (APH) is born.

In India, practising Homoeopathy is not lucrative. More Homoeopathic colleges than Homoeopathic hospitals are opened. Homoeopaths can hardly afford and maintain the modern amenities offered by sophisticated technology.

Now let us shift our attention from the above socio-economic aspect to the philosophical and legal point of view. Stating the flexibility and expedient nature of Homoeopathy, Dr Hahnemann in first aphorism of "Organon of Medicine" says that the "physician's high and only mission is to restore the sick to health, gently, rapidly and permanently." In this statement, he wants us to be physicians and not adamant Homoeopaths. According to Dr J T Kent, "The Homoeopathic physician is a physician of old school; but having extra knowledge of Homoeopathic medicine". Lack of standardization forces us to use allopathy, in the events of emergency, i e for acute pain etc. This is justifiable since physician's duty is to effect relief and convalescence. But these things consequently give rise to polypharmacy.

We must have flexibility and receptivity in the principles of Homoeopathic practice and should not always adhere to the medicines bearing the name and label of "Homoeopathic Medicine," thereby often ignoring the right given by law. In the Homoeopathic practitioners' Regulations Act approved by Central Government, it is



written in Sec 12, subsection 4, "Homoeopathic practitioner shall use any drug prepared according to Homoeopathic principle and adopt "Other necessary measures" confers on us the right, to use so called allopathic life saving drugs. Having some knowledge, we can use Paracetamol as we know by the experience that Paracetamol is the best, rapid and fast, gentle acting anti-pyretic medicine. It is useless to name Paracetamol as Allopathic or Homoeopathic medicine.

It would also be a one-sided and adamant approach if we wield only so called Allopathic Medicine and not avail the well established results of other branches of medicines since life is more important than hollow principles.

Dr M S DHILLON
DCH, MRCH MF Hom (London)
Link Road, Dhilwan — 144804
Punjab

FOR:

Should Homoeopaths be allowed to practise Allopathy?

The answer to the captioned question is certainly yes, if not, then why not? Allopathy and Homoeopathy are two sides of a coin. Both the pathies are incomplete. As we see, Allopathy is superior for investigation, diagnosis, surgery, palliation in terminal stages (when vital force is poor). But allopathy is lagging far behind in cases of allergic disorders, rheumatology,

diseases related to immunology, diseases of children like primary complex, tonsillitis, diseases of women particularly hormonal disturbances and many other chronic diseases of human beings. In these cases Homoeopathy is better and gives cure or prolonged relief/palliation.

Homoeopathy is far behind allopathy in certain acute emergency cases like Acute Myocardial Infarction, where there is a possibility of death.

Many times, fulminating falciparum malaria, which can be fatal can not be managed by Homoeopathy, but allopathy cures it.

Certain chronic organ diseases like cirrhosis of liver, chronic renal failure, hypertension, insulin dependent diabetes, congestive cardiac failure and epilepsy can be managed in a better way by allopathy as for palliation and relief to mankind is concerned.

Homoeopaths should be allowed to prescribe allopathic medicines. Those who oppose it, may be ignorant about limitations of Homoeopathy or they may be hypocrites.

But those who, have been in long practice know that allopathy is also an essential part of treatment along with/or separately in some cases.

Hence Homoeopaths must be allowed to prescribe allopathic medicines as and when needed.

Dr V P BANSAL
MBBS, MD (Allopathy), DHMS (Hom)
2 Manish Bagh, Indore



Gift, like Genius, I often think, means only an infinite capacity for taking pains.

— Jane E Hopkins.

Make Haste Slowly.

— Emperor Augustus.