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The Homœopathic Bulletin

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No. 7

IN REMEMBRANCE

In our last issue we announced the sad event of the death of our beloved Founder-Editor—Dr. D. N. Chatterjee. We shudder to think that he is no more with us, but his loving memory can never fade from our mind—a memory that will ever be a source of inspiration for us to fulfil his mission. There will, however, remain with us a feeling of emptiness with all its depressing effects. But there is one relieving factor and that is that the departed soul has left a large circle of friends and admirers who have spontaneously come forward to lend us their helping hands. Glowing tributes in hundreds are coming from all parts of India, and little did we know in his life time that he was so deeply loved and respected even by men outside the Homœopathic circle. Most of the tributes point to one outstanding trait in his character and that is his love of humanity.

It is this love of humanity that infused in him a burning desire to dedicate himself to Homœopathy. He could hardly distinguish between Homœopathy and Humanity, because he was convinced that in a poor country like India there could be no true service of humanity without Homœopathy. While he had nothing like any dogmatic bias against Allopathy, he found that this system of treatment with its prohibitive cost was beyond the reach of the 80 percent of people who live from hand to mouth in six lacs of India's villages. Homœopathy being a much cheaper mode of treatment was considered by him as the main instrument in solving the problem of health in our disease-stricken villages.

He often wondered why the Government should feel shy of homoeopathy when they seemed to be convinced by proper investigations about the efficacy of the Homoeopathic system of treatment. Not only from the humanitarian but also from the political point of view he found Homocopathy a power to reckon with. In to-day's context of total war, he **warned** the Government to take quick action for building up the health of dying masses for safeguarding our very independence, particularly in view of the threats of imminent war. He felt that what was wanted was to cover the villages with a net-work of Hospitals, Clinics, Dispensaries and Research Laboratories with the limited resources at our own disposal and with the least possible delay, and this could be done only by adopting Homoeopathic system of treatment on a wider and wider scale.

In order to make homoeopathy more effective in the treatment of diseases, Dr. Chatterjee was in favour of re-orientation of Homoeopathic study but without making it subservient to Allopathy. He was fully alive to the discoveries of modern science, and in these discoveries he saw the potentialities of the growth of Homoeopathy without detracting from the fundamentals of its philosophy. He was eager to make Homoeopathy a living system, keeping pace with the march of science. He, therefore, went all out to impress upon the Homoeopaths the importance of research work. Although he was in favour of including in the curriculum of Homoeopathic study such subjects as Anatomy, Surgery, Midwifery, Pathology etc., he warned that care should be taken that the identity of Homoeopathy is well maintained. Considering that the country immediately requires a large number of doctors, he advocated three or four years' Diploma Course keeping the doors open for the Degree as well as the Post-graduate course. He insisted on a common syllabus of study in all the States and use of regional vernaculars as the medium of teaching. He ruled out any provincial barriers for Homoeopathic Practitioners. In short, he saw the security and stability of Homoeopathy in the presentation of a united front by all the States. In his three thought-provoking articles published under

the caption "Crisis in Homoeopathy" in the three issues of the Homoeopathic Bulletin (June, July and August, 1959) he pointed out some of the dangers ahead of Homoeopathy. He proved by facts and figures that without wider scope of employment on a secure basis, Homoeopathy had ultimately no chance to survive even if its course of study was upgraded. He also warned against the danger of regimentation of Homoeopathic study by the Government, citing the instance of America where regimentation ultimately sealed the fate of Homoeopathy.

All these facts show how closely Dr. Chatterjee studied the problems of Homoeopathy in India. From the platform and the press he ceaselessly focussed the attention of the Government and the people on these problems with his constructive suggestions for solving them. A man of vision with wide sympathy and practical commonsense, his views easily carried conviction with all sections of people. It is, therefore, no wonder that he rose to peak of fame in the Homoeopathic world and his advice was sought from such distant countries as Australia and America. What a loss to Homoeopathy! Generations will remember him with gratitude for his invaluable services to Homoeopathy.

Let us now conclude our article with what we saw him as a Doctor. He was, indeed, unique as a healer of diseases. His relation with the patients was one of tenderness of a loving nurse. What he said in the course of the Convocation Address of Vidarbha Board of Homoeopathic and Biochemic Medicine, Nagpur, is still ringing in our ears. He said "if there is a profession that must be actuated by the ideal of 'service before self', it is the medical profession that takes care of suffering humanity. What a Doctor initially needs from the patients is their co-operation for probing the roots of diseases and this can be had only if he can win their confidence by love and sympathy". Here is fully revealed the true character of Dr. Chatterjee, and we may rightly say that he was an ardent missionary of Homoeopathy, a resourceful physician with intuition and insight, and above all, a man with a touch of nature.

Such a man cannot live in vain, and signs are not wanting that the delicate plant of Homoeopathy nurtured practically under his direction for about three decades, has struck deep roots and it promises to grow into a sturdy tree with its branches spreading over India's villages and ensuring the health and vitality to suffering millions under its protective shadow. The footprints of a man who lived and died for a mission, deserve to be well-preserved for the inspiration of the future soldiers of Homoeopathy.

May his soul be blessed with eternal peace !

—Editor

LIFE-SKETCH OF DR. D. N. CHATTERJEE

The sudden and unexpected death of Dr. D. N. Chatterjee (Dhirendra Nath Chatterjee) has cast a gloom over all those who had occasions to come into contact with him in his many-sided activities. He died of heart attack on November 29, 1961 at 6 p. m. at the age of 58. His death was like a bolt from the blue, inasmuch as there was nothing alarming about his condition even 24 hours before his death. In fact, he attended some of his patients even two days before his death, assuring them that he would resume his work in full swing from the 1st of December.

Dr. D. N. Chatterjee was born in 1903 at Bejgaon in Vikrampore, now in Eastern Pakistan. He comes of a family with traditions of refined culture, intellectual attainments, and other human traits that make one at once lovable to all classes of persons, high and low. All these traits were fully revealed in Dr. Chatterjee's life, and he may be called the representative man of his family. After receiving education for sometime in his village school, he had to come over to Calcutta along with his talented father and uncle, who being inspired by the Swadeshi movement of the day, threw themselves heart and soul into

building up the indigenous industries. Both the brothers (father and uncle) after years of struggle ultimately made their marks in the industrial life of the country, and they may be ranked among the pioneers of Tea Industry in Bengal. Naturally Dr. Chatterjee in his early youth had to share the storms and stresses of life with his father and uncle, and this hard experience stood him in good stead in carving out his career in the Homoeopathic field, not only as a renowned physician but also as a valiant fighter for the cause of Homoeopathy. In fact, he was a very familiar figure in the Homoeopathic world, and his views and opinions regarding the various problems of Homoeopathy carried great weight throughout the world. He used his famous "Homoeopathic Bulletin" as the vehicle for spreading his message.

Dr. Chatterjee had a very eventful career, and it would be worth mentioning how some mysterious dispensation made him take to Homoeopathic study. When he was yet in his teens, the whole country was convulsed with the Non-co-operation movement started by Gandhiji, and the emotional nature of young Chatterjee with a patriotic fervour could not resist the call of Mother India. Ultimately like many other fighters of the battle of Independence he had to undergo imprisonment. After his release he had to remain home-interned for sometime. The doors of all educational institutions were closed against him, and it was too much for this energetic youngman to remain inactive, and at last through the influence of the late Deshabandhu Chittaranjan Das he was admitted into the Bengal Allen Homoeopathic Medical College, the only opening sanctioned by the Government. Here he came into contact with two Homoeopathic savants, late Dr. N. M. Choudhury and late Dr. D. N. De, the Principal and the Secretary of the College respectively. These two persons were, indeed, a source of inspiration to him, and he found in Homoeopathy something akin to the philosophy of his own life. Even after his admission he suffered harrassment at the hands of the police. His professor Dr. D. N. De who was very much impressed with the talents of his much-persecuted pupil, gave him re-assurance, and it was

because of his influence that Chatterjee could continue in the college and complete his course.

In spite of his being constantly shadowed by the police he continued his political activities one way or the other until the year 1927. He was sometime the Secretary of the District Congress Committee, 24 Parganas, a member of the Provincial Congress Committee and also of A. I. C. C. He worked side by side with the great revolutionary leaders of the day, amongst whom may be mentioned the names of late Bepin Behari Ganguly and late Kali Sen who founded the Bengal Jute Workers' Union. He was sometime the Assistant Editor of the 'Sbramik', the first Bengali Weekly, to fight the cause of the labourers. Such constructive leaders of the time as Deshabandhu, Netaji, Sen Gupta had a great influence on him, as testified by his organisational work on the Homoeopathic front.

Soon after coming out of the College his services were sought by Dr. D. N. De to found the Dunhum College, now known as D. N. De Homoeopathic College. In recognition of his varied qualities, Dr. De was pleased to appoint him a Professor of the Institution. In 1927, he founded his Pharmacy, the Bengal Homoeo Stores, which has now several branches in the city. In June 1928, he started the publication of his invaluable Homoeopathic Journal familiarly known as the "Homoeopathic Bulletin" mainly for the propagation of what is called true Homoeopathy as propounded by our Master—Samuel Hahnemann. While sticking to the basic principles of Homoeopathy, he was always alive to the discoveries of modern science, and he spared no pains to inspire the new generation of Homoeopaths with research spirit for re-orienting Homoeopathy in terms of new discoveries but without detracting from its fundamental philosophy.

Dr. Chatterjee has written a number of books amongst which may be mentioned Family Physician, Drugs of India, Biochemistry, Treatment of Female Diseases, Materia Medica (Bengali). All the books are very useful and popular; particularly the first two books viz. Family Physician, and Drugs of India are in demand all over the world. In the pursuit of his research spirit he introduced many Indian Drugs in the Homoeopathic Materia

Medica, the notable of which are Terminalia Arjuna, Aswagandha, Colear Aromaticus, Cynadon Dactylon etc. Rauwalfia Serpentina about which we hear so much to-day even from America, was used by him as early as in 1934.

Indeed, his activities in the field of Homoeopathy are numerous, and during the past thirty years there has hardly been any important movement on which he did not bring to bear his influence. In 1932 he worked with late Dr. J. N. Majumdar, inaugurating the first All India Homoeopathic Conference which was held in Calcutta under the Presidentship of Dr. Yunan with himself as the Chairman of the Pharmacopea Section. In his speech he stressed the need of an Indian Homoeopathic Pharmacopea, and as the government are now also awakened to the need of such a Pharmacopea, Dr. Chatterjee's suggestion is bound to materialise in the near future. He was one of the founders of the State Homoeopathic Faculty of West Bengal as a co-worker with late Dr. J. N. Majumdar. He was the Chairman of the Reception Committee of the Convention organised by the International Hahnemannian Society held in 1949 under the Presidentship of Dr. N. M. Jaisurya M. D., and the President of the 24 Pargans District Homoeopathic Conference held at Baruipur in 1955. A year later he was elected the President of the Behar Sub-Divisional Homoeopathic Conference held at Jahanabad. He was sometime the Vice-President of the Indian Homoeopathic Medical Association and International Hahnemannian Society of India. At the time of his death he was a member of the Executive Committee of the State Homoeopathic Faculty, and the Principal of D. N. De Homoeopathic Medical College and Hospital (formerly Dunhum College), and under his guidance the College grew from strength to strength until it attracted the attention of both the Government and the Corporation of Calcutta who have volunteered to endow it with land and money for raising it to the stature of a full-fledged Homoeopathic Medical College. Alas! he did not live to see his dream fulfilled.

During the last four years he was very much in demand to guide the deliberations of almost all the important Homoeopathic

Conferences held in India. In 1957 he presided over the All India Homoeopathic Medical Conference held at Amritsar, in 1958, over the Andhra Pradesh Homoeopathic Medical Conference held at Rajahmundry, in 1960, over All India Homoeopathic Conference held at Hyderabad. His last important function was the Convocation Address of the Vidarbha Board of Homoeopathic and Biochemic, Nagpur, in 1960.

Besides all these activities, he took active interest in many humanitarian works. His contributions of free medicine to many Charitable dispensaries started by various Missions evoked the admiration of such Institutions as the Ram Krishna Mission, the Bharat Sevasram etc. The Jitendra Memorial Homoeo Charitable Dispensary for free treatment of the poor people was practically maintained by him during these thirty years of its existence. He was a member of the Executive Committee of several Educational Institutions. He took active interest in both outdoor and indoor games. He was the president of the Dhakuria Club, and was sometime an influential member of the Executive Committee of the famous East Bengal Club.

Every inch a sportsman, he faced the battles of life with a smiling face, inspiring all around him with hope and confidence. At the root of his character lies humanity. Love, pity and sympathy came naturally to him, and it is not surprising that his patients found in him not only a doctor but also a friend, guide and philosopher. He was a good talker, talking freely on many lively subjects, particularly the problems of modern life. He talked so familiarly with his patients and visitors that each one of them left with the impression that no other person was so near to the doctor as he, and naturally after his death every one of them is claiming himself to have been the doctor's dearest associate. With his profound knowledge of Hahnemannian philosophy he acquired a deep insight into human minds and he often used this gift to express in his familiar style the thoughts of the patients for themselves, and this gave the patients additional confidence in their doctor. As a talker he showed that he had also a lighter side of life with a fund of wit and humour. Free from any

rancour or hatred he hurled his sallies with equal effect both against his friends and rivals. He was quite at home with the children in their mirth and merriment, and they considered him as one of their own. Laughing and joking at this moment and turning grave and serious at the next, he, indeed, presented a very fascinating figure. He was the very model of a gentleman with dignified manners and charming disposition that attracted others like a magnet.

During the last few years of his life he developed some of the rare qualities of a mother, administering solace and comfort not only to the sick and the distressed but also to those who came to him in hundreds for solution of many difficult problems of life in confidence. He often used to say that he had no hatred against anybody, but he could not help being angry, particularly with those who were nearest and dearest to him. Another feature which recently attracted the attention of his close associates is his soft corner for the poor dumb animals. He often spoke of his domestic animals in very touching terms. All these virtues show the real man in Dr. Chatterjee, and it is no wonder that none who came in touch with him, can resist his or her tears at his sad demise. May his soul rest in peace!

EXTRACTS FROM LETTERS OF CONDOLENCE

..... shocked to learn the sad news of the death of our esteemed friend, Dr. Chatterjee. Last Sunday (26.12.61) received an express letter from him asking me to preside over the Purulia Conferencehow uncertain life is..... We have lost a staunch Nationalist, a senior Homoeopath and a perfect gentleman. The loss of the homoeopathic world is still greater....

Dr. Yudhvir Singh,
Chairman

Board of Homoeopathic System of Medicine, Delhi

I wish to convey our heartfelt condolences a Veteran homoeopath, a brilliant asset for the cause of homoeopathy in India & abroad.

Dr. Motilal,
Hirande Homoeo Trust, New Delhi

..... It is a severe blow indeed for the whole homoeopathic profession. He presided many a conference in Andhra. His services are eternal in the history of Homoeopathy.

P. S. Krishnamurty
Rajahmundry

..... the death of Dr. D. N. Chatterjee is a great loss to me personally as well as to the Homoeopathic profession in India... We had been jointly working in the propagation of Homoeopathy..... was closely associated with the foreign homoeopathic association for the furtherance of homoeopathy.

Dr. M. Das
Calcutta

.....shocked to note the sad demise of our beloved colleague Dr. D. N. Chatterjee. Homoeopathy suffers irreparable loss due to his departure.....

Surendra Nath Mondol
Chairman of Executive Committee
General Council & State Faculty
of Homoeopathic Medicine, W. B.

... .. this association places on record its deep sense of sorrow and bereavement at his demise..... This meeting remembers with respect and gratitude all that he did for the profession of homoeopathy through his wise counsels.

Chairman,
The Indian Homoeopathic
Medical Association, Cal

EXTRACTS FROM LETTERS OF CONDOLENCE

..... shocking and sad information about the demise of Dr. D. N. Chatterjee Please convey my sympathy to the family.

Sd/- P. N. Bhatnagar
Treasurer
All India Homoeopathic Medical Association
Delhi

The sudden death of Dr. Chatterjee has shocked me much His enthusiasms and active help has inspired me a lot to take the heavy risk of the State Conference for which he acted upto the last breath.....

M. P. Chakravorty,
Secretary,
Homoeopathic State Conference Committee, Purulia

.....Although he has left us and attained Nirvana, we will always remember him for his selfless services as a Doctor and for the cause of Homoeopathy.

V. S. R. Murty, Andhra.

..... shocking and unbelievable he had dedicated himself thoroughly to the cause of homoeopathy the homoeopathic world has lost a dear friend, unfailing guide and advisor.

T. V. Veera Raghavan
Hyderabad

°Late Dr. D. N. Chatterjee was my Colleague and friend at various Homoeopathic Conferences ... He was a stalwart of contemporary homoeopathic profession.

Dr. G. B. Patel, D. F. Hom. (London)
Navsari, W. Rly

..... Shocking news, ... irreparable loss to Homoeopathy God bless departed revered soul

Rangareddy,
Secunderabad.

The death of my Guru struck me like a bolt from the blue pray to God that the departed great soul may rest in peace in heaven.

Dr. S. Varma, D. M.S., B. A., M. I. H. M. A.
Hazaribagh.

. The association and its members deeply mourn his sad demise the profession has lost a man who lived and moved with dignity maintaining the highest traditions of Homoeopathic practitioners

Gourinath Mukherjee
Secretary, Purulia Dist. Homoeopathic Medical Association

. noted the contents with a heavy heart . . . Alas! I was not informed earlier . . . my ill luck that I could not have Darshan.

Dr. R. Sinha
Jehanabad (Gaya)

The sad news came like an electric shock he was my brother and guide in medical line . . . there are so many things to be expressed but my eyes are full of tears

Dr. Rajabhoj,
Nagpur.

The death of Dr. D. N. Chatterjee a close associate of of late Dr. N. M. Choudhury . . . has come to us as a personal shock and as a great loss to the homoeopathic world We offer our Condolence to the bereaved family.

Chang Yu Ming, President.
D. K. Choudhury, Secretary,
N. M. Choudhury Memorial Homoeopathic
Medical College & Hospital, Calcutta

. shocked to hear the death of my loving sir, from whom I had a fatherly affection.

Dr. Dhirajlal, Maharashtra

INDIVIDUALISM IN MEDICINE

We convey our deepest sympathy no words to express our gratitude to our late president

Members of the Homoeopathic Association,
Dhakuria, Cal-31

D. N. C.

Death Never Comes (to you)

While faithfully and triumphantly carrying the colours of Hahnemannian Homoeopathy since good many years and upholding the traditions left behind by his name sakes i.e., other D.N. s (Drs. D. N. Ray & D. N. De), the cruel hands of death has snatched away Dr. D. N. Chatterjee, in the evening of the 29th. November, 1961.

. In his death the profession and the general public have lost a man who could take a detached view of everything without being involved and the patients have lost—not a doctor but a physician who had been their friends, philosopher and guardian angel.

K. L. Ray.
30. 11. 61.

INDIVIDUALISM IN MEDICINE

JOHN HENRY CLARK, M.D., London

Continued from our last November issue, 1961.

Therefore *Pulsatilla* was the Individual complement of the second Individual case. Half a drop of the 12th dilution of *Pulsatilla* was prescribed and this was given in the evening. "The next day he was free from all ailments, his digestion was restored; and a week thereafter, as he informed me, he remained free from complaint an well."

Here we have individualisation in its completest and simplest form, and if our friends of the *British Medical Journal* sincerely wish to see the lost art of Prescribing restored to the Medical Faculty, it can only be done in the way Hahnemann has shown,

Labels must be discarded. They have their uses, but they must be servants and not masters. Actualities, whether in cases of illness or in medicinal powers, are all that really count.

When once a picture has been composed of all that is observable in a patient, of all that he experiences in abnormal sensations and symptoms—that is the illness that has to be removed whatever name may be attached to it. And, fortunately that picture is the very thing which it is possible to match, as we have just seen, with the symptom-producing powers of medicaments.

And here comes in Hahnemann's wisdom in building up a *Materia Medica* of the actual symptoms produced by these powers on himself or others, by arranging *the symptoms in an anatomical list*. There is no theorising needed here—no question as to whether the Vagus nerve, the sympathetic system, or this or that tissue or organ is at fault. When we are told that a patient has a certain symptom or set of symptoms that occur *only on movement*, Hahnemann's arrangement enables us to find through the Index or Repertory, which is the *Materia Medica* complement, what medicines have caused that particular kind of symptom. When the correspondence has been found in that respect, other characteristics can be matched in a similar way, so that the whole picture can be found.

In Hahnemann's day, when much fewer remedies had been "proved" than at present exist, it was easier to memorise the bulk of the symptoms, with their conditions of aggravation and amelioration, of the principal remedies than it is at present, but the main lines of the symptomatology of a large number of remedies can be carried in the mind, and Hahnemann's arrangement, along with the Repertories, enables us quickly to find which remedies have in their picture the symptoms we are seeking together with the conditions under which they occur. This fact proves the complete futility of the contention of Dr. Richard Hughes, that Hahnemann's schematic arrangement is a mistake.

In the two instances given of Hahnemann's method of individualising cases and remedies, every symptom of each of the two

cases is canvassed and compared before the final selection of the remedy is made. It must not be imagined that it took Hahnemann as much time to fix on the remedy as it did to write out how he found it. But in cases that are less clear and obvious, Hahnemann's method is the surest guide in the quest. In general, if three salient symptoms of a case can be matched in a remedy it will be found that the rest of the symptoms are more or less in the correspondence.

Another thing to be borne in mind is that *any remedy may be called for in the treatment of any case of any disease*. There is no limit to the possible combinations of symptoms in cases of disease, or in the symptom-register of drugs, and when the correspondence is clear and marked, that is the remedy in that phase of the case, whatever the name of the disease may be.

It must not be imagined that because in the two cases of "Indigestion," as we may label them, *Bryonia* and *Pulsatilla* were curative, that therefore these are "Indigestion remedies" and remedies for nothing else, or that they are the only remedies that will cure cases of "Indigestion." The reign of labels whether in nosology or in therapeutics must be put an end to before true liberty—not of *thought* but of *vision*—can be attained.

I fully agree with the *British Medical Journal* in saying that the first requisite for success in prescribing is "*An intimate knowledge of the therapeutic uses of drugs and their doses.*" Such knowledge can only be obtained by a practical acquaintance with what each drug has done in the way of causing and curing illness. It is only in this way that the living powers embodied in the drugs can be intimately known and utilised. Such knowledge, thanks to the labours of Hahnemann and his followers, is now attainable.

The Foundation of *Materia Medica* as already shown, are twofold—The Spiritual Powers of Natural substances, on the one side, and the Intelligence of the Physician on the other. It is the function of the latter to master a knowledge of the former and to wield these powers in the service of the sick. This he can only do successfully if he makes up his mind to perfect himself in the dual Art of INDIVIDUALISATION.

COMPARISON OF TABACUM AND LOBELIA*

GEO. E. DIENST, M. D.

Read by A. H. GRIMMER, M. D.

TABACUM

Running all through the proving and effects of tobacco, is a group of general symptoms or states that give it was distinctive mark of individuality.

Weakness, even to prostration and fainting; nausea, of a deathly kind, with pallor and cyanosis; cold, copious perspiration over the body; vertigo, with headache and disturbed vision. All these symptoms are worse in a close room and relieved in the fresh, open air and from cold applications. There is one exception, the ear symptoms are worse in the open air. Motion and exertion aggravate conditions, in fact, the weakness is too profound to even try to move. One exception here has been noted in a peculiar type of backache, which was worse lying and relieved walking. Clark in his *Dictionary* notes a cure reported by Dr. Boger with *Tabacum* c.m. The symptoms come in paroxysms and are periodical. A peculiar and valuable therapeutic symptom is uncovering the abdomen, in abdominal troubles, relieves the nausea and vomiting especially in children.

Such, in brief, is an external aspect of this remarkable remedy. Clarke mentions its power to cause alternating states, such as the relaxation and weakness, and the convulsive and spasmodic conditions. Besides the profound, general weakness noted it causes constriction and spasms of the throat, rectum, bladder and chest. The mind is gloomy and melancholic with inclination to weep. Anguish and inquietude, generally in the afternoon, relieved by weeping. Restlessness which prompts continual change of place, aversion to labor and conversion. Excessive vertigo; mental faculties much impaired; cannot read or study; sufferings from abuse of tobacco; difficult

* Read before the I. H. A. Bureau of Materia Medica, June 1931.

COMPARISON OF TABACUM AND LOBELIA

concentration of mind for any length of time on one subject. Feels as if some one were coming to arrest him, or to murder him; always with singing in ears. Suicidal tendencies, gloomy forebodings, inclined to hang head down, breath becomes short, appetite goes. Feels intoxicated, hands and feet tremble or there is over excitement and great liveliness, with songs, dancing and great loquacity. Abject cowardice, thinks he is going to die and is in extreme terror of death (from smoking too many cigars). Frequent laughter without cause, silly talk, cannot stop, loss of memory, attacks of silliness, cannot help talking foolishly, and memory goes, blames himself for things, idiotic, epileptic idiocy, cataleptic state, stupor, coma.

Clarke mentions its clinical application in an imposing list of diseases and conditions: Amaurosis, anæmia, angina pectoris, prolapsus of anus, apoplexy, asthma, backache, anæmia of brain, brain-fag, catalepsy, cholera, cholera infantum, color blindness, constipation, diarrhoea, epilepsy, freckles, glands enlarged, heart intermittent, hernia, hiccough, idiocy, jerking of leg, cancer of lip, effects of masturbation, Meniere's disease, stricture of œsophagus, prostatorrhœa, pruritis, optic neuritis, pruritis of pregnancy, sickness of pregnancy, toothache of pregnancy, pyrosis, paralysis of rectum, stricture of rectum, seasickness, speech embarrassed, strambismus, tetanus, toothache, varicocele. This gives a brief picture of the leading symptoms and clinical uses of tobacco for human ills.

It is antidoted by *Ars.*, *Ipec.*, *Camph.*, *Acetic acid*, *Puls.*, *Plant.*, *Phos.*, *Sepia*, *Verat. alb.*, *Lyc.*, and *Malic acid* (sour apples).

• LOBELIA INFLATA

Like *Tabacum*, this remedy has been used in a long list of complaints: Alcoholism, alopecia, angina pectoris, asthma, amenorrhœa, cardialgia, cough, cramp, deafness, debility, diarrhoea, dysmenorrhœa, dyspepsia, emphysema, faintness, gallstones, gastralgia, hæmorrhoidal discharge, hay-asthma, morning-sickness of drunkards and of pregnancy, morphine habit, palpitation, pleurisy, psoriasis, rigid os, seborrhœa, pain in

shoulders, effects of tea, stricture of urethra, serous discharge from vagina, vomiting of pregnancy, wens, whooping-cough.

It has the relaxation and weakness, the nausea and vertigo, and the cold, profuse sweats with pallor, found so strong in *Tabacum*, but in *Lobelia* these symptoms are generally accompanied by a peculiar tingling and sticking as of fine needles from within out over the body. The asthma and cardiac symptoms are stronger under *Lobelia*. There is more præcordial pain in *Lobelia*, and the sense of constriction at epigastrium, chest, heart and œsophagus, is stronger than in *Tabacum*. The power of profound relaxation, alternating with constrictions and convulsive tendencies is common to both.

The sensitiveness to touch is more marked under *Lobelia*, especially the pain in the sacrum associated with menstrual suppression. *Lobelia* acts curatively in many cases in which a history of some suppression is found. It has an action like *Silica* in expelling foreign particles from internal parts. It has produced the expulsion of a bone from the bronchi. There are more skin manifestations, that is, eruptive conditions, than in *Tabacum*. Psoriasis has been cured by *Lobelia*, and its symptoms and clinical use show a close relation to tuberculosis and syphilis.

A strange thing about these analogues, is that one, *Tabacum*, is antidoted by vinegar, and *Lobelia*, according to Cooper, acts stronger and more curatively with acetic acid.

Clarke observes that in chronic conditions the *Lobelia inflata acetate* acts best, and that in some acute conditions, where relaxation and elimination are desired, the uncombined *Lobelia* produces the best results.

The mental states are somewhat similar in both remedies. Under *Lobelia* we find mental inquietude, great depression and exhaustion, presentiment of death and dyspnoea, sobbing like a child, violent raving with flushing face, and palpitation every evening after an hour's sleep; lost his reason and became convulsed, it required several men to hold him, this continued till death; felt he was dying with distress at chest; felt he was dying but was unconcerned (*Tabacum* was in terror).

COEPARISON OF TABACUM AND LOBELIA

In the asthma of *Lobelia* there is a weak sensation at epigastrium, spreads upward into chest, also profuse salivation accompanies the asthma.

Lobelia is antidoted by *Hcc. Dig.* and *Tab.* are to be compared in heart affections.

A few red line symptoms will aid as a reminder of this remedy's power:

Vomiting aggravated by motion.

Sudden pallor with profuse sweat. With the asthma there is a weak sensation at the epigastrium spreading up into the chest.

Nausea with a lump sensation at stomach and copious salivation, also occurring in asthma.

• Headaches, chronic, from suppressed discharges.

Inherited tuberculosis and syphilitic tendency of children. Cooper compares it in value with *Ars. iod.* and our foremost anti-psorics.

In the broncho-pneumonia of childhood, *Ip.*, *Ant. tart.*, and in imperfect recoveries from chest affections especially where tuberculosis threatens, *Lobelia* may be valuable.

Faintness at the stomach is a grand characteristic of the remedy. Constant dyspnoea aggravated by the slightest exertion, and increased to an asthmatic paroxysm by even the shortest exposure to cold. Sensation of weakness and pressure at epigastrium, rising to heart. These constrictions may be found in the œsophagus and larynx also. Extreme sensitiveness and tenderness over the sacrum, cannot bear the touch of the bed clothes in menstrual troubles.

The nausea of *Lobelia* is continuous and accompanied by a constant flow of saliva. This indication is met in suppressed menstrual flow, in the morning sickness of pregnancy, and in the vomiting of drunkards.

With every uterine contraction violent dyspnoea which seems to neutralize the labor pains, rigid os, and perineum.

Urine has a deep red color any deposits a copious red sediment (Gueritsey).

Lobelia expects death, feels it coming, yet is unconcerned.

Tabacum thinks he is going to die and is in dreadful terror of death.

With this brief study and comparison of these unique remedies, we hope to awaken interest and discussion that may add more wealth to the archives of our wondrous materia medica.

—From *The Homœopathic Recorder*, 1931

A CASE OF ASTHMA*

H. A. CAMERON, M. D.

About a year ago, a patient of mine asked me if homœopathy could do anything for asthma. I told him that cases had been reported in which benefit had followed the prescription of the indicated remedy, and he then asked me to visit a young man in whom he was interested, a former employee of his who for months had been confined to the house and for the most part to bed with continuous attacks of that disease. He informed me that the young man was quite a philosopher and a linguist, being conversant with all the works of the greatest writers on philosophy, and also being able to read and write seven or eight languages as he had been forced to relieve the tedium of days and nights' wakefulness by reading and study.

On June 2nd of last year, I called upon this patient, and found a man of thirty years of age, undersized, emaciated, pallid and laboring for breath, and this is the story he told me:

Has had attacks of asthma since he was two years of age; the disease developed after measles, but there is a history of asthma on both sides of the family.

The attacks are brought on or are aggravated by inhaling the pollen of plants, by tobacco smoke, by dust; are worse after a meal (on this account he must eat very little at a time); worse after a sleep, the longer the sleep the worse the aggravation, because of the accumulation of phlegm; worse in the country, on account of the pollen; worse in the Upper Peninsula of Michigan and on the Island of Mackinac, where sufferers from asthma go for relief; worse if he gets chilled, or if he expose

A CASE OF ASTHMA

the surface of the body, even to the rolling up of the sleeves; worse from worry or anger; worse during the night; and worse from eating pop-corn or peanuts.

The attacks are ameliorated by living in a city, where there is less vegetation than in the country; better during damp weather (because of the laying of the dust); better after stool and after urination; better from sitting bent forward, from kneeling, and from assuming the knee-chest position.

The narration of his sufferings revealed a life-long fight for breath, so that ill-health to him was natural. I noticed in his book case grammars and works upon nearly every European language and primers on Samoan and Japanese. Taking up a book on Polish, I remarked that I had been told that it was the most difficult of all the Old World languages, and to this he replied, "You would find it easy after an attack of asthma".

Well, prompted by the characteristic relief from the knee-chest posture which is unique to *Medorrhinum*, I gave him one dose of the 20th potency of that remedy. One week later I called upon him, and he reported that he was very much better and sleeping well. After this he was able to come to the office, a distance of about five miles, every week, and on each visit for five weeks I noted upon his record continuous improvement. On the occasion of that visit I gave him another dose of the 30th potency, as there had been a recurrence of the dyspnoea, although nothing like what he had suffered from it all the previous winter. He was now able to return to work at which he has continued till now, working sometimes twelve hours a day. He was unable to work for about two weeks suffering from an attack of epidemic influenza last December. Excepting the remedies he then had for that attack and its consequent weakness (*Gelsemium* 200, *Lycopodium* 1000 and *Arsenicum* 200) and one dose of *Mentha piperita* 30, which was given, with relief, to overcome the bad effects caused by the tobacco fumes which clouded the air of his office, he has had only *Medorrhinum* given in the single dose at long intervals, sometimes two months elapsing between the prescriptions, and the reports have been of continuous benefit during the whole year.

He told me on one occasion that he had had over a hundred

* Read before the Connecticut Homœopathic Medical Society.

doctors for this condition of his health without receiving any relief; that the only honest one he found among them all was one who told him, "I cannot help you"; and that when his friend suggested my seeing him, it was with reluctance that he agreed for he knew it would only bore him, and he gave in to the arrangement at last with the mental reservation that it would but add one more to the list of frauds in the medical profession.

A week or so ago I gave this patient one dose of the 200th as I judged that the 30th had done all it could in his case, and yesterday in speaking with him over the phone, I asked him how he was, and his characteristic reply was, "I don't see how I could feel any better than I do. How are you?"

Pardon me while I mention something that is outside the medical aspects of this case. I found my patient a cynic in all things pertaining to this life, and a sceptic concerning spiritual matters, and so after dealing with his physical ailments, I felt it imperative that I should bring before him the Gospel of our Lord and Saviour Jesus Christ. His reaction was revealed in the answer he gave to his boss who called upon him soon after: "Well, what do you think of Dr. Cameron, Ferris?" "To tell you the truth," replied the patient, "I think that he would sooner save my soul than save my life." Suffice it to say that now he is a very happy believer in the Gospel of God, the good news that "Christ died for the ungodly," and that he is ready to defend the proposition that while homoeopathy is pre-eminent for the maladies of the body, the Gospel of Christ is the sovereign specific for the needs of the soul.

From The Homœopathic Recorder, 1929

My impression of Dr. D. N. Chatterjee

It was not long that I came in contact with Dr. Chatterjee. The first time we met was probably in 1954; but we met at a critical moment in the history of our institution, D.N. De Homœopathic Medical College & Hospital. Since then our acquaintance grew thicker into intimacy and ultimately to something more than what we usually understand by mere friendship. His ascendancy to the post of the Principal of the institution was

phenomenal and pregnant with bigger and biggest possibilities for the institution and homœopathy in India. In 1956 we had been to Delhi on Central Government invitation where we met a number of M. P.'s including Dr. Jaisooria and Dr. Yudhvīr Singh, the then Health Minister; our mission was a complete success; here I first came to realise the tremendous influence that Dr. Chatterjee held in the minds of the Homœopaths and others interested in the health matter of our country. We have always worked in closest association where Dr. Chatterjee's wisest counsels have always helped me in solving many of deadlocks that unavoidably creep in, in matters of public interest. It was only two days before his death that we had been talking of the teaching problems in homœopathic institutions.

° But the will of Providence must always hold. Whatever may be our personal losses we can only pray to God at the present moment and always that the Blessed Soul may rest in peace.

Dr. S. D. Sircar, General Secretary,
D. N. De. Homœopathic Medical College & Hospital

NEWS

Dr. Natabar Mahanty of Cuttack, member of the state Board of Homœopathy, Orissa, accompanying Sri Abhimanya Rath, member-Parliament and Sri Loke Nath Misra, member-Parliament visited the D. N. De Homœopathic Medical College and Hospital on 11.12.61 at 4. p.m. and they also went to the residence of late Dr. D. N. Chatterjee at 1, South End Park, Calcutta-29 to pay their homage to the departed noble soul of Dr. Chatterjee and had a talk with Drs. N. K. Chakrabarty, A. B. Dutta, M. Das, D. Pramanick, S. D. Sarkar, and K. Mukherjee regarding the president of Homœopathy in West Bengal.

ANDHRA PRADESH HOMŒOPATHIC CONFERENCE

The Vth Andhra Pradesh Homœopathic Conference will be held on 25th December, 1961 at Rajahmundry. Justice Shri P. Satyanaryana Rao will preside over the conference, Dr. N. M. Jaisooriya will preside over the Scientific Session. Shri T. Sesha chari, I. A. S., Hyderabad, will unveil the photo of late Dr. D.N. Chatterjee.

WEST BENGAL HOMŒOPATHIC CONFERENCE

The two day session of the West Bengal State Homœopathic Conference will be held at Purulia on 25th & 26th December '61. Dr. Yudhvīr Singh, M.D. Ex-Health Minister of Delhi will preside.

A. I. H. M. A.

The meeting of the General Council of the All India Homœopathic Medical Association will be held at Delhi Public Library at Delhi on the 31st December 1961.

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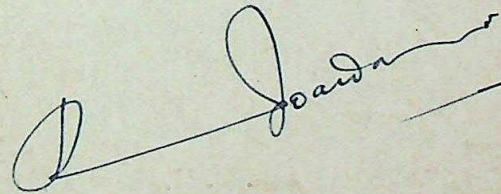
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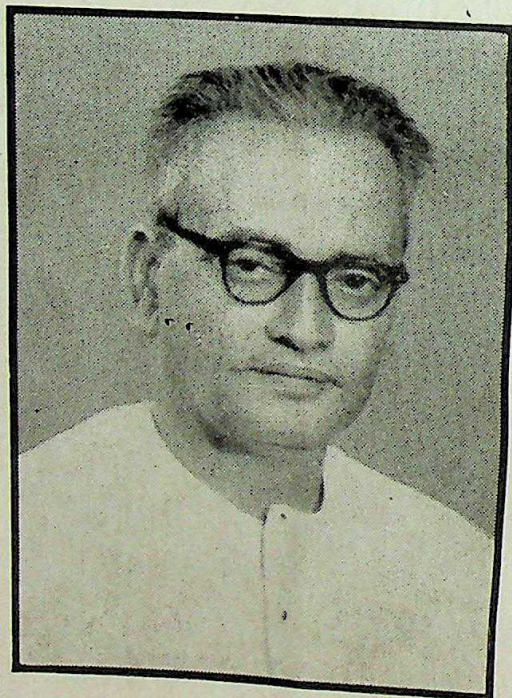
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DR. D. N. CHATTERJEE

Born :—4th November, 1903

Died :—29th November, 1961

DR. D. N. CHATTERJEE PASSES AWAY

It is with a very heavy heart that we announce the sudden and unexpected death of Dr. D. N. Chatterjee, the founder-editor of the Homœopathic Bulletin on the 29th Nov. 1961 at the age of 58. Little did we think even on the 27th November that the end was so near. On the 17th November he felt some discomfort with spells of spasmodic cough accompanied with slight fever. After having complete rest for about a week he was on way to recovery and apparently he was fit enough on the 26th and 27th November to oblige a number of patients, going so far as to assure them that he would resume his routine work from the 1st of December. But alas! that was not to be. On the 28th November he had a heart attack—so severe it was that he succumbed within 24 hours. Even a week before, he wrote to Dr. Yudhvir Singh of Delhi requesting him to accept the presidentship of the West Bengal Homœopathic Conference to be held at Purulia on the 25th & 26th December. He was so confident about himself that he assured Dr. Yudhvir Singh that he would be by his side at the Conference. About a week before this he also wrote to Dr. Jaisoorya of Hyderabad on matters how to make the conference a success, and all this shows that he took an active interest in all that concerns the welfare of Homœopathy up to the last moment of his life. Indeed, he died in harness—dying for the cause of Homœopathy as well as living for it. May his soul rest in eternal peace, inspiring the younger generation of Homœopaths to live up to his spirit.

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INDIVIDUALISM IN MEDICINE

JOHN HENERY CLARK, M.D., London

Intimately connected with the two discoveries of Hahnemann—*Materia Medica Pura* and *Dynamisation*—is another matter which has recently come into prominence. The late Sir James Mackenzie was one of the most insistent of modern teachers on the necessity of individualising cases—that is to say, for considering every case on its merits independently of the disease. It is not enough, it is said, to affix a label to a case and then to treat the label. Each label affixed to it. If, for example, the label decided upon is "rheumatism," we must note which localities or tissues are the seat of pain or swelling, and what is the state of all the organs and functions not directly affected by the actual disease. Individual patients who can be truthfully labelled with the same clinical designation may be poles asunder in general characteristics, and cannot then be properly treated on identical therapeutic lines.

This is where Hahnemann's discoveries step in to solve a difficulty. When an allopathic physician has thoroughly individualised his case, what can he do with the data he has secured?—*Nothing!* That is, he can treat on "general principles," but he has no method of *individualising a treatment* that will fit the picture he has made of his individualised case.

The great defect of modern therapeutics is the absolute lack of distinctive indications for particular remedies in particular cases; and those highly intelligent persons who are employed by the manufacturing chemists to instruct medical men in the virtues and properties of their special products cannot help us

much. I always like to see these representatives of the great manufacturing houses when they call. I seldom fail to learn something from them, but they are rarely able to name definite guiding symptoms which call for one medicine in preference to numbers of others of its class. General indications they can give, but individual, specific indications for individual cases they can give very seldom.

The *British Medical Journal* recently (September 21st, 1929) devoted a leading article to this topic under the title of "The Decline in the Art of Prescribing," and in the course of it made the remark that "skill in the administration of medicaments is in danger of passing, just at a time when science has brought to the physician's aid drugs of known composition and proved efficacy." In reference to the value of certain specific medicines, the writer says. "The practitioner who has studied the art of prescribing, who possesses a thorough knowledge of the properties and actions of everyday drugs, who puts no trust in routine formulae, but writes his prescriptions *to meet the requirements of each individual patient* [italics mine], may, indeed, in the treatment of such maladies, achieve successes as dramatic as any that are attained by specific remedies"—all of which reveals the presence of the individualising idea, but says nothing of how it may be utilised. When it comes to pointing the moral of his tale, the writer tells us that the factors which make for success in prescribing are as follows:

"(1) An intimate knowledge of the therapeutic uses of drugs and their doses;

"(2) Avoidance of Incompatibility; and

"(3) The administration of nauseous drugs in a palatable form"—which is really telling us nothing which every intelligent person did not already know.

Vastly different was the method of Hahnemann. He knew better than any modern the vital necessity of individualising every case of illness, independently of its clinical name, and he gave practical directions how this could be precisely effected. Moreover, he learned to individualise cases AFTER having first discovered the art of individualising remedies. It would therefore seem

that our modern therapists have started to work their individualising idea—which is perfectly right in itself—at the wrong end of the route.

As is well-known, Hahnemann began his work of individualising remedies with *Cinchona Bark*, which was the only remedy known to him which could cure some cases of intermittent fever and suppress it in most of the cases which it could not cure. The details of his experiences are given in the Preface to the article on *China* (his name for *Cinchona*) in his *Materia Medica Pura*. He showed that only "by impartial observation, clear experience and pure experiment" could true data be found, and he proceeds:

"Setting aside all guesswork and all traditional unproved opinions, I adopted the latter method, and I found, as with the other medicines, so especially with *Cinchona Bark*, by testing its dynamical powers on the healthy human being, that as certainly as it is extremely curative in some cases of disease, so surely can it develop the most morbid symptoms of a special kind in the healthy human body; symptoms often of great intensity and long duration.

In a footnote to the article he writes:

"As long ago as 1790"—the date of the edition in which this Preface appears is 1830—"I made the first pure trial of *Cinchona Bark* upon myself, in reference to its power of exciting intermittent fever. With this first trial broke upon me the dawn which has since brightened into the most brilliant day of the medical art; that it is only in virtue of their power to make the healthy human being ill that medicines can cure morbid states, and, indeed only such morbid states as are composed of symptoms which the drug to be selected for them can itself produce in similarity on the healthy."

And this is his demand for exact individualisation of remedies:

"How could physicians act so stupidly as to think of substituting other things for *Cinchona Bark*, which in its dynamic action on the human health, and in its power to derange that health in a peculiar manner, differ so immensely from every other medicinal substance in the World? How could they dream

of finding a *surrogate* for *China*, that is to say, a medicinal substance of identical and precisely the same medicinal power among other extremely different substances? Is not every kind of animal, every species of plant, and every mineral *something peculiar, an entity never to be confounded, not even in external appearance, with any other?* [Italics mine.] Could any one be so short-sighted as from their external appearance to mistake a *Cinchona* tree for a Willow tree, an Ash or a Horse-chestnut? And if we find these plants differ so much in their external characters, though nature cannot offer so much difference to a *single* sense—that of vision—as she can, and actually does, to *all* the senses of the practised observer in the *dynamic* action of these various plants on the living healthy human organism, shall not attention be paid to these latter, the multiform peculiar symptoms, which each single one of these plants elicits in a manner so different from those of the second and third, and whereon alone depends the specific medicinal power of each medicinal plant with which only we are concerned in curing disease? Shall we fail to perceive *their* high significance, shall we fail to recognise *them* as the *highest criterion* of the *differences of drugs among one another?* Or shall we consider all things that have a bitter and astringent taste as identical in medicinal effects, as a kind of *Cinchona Bark* (as Cullen does) and thus constitute the coarse sense of taste in man (which can scarcely judge of similarity of taste, but never of identity of medicinal power) the supreme and sole judge for determining the medicinal significance of the various plants? I should think it was impossible to act in a more short-sighted and foolish manner in matters of such extreme importance for the welfare of humanity."

It would be impossible to put the doctrine of Individualisation more cogently or clearly than this. I have taken the liberty of italicising a few words and passages. The translation is the masterly one of Dr. Dudgeon, Hahnemann, after alluding to so-called "substitutes" for *Cinchona*, continues:

"No! the truth of the matter, which has been perceived, is as follows: It is not in the bitterness, the astringent taste, and the so-called aroma of the *Cinchona Bark*, but *in its whole*

intimate nature, that resides the invisible dynamical working spirit, that can never be exhibited in a material separated condition (just as little as can that of other medicinal substances), whereby it differentiates itself from all other medicines in the derangements of the human health it causes."

In the "Preamble" to this edition of the *Materia Medica Pura*, Hahnemann gives two cases which show how he individualised cases and their remedies. He says:

"Every case of non-miasmatic disease is peculiar and special; and it is the *special* in it that distinguishes it from every other case, that patients to it alone, but that cannot serve as a model for the treatment of other cases. Now, if we wish to describe a complicated case of disease consisting of many symptoms, in such a circumstantial manner that the reasons that influence us in the choice of a remedy shall be clearly revealed, this demands a multiplicity of details fatiguing at once for the describer and the reader.

"In order, however, to comply with the desire of my friends in this also, I may here detail two cases of homœopathic cure of the most trivial character."

Simple and "trivial" as they are, these two cases reveal the essence of the Individualising art. I will now give them.

I. "Sch—, a washerwoman, somewhere about forty years old had been more than three weeks unable to earn her bread, when she consulted me on the 1st September, 1815."

Here follow the individual symptoms of her malady:

"1. On any movement, especially at every step, she has a shock in the pit of her stomach, that comes, as she avers, from her left side.

"2. When she lies, she feels quite well; then she has no pain anywhere, neither in the side nor in the pit of the stomach.

"3. She cannot sleep, after 3 a.m.

"4. She relishes her food, but when she has eaten a little she feels sick.

"5. Then water collects in her mouth and runs out of it, like water-brash.

"6. She has frequent empty eructations after every meal.

"7. Her temper is passionate, disposed to anger. When the pain is severe she is covered with perspiration. The catamenia were quite regular a fortnight since, 'In other respects her health is good'."

Here is a perfectly individualised case of illness. It matters nothing at all what label you like to affix to it, the entire trouble is in the picture drawn. Now let us take the second case.

II. "W—, a weakly, pale man of 42 years, who was kept constantly at his desk by business, consulted me on December 27th, 1815; he had been already five days ill.

"1. The first evening, without manifest cause, he became sick and giddy, with much eructation.

"2. The following night (about 2 a.m.) sour vomiting,

"3. The subsequent nights violent eructation.

"4. Today also severe eructations of fetid odour and sourish taste.

"5. He felt as if the food lay crude and undigested in his stomach.

"6. His head felt wide, hollow and dark, and as if sensitive internally.

"7. Sensitive to the smallest noise.

"8. His disposition is mild, soft and patient."

Here is another perfectly individualised case. The whole illness is depicted and no name is attached.

Both of these cases might very well carry one and the same label—"Indigestion." And both might have been treated with "stomachics," "tonics" or what not. But how did Hahnemann deal with them on their individual merits?

As I said above, Hahnemann learned to individualise cases by having first learned to individualise remedies. And this art he learned by taking them himself when he was well—in his own phraseology, by "proving" them. By the symptoms each drug produced in himself he learned in the most intimate way possible, the characters of the individual powers each enshrined. To him, drugs were no longer, "tonics," "aperients," "antispasmodics," and the like, they were individual powers of persons as one might say, who could be recognised by their features and trusted by those who were familiar with them.

took off all their ancient labels and let their powers stand forth in their individual characters.

Returning now to the first of the two cases, let us see Hahnemann's mind at work. The picture of the disorder called up to his recollection some twelve remedies which had produced similar symptoms—similar that is to one or more of the symptoms of the patient. The first symptom noted in the case was "a shock of pain in the pit of the stomach from movement or in marking a false step." "*Belladonna*, *China* and *Rhus Toxicodendron* cause shootings in the pit of the stomach on making a false step," but none of them *only on movement* as in the case here. *Pulsatilla* causes shootings in the pit of the stomach on making a false step, but only as a rare, alternating action and the other symptoms *and the patients' disposition* do not correspond."

Every medicine has its own mentality and the last remark refers to the importance of getting the correspondence of the drug with the patient in that respect when prescribing.

Of all the remedies which the symptoms of the case suggested to Hahnemann's mind, "*Bryonia* alone has among its chief alternating actions, as the whole of its symptoms demonstrates, *pains from movement*, and especially shooting pains, as also stitches beneath the sternum (in the pit of the stomach), and on making a false step it causes shooting in other parts."

In this way symptom by symptom the correspondence is worked out and the individuality of the case in every point, whereas the other remedies only fitted one or two of them. *Bryonia* was therefore the remedy chosen and administered—"a full drop of the undiluted juice of *Bryonia* root, to be taken immediately." The patient was told to return in forty-eight hours. This she failed to do, but the result was ascertained for all that. "I told my friend E., who was present," says Hahnemann, "that within that time the woman would assuredly be quite cured; but he, being but half converted to homoeopathy, expressed his doubts about it." "E" came back five days later to hear the result, and as the patient had not reported, he journeyed to the village where she lived to see for himself. On asking her why she had not come back, she replied: "What was the use of my

going back? The very next day I was quite well and could go on with my washing; and the day following was quite well as I am still. I am extremely obliged to the doctor, but the like of us have no time to leave off our work; and for three weeks previously my illness prevented me earning anything."

In the case of the second patient, his symptoms were taken by Hahnemann and discussed in the same way.

The first symptom, sickness and giddiness coming on in the evening, also (symptom 7) sensitiveness to the smallest noise, have been produced by *Pulsatilla*. A number of drugs have produced sour vomiting, but "*Pulsatilla* causes not only sour vomiting, *in the evening*, and nocturnal vomiting in general, but also the other symptoms in this case not found among those of *Iron*," which causes vomiting at night as well as *Pulsatilla*.

"Nocturnal eructation is peculiar to *Pulsatilla*," which also causes "Fetid, putrid and sour eructation." Coming to Symptom 5, "He felt as if the food lay crude and undigested in the stomach," Hahnemann says, "the sensation of indigestibility of food on the stomach is produced by few medicines, and by none in such a perfect and striking manner as by *Pulsatilla*."

Other remedies are canvassed for correspondence to other symptoms, but none of these remedies possess "the *mild character of the disposition*, which, as stated in the preface to *Pulsatilla*, is particularly indicative of this plant,"

To be continued

—From Pacific Coast Journal of Homœopathy.

NEWS

Dr. Yudhvir Singh, M. D. President, Delhi State Board of Homœopathy and Vice-President, All India Homœopathic Medical Association (Delhi) arrived at Calcutta by Delhi Mail on 14. 11. 61 enroute Bhubaneswar where he attends the Housing Ministers Conference on 15. 11. 61 was cordially received by Dr. M. Dás (I.H.S. of India) at Howrah Station. A Tea-party was held in honour of Dr. Singh on the same day at 4 p. m. in the D. N. De Homœopathic College and Hospital, at Upper Cir. Road, Calcutta under the patronage of the Indian Homœopathic Medical Association where the prominent Homœopaths including Dr. D. N. Chatterjee, Dr. A. B. Dutt, Dr. N. K. Chakravarty, Dr. S. D. Sircar and many others met and discussed on some vital points of present Homœopathy in India. Dr. & Mrs. Singh left for Bhubaneswar on same night.

"THE USE OF REPERTORY IN HOMOEOPATHIC PRACTICE"

DR. S. P. DEY, D. M. S. (Hons), D. F. Hom. (London)

Repertory can be defined as a dictionary of *Materia Medica* which contains all the possible drugs capable of producing a particular symptom in a healthy human being when proved, and as such, it is an important guide to a Homœopath in the selection of a correct drug specially when the totality of the symptoms of the patient is masked and it becomes a difficult problem to arrive at a correct remedy.

But unfortunately, this subject is very much neglected in our country because of the fact that the subject is not included in the syllabus of the State Homœopathic Faculty. Naturally, the students do not get any scope to learn anything about repertorisation and as such, when they start their private practice, they fail to get any benefit out of the subject and big volumes of repertory only increase the show of the desk without the proper use of them. As we all know that a stethoscope seems useless to a quack who does not know the use of it similarly repertorisation becomes a laborious and useless task to a Homœopath who does not know the correct process of doing the same. But for those who know how to use it, repertory is of immense help to them in their daily practice.

However, I will try to place before you in short the plan of Kent's repertory as given in the 6th Edition, as in my opinion, this is the best possible book on repertory I have ever seen.

Dr. Kent has divided his repertory into thirty-one Sections. The sections from beginning to end are:

1. Mind
2. Vertigo
3. Head
4. Eye
5. Vision
6. Ear
7. Hear
8. Nose
9. Face
10. Mouth
11. Teeth
12. Throat
13. Stomach
14. Abdomen
15. Rectum
16. Stool
17. Urinary
18. Genitalia
19. Larynx & Trachea
20. Respiration
21. Cough
22. Expectoration
23. Chest
24. Back
25. Extremities
26. Sleep
27. Chill
28. Fever
29. Perspiration
30. Skin
31. Generalities.

In each of these Sections we see that all the symptoms are grouped under a main heading known as "Rubric", and all possible drugs are given against each rubric with clear indications of their importance. For example, 'Fear' is a rubric in the section "Mind" and there is a list of drugs against that rubric which show 'fear' as a common or characteristic feature of them. Under each rubric again there are all the possible symptoms that may come in relation with that rubric. For example, under the rubric 'fear' we get all types of fear, i.e. fear of ghosts, fear of darkness, fear of appearing before public etc. Now, in a patient if we get any particular fear as a characteristic symptom and our memory fails to recognise more than two or three drugs for that symptom, then repertory will help us with a list of drugs showing that symptom. This help of repertory is required because of the fact that the two or three drugs that are in our memory may not cover the totality of the symptoms of the patient.

Now, the drugs that are given against each rubric are divided into three grades according to their importance. First grade drugs are given in bold types, Second grade in italics and the Third grade in ordinary types. For convenience, we put values against each type e.g. for Bold types 3, for italics 2 and for ordinary types 1.

For repertorising a case, we must first of all evaluate the symptoms of the patient and then we are to choose few important characteristic symptoms specially the generals for purpose of repertorisation. Against each of these symptoms, we are to arrange the drugs given in repertory putting marks according to their grade. Finally, the drug that gets the maximum marks, seems to be the indicated drug for the patient. But this process is not merely a mathematical calculation and the final selection of the drug depends on the consideration of the physician. For this reason, sometimes we see that the drug that stands as 2nd or 3rd on the basis of its marks, may be the correct remedy for the patient as considered by the physician. Suppose, in a chronic case, after repertorisation we see that three drugs are seemingly indicated with variation of only one or two marks namely

Sulphur-14, Sepia-13, and Calcarea Carb-12. Now, according to repertory, Sulphur is the indicated drug here. But the constitution and other general features are in favour of Calcarea.

In such a case, Calcarea Carb may be prescribed instead of Sulphur and cure results.

From the above example, it is once again clear that Homoeopathic prescribing is an art and it can never be made in a routine way. But to be a master in this art, we are to take the help of Materia Medica, Organon of Medicine, Repertory and any such subject that may help in this way.

Similarly, the process of repertorisation is also an art and it requires continuous practice, patience and proper attention to be a master in this art.

The selection of symptoms for the purpose of repertorisation is the most important part in this process and if the selection is wrong, the whole labour will be lost. Then there is the problem of finding out the symptoms and their drugs in the repertory, i.e. where to look for the individual symptom. Sometimes it becomes a problem and we are to search many sections or rubrics to get a symptom. Suppose in a patient, we get the symptom—"general aggravation at the sea-shore". Now, this symptom we get under the rubric "Air" in the Section Generalities. If we do not know this it takes enough time to get the symptom. But, unless we go through the whole repertory we cannot have a thorough knowledge of the same.

Sometimes, for a particular symptom we are to consider the drugs given in two or three different rubrics with close resemblance to each other e.g. for the symptom "fear of ghosts" we are to take into account at least two rubrics i.e. Fear of the darkness and Fear of ghosts. Because, fear of darkness is closely related with fear of ghosts and sometimes it is very difficult to differentiate between the two, and unless we consider all the drugs in both the rubrics, we may miss the correct drug for the patient. In such cases, the allied rubrics are called "Cross rubrics" and this is an important feature to learn in repertorisation.

Lastly, I like to mention another important feature of repertorisation which I believe in many cases helps to minimise the

labour of a physician and thereby saves time. This is what we call "Eliminating Symptom". If any of the general constitutional symptom of the patient stands as very characteristic or striking, then that symptom may be considered as an 'eliminating symptom'. For example, suppose a patient is decidedly chilly and even in hot summer weather he or she requires warm clothing. Now, this is a strong individualising symptom of the patient and as such, during repertorisation all the hot remedies covering some other symptoms of the patient may easily be excluded from the drug list. Thus, the list of drugs becomes shorter and the task greatly minimised. This group of symptoms includes reaction of the patient as a whole towards atmospheric or weather changes, seasonal or time modality, striking mental conditions and so on. But, it must always be borne in mind that an 'eliminating symptom' is always a general one and that should be very strongly marked in the patient.

There are yet many things to say about repertory and its process but it is not possible to describe everything here at the moment. Moreover repertory is rather a practical subject and it is impossible to be a master in this subject unless we try to use it in our daily practice. The more we use it, the more interest we will get in doing it.

Before I conclude, I request my colleagues and students concerned specially the new practitioners to learn and try repertory in their everyday practice, so that they may be of much more help to the suffering humanity.

—D. N. DE COLLEGE

—*Re-Union Magazine, Sept., '61*

THE AIM & PURPOSE OF HOMOEOPATHIC TEACHING INSTN.

DR. J. N. KANJILAL, M. B., (Cal.)

Medical science is the vastest of all the different branches of science, and it is directly related with almost all branches of Science-Physics, Chemistry, Botany, Meteorology, Astronomy, Anthropology, Sociology etc., etc., and of course above all with Biology and its allied branches Anatomy, Physiology, Pathology,

etc. And at the same time it is the weakest and poorest of all the sciences, lagging far behind any of them till date. The cause of this situation is obvious in view of the fact that the science of Medicine is basically dependent on Biology which deals with phenomena of Life. But unfortunately most of these phenomena are still far too intricate for the comprehension of the up-to-date development of modern sciences and hence are still remaining far beyond the reach of them. In such a situation where the whole truth is beyond the grasp of anyone, it is quite natural that there should arise so many opinions, and so many different lines of approach, understanding and activity depending on the respective opinions. But no opinion based simply on void, without a hard core of truth in it, can survive the test and trial of time-in the form of concrete experiment and experience in practical field.

Thus have arisen so many schools or systems of Medicine—none of which can claim mastery of whole Truth—as a matter of fact, whole truth remains always unattainable human efforts can at best reach nearer and nearer the perfect Truth, nor can any of them standing the test of time and experience be ignored and hushed away as hollow, devoid of all truth. Rather any such attempt at slighting or neglecting any system of Medicine by scientists of any other system only betrays imperfection and poverty of intelligence, knowledge and vision on the part of the latter.

This does not mean that there should be an opportunistic compromise amongst the different systems. We all know that a truth can best develop only by conflict amongst different approaches towards it and not by comfortable and uncritical compromise. But this conflict, to be effective and productive, must be enlivened by a spirit of mutual understanding and healthy criticism and not by a spirit of animosity or attitude of nullifying. Fullest scope must be allowed and provided to each system so that it can develop in its own way—whereby not only the Truth would develop more clearly and vigorously, but also any weak spots or lapse or falsehoods in it also would become clearer

and be eliminated by the effort of the respective systems, aided by healthy criticisms amongst different systems.

Now, the problem is how best can each system be provided with unbridled scope of development. Many people, specially in the influential circle, are of the opinion that as the difference amongst different systems of Medicine concerns only therapeutics, and other branches of medical science namely, Anatomy, Physiology, Pathology, Hygiene, Surgery, Gynaecology, Obstetrics etc. are common to all, there should be only one type of medical institution teaching the common subjects to all students, with separate chairs for the different systems of therapeutics allowing the students to opt any of the systems. There are different variants of the same proposal having the same purport. This sort of experiment is being conducted in various countries, specially in the U.S.A.—with respect to Homoeopathy to serious detriment and vitiation of the latter. The main cause of such an eventuality is a misconception as to the basic difference between the Homoeopathic school and the dominant school, the Allopathic school. No doubt, the main difference and practical difference between these two systems—as also other systems is on the ground of therapeutics. But apart from this there are other differences which apparently seem minor, but really more basic. The following are some of the more important examples:—

1. **Meaning of the term "disease".** This term means to an Allopath certain structural or functional changes in the system i. e. certain pathological phenomena. Whereas to a Homoeopath this term means a change of state of the whole psycho somatic individual manifested by a totality of symptoms of which the pathological phenomena are mere parts.

2. **Basis of therapeutics.** In Allopathy the therapeutics is based on these isolated pathological phenomena, whereas in Homoeopathy it is based on the totality of symptoms.

3. **The meaning of the term cure.**—In allopathy cure means removal of some ascertained pathological phenomena for a more or less time. Whereas in Homoeopathy it means a radical change of state from disorder to order depicted by complete

disappearance of the symptoms, and that not in a haphazard way, but in a definite order (Hering's Laws).

4. **Attitude towards Anatomy, Physiology, Pathology, Practice of Medicine etc.** The Homœopathic student must not only learn, but understand these things thoroughly, but the purpose of learning these things is totally different from that of an Allopathic student. In allopathy these branches of medical science form the basis of therapeutics itself: whereas in Homœopathy therapeutics is based on something else viz. the totality of symptoms and symptom similarity. Still knowledge in these subjects are essentially required by a Homœopath for understanding the basis and relation of symptoms and their relation with the vital force itself and the patient as a whole, so that he can feel more confident in classifying symptoms and in evaluating the symptom similarity and in following up the progress of the case. For these purposes, as already stated, he is not only to learn these things, but also to understand them in relation to the organism as a whole and its vital force.

5. **Surgery, Midwifery, Gynaecology, Ophthalmology, Dentistry etc.** with respect to these subjects there is some radical difference in attitude between Homœopathy and Allopathy:

(a) Many disorders falling under these categories—in Allopathy are according to Homœopathy nothing but disordered vital force, and so fall under the category of General Medicine and are amenable to drug therapeutics on the basis of symptom similarity.

(b) Those disorders requiring mechanical intervention really fall under these categories. But here again, in the associated troubles e.g., shock, sepsis &c Homœopathy claims superiority over any other pathy, and that on the basis of no prejudice or dogmatism but of purely practical experience, not only of ordinary people like ourselves but of eminent surgeons like Drs. Helmouth, A. Bier, Dorothy Shepherd etc, eminent Gynaecologists like Drs. Gurnsey, Skinner etc. etc. eminent ophthalmologists like Dr. Norton and so on.

Thus we see, the difference in attitude, view point and principle between Homœopathy and Allopathy not only con-

cerns the therapeutics, but all the different branches of medical science from beginning to end—from the ancillary subjects like Anatomy, Physiology, etc. to the final subjects like General Medicine, Surgery, Gynaecology, etc.

And the aim and purpose of Homoeopathic teaching institutions must be to produce students sufficiently equipped in all these branches but from a PURELY HOMŒOPATHIC POINT OF VIEW, THOROUGHLY IMBUED WITH HOMŒOPATHIC ATTITUDE AND UNDERSTANDING.

But unfortunately for our country - as the situation prevails till date we have real dearth of Homoeopathically initiated teachers for these different branches of medical science and we have got no alternative other than depending on Allopaths for teaching the Homoeopathic students. Most of these Allopathic teachers are innocent, if not hostile to Homoeopathy. What we can do best is to solicit these Allopathic teachers to remember that the purpose of these institutions they came to serve (mostly voluntarily and benevolently) is to turn out not Allopaths nor Allo-Homoeopaths but pure Homoeopaths.

And to students we should avail of all opportunity to impress as deeply as possible that on going out of these institutions they are expected to be not only physicians, but true Homoeopathic physician so that they can render most salutary medical service to the ailing humanity, depending on the most developed system of Medicine in its history of more than 2500 years.*

*My views about Curriculum for Homœopathic students may kindly be perused from the Editorial article of "Hahnemannian Gleanings"-Decr. 1960 (Vol. XXVII/No.12/Page 529).

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AN ORAL DRUG FOR DIABETES

P. R. GUPTA

The bitter gourd is not that bitter to the diabetic. Its juice has been used with significant success in the oral treatment of the disease.

This finding has been reported in Bombay by a veteran doctor at a symposium on indigenous drugs, organized by the Indian Pharmaceutical Association (Maharashtra State Branch), the Indian Medical Association (Bombay Territorial Branch) and the Bombay medical Union.

Dr. B. G. Vad told the gathering that clinical trials carried out by him on more than 200 patients revealed that about 80% responded favourably to the juice of the bitter gourd and were able to control their diabetic condition without aid from other accepted injectibles such as insulin or oral drugs that lower the sugar content in the blood.

Of the remaining 20%, 5% did not enjoy any beneficial effect and the rest required the accepted drugs in smaller dosage.

The bitter gourd, a common vegetable (Hindi : karela) that can be grown in the backyard in India, is the fruit of *Mormordica Charantia*, widely cultivated in India, Malaya, Ceylon and tropical Africa for its edible fruit. Of the two varieties of the fruit available, one long, oblong and pale green in colour and other small, ovate and dark green in colour, the smaller variety was used in the treatment.

Dr. Vad pointed out that he had taken the precaution of selecting only those cases for clinical trial where diabetes was confirmed by the sugar tolerance test and where it was not controlled by a mere dietetic regime. Furthermore, patients were subjected to regular check-ups and blood tests.

His treatment was to give three to four ounces of fresh karala juice, preferably divided into two or three doses, before each meal. For those who could not take the bitter portion with a smile, he suggested the use of tablets prepared from fresh bitter gourd, recently marketed by a pharmaceutical company.

Dr. Vad referred to the laboratory work on this fruit carried out in America, Germany and India that clearly indicated its hypoglycaemic properties (lowering of sugar in the blood). In these experiments rabbits and rats were used. The results pointed to the need for clinical trials. Further work could not be carried out in Western countries because of the non-availability of this fruit.

The doctor pleaded for further research to determine the potent ingredient in the bitter gourd juice so that it could be isolated, extracted and made available. Another aspect that requires investigation is examination of the method by which the juice acts in the human system. i.e., whether, like insulin, it acts by itself in the blood, or by stimulating the secretion of insulin, or by inhibiting the action of insulinase, an enzyme from the liver which interferes with the action of insulin.

Dr. Vad was of the view that bitter gourd juice offered a cheap and safe treatment for diabetes, particularly in rural areas, where the plant can be grown easily.

—*From Statesman Patrika.*

NOTES FROM CASE FILES

CHAMOMILLA—Chamomilla is ordinarily linked up with loose motions with the characteristic mind picture. But that constipation is no bar to its use, has been demonstrated, in the case of a baby who had been suffering from chronic Bronchitis with frequent rises of high temperature and evacuations of hard motions, once in two or three days. As usual, the child had been under official treatment all through without tangible improvement. On examination the child was seen to have erupted two teeth, in the front lower jaw, about three months ago, while there were at least 4 or 5 on other side on the way to eruption, as reported, since that time. The child a jolly one, when on the arms of the mother, but quite unaccommodative elsewhere. Appetite, sleep, urine, as reported nothing particular. I draw the hint from the characteristic mind, and prescribed Chamomilla, not of course, with much confidence, as I should confess. The six doses in the 30th potency, repeated at 4 hourly

NOTES FROM CASE FILES

intervals, produced a remarkable change in the child—the temperature abated, stool once or twice daily, since solid and bronchitis far less. Since then Chamomilla 200 was given with a smooth recovery with a later supplementation by sulphur.

It is often not sure whether Chamomilla is an acute drug or a chronic drug—an antiphoric—quite competent to undo the knots that one occasionally meets in some resistant cases. Chamomilla in skin diseases has paid me nice dividends, so much so, that ordinarily I would hunt for Chamomilla symptoms, when a skin case is referred to me. But Chamomilla does not require hunting; it is so aggressive, still one has to be sufficiently observant and probing to decide in favour of chamomilla. The extreme irritability with its peculiar modality, appears to me to be a gem. In a case of inveterate eczema in the feet of a child, which resisted official treatment for a prolong time, and baffled some of my careful prescriptions with palliations only, was ultimately cured by Chamomilla. The boy of seven years, was extremely irritable and would never rest in one place but would wail and cry to go home, when in my chamber.

I had been foolish enough to ignore the hint and made prescriptions of Hep. Sulph, and others with only partial and temporary effects. It so happened one day, that the mother referred to me some complaints of her own, which she reported to have been initiated by her continual carrying the boy (than a baby) for days and nights and months to induce him to sleep. The die was cast. Chamomilla first 200 and then 1000 worked a cure and I understood that the mental condition is much calm.

In a recent case of skin eruption in the genitals of a grown up man, Chamomilla has again eased the trouble. The gentleman, a worker in a factory came up to my chamber in the morning, in an expression of agony, complaining of complete loss of sleep during the last three nights, because of intense itching which is not being relieved by the usual ointments.

"If you do not sleep, what you do Mr. whole night"

"I move to the roof and elsewhere, because I can not remain still, it is so distressing."

Chamomilla 200 one dose in distilled water relieved the

itching, but the man in an undisturbed sleep. A few powders of placebo for 2 days modified the eruptions to a great extent.

A girl in the later teens, attacks with a skin eruption of ring worm type, becomes irritable during itching time. She has been given Chamomilla which has much relieved the itching and the irritability of temper. It is being prescribed and it remains to be seen, if it can help in the complete eradication of the trouble.

Chamomilla—Toothache—A lady—middle age came on to my chamber in the morning complaining of an unbearable toothache. She was quite modest in her replies but was restless with pain, frequently going outside to spit. Her agony was so great that I found she would faint in the chamber, although it is known that Chamomilla rarely faints. Chamomilla 30-2P repeated at 15 minutes interval slowed down the pain and in half an hour she felt relieved to a great extent. Two more doses at 3 hour intervals calmed her so much so that she came back in the evening smiling and thanking for what the medicine did for her.

Pathologically Chamomilla seems to be a great tranquilizer when nerves respond very highly to an offending stimulus, and acts as if a motor wall is set up against violent sensory onslaughts. It does not appear to confine itself to any particular age or disease group, but extends to cover all where the mind behaves badly in a disease.

—DR. S. D. SIRCAR.

FOOD FADDISTS

BY K. L. RAY.

"I have been assured by a very knowing American of acquaintance in London, that a young healthy child well nursed is at a year old most delicious, nourishing, and wholesome food, whether stewed, roasted, baked, or boiled, and I make no doubt that it will equally serve in a fricasee, or a ragout."—Jonathan Swift (A Modest Proposal)

The latest fad in medical practice is dietetics. As in many other fields, in this field also we are going backward, by geometrical regression, to the days from where the medical science started.

It is a historical fact that the real ancestors of the medical men were the cooks, of course, after the era of magic. Different culinary delicacies formed the different ingredients for original poly-pharmacy.

The vicious circle comprising of the following segments such as: the last war, inflation, partition, unemployment, increasing spiral of high market prices and food adulterations, is telling upon the health of the people. Moreover, the modern cosmopolitan structure of the society and the craze for Europeanised dietetic habits—are all contributing factors for the ill health of the nation as a whole and the Bengalee community in particular.

The reason is not far to seek. Bengalees are the most impressionable community in the whole of India. Other communities of India have tried to emulate the culture of the Occident but they strictly adhered to the food habits of their own, as if to give credence to the saying of Lucretius. "What is food to one man is bitter poison to others." But in case of Bengalees' food and dress habits, they perhaps follow the famous adage: "The golden rule is that there are no golden rules," and they feel pride in aping others in this regard.

One can hardly find a non-Bengalee in a Bengalee type of catering house whereas the non-Bengalee catering houses are amply patronised by Bengalees.

Consequential abhorrence of the so called cultured Bengalees for the proverbial Bengalee bill of fare such as: 'ghonto', 'chachhari', 'sukto' etc. is well known in knowledgeable circles.

Now a-days not only our wearing apparels are chosen according to other men's taste but also we choose our diet at the biddings of others.

Modern physicians are just putting fuels to the fire. They are helping the process of disintegration of the Bengalee culinary culture.

Dr. Burnett once had drawn the analogy that physicians are like gardeners but the present-day counterparts of that inimitable genius prefer to compare their works with those of gourmets

and some over perspicacious among them actually pretend to deliver the goods with quixotic alacrity.

It is so much worse for the animal kingdom that there is no skilled dietitian among the Vets. There they are deprived of the services of a sect of experts who could break the monotony of their table d' hote. For example: the bovine species could have got some meat protein with their fodder. The carnivorous would have blessed themselves by having some vegetable salads or some fresh fruits with their usual cuisine.

We, men—the rational animals—are lucky on this score. Our regimen is regulated according to our purses on the expert advice of dietitians.

... ..

"A book that furnishes no quotations is, *me judice* no book—it is a plaything."

Hence I hasten to incorporate the following quotations:

"According to this teaching (of Hippocrates), substance is one and is subject to alteration; there is a consensus in the movements of air and fluid throughout the whole body; Nature acts throughout in an artistic and equitable manner, having certain faculties, by virtue of which each part of the body draws to itself the juice which is proper to it, and, having done so, attaches it to every portion of itself, and completely assimilates it; while such part of the juice as has not been mastered, and is not capable of undergoing complete alteration and being assimilated to the part which is being nourished, is got rid of by yet another (an expulsive) faculty."(1)

"The cells of the human intestine are selective in their action; each class of cells acts upon certain foods and no others. Every cell in the human body chooses, and reunites their elements into the compounds required for its support and its activity. It breathes, and eats, and excretes, and grows, and reproduces, and dies, as if it were an organism with an individuality of its own. "That which these cells accomplish in every instant of our existence soars far above all that the most advanced science can realize. The scholar capable of solving by his

intelligence the problems solved every moment by the cells of the lowest creature would be so much higher than other men that he might be considered by them as a god." (2)

".....We eat vegetables, meat, bread, and so on, to nourish ourselves. We know that these nutritional substances, if brought directly into the blood, would cause immediate death. As soon as they are taken into the mouth the digestive system begins to destroy them completely, mechanically by mastication, then by means of the numerous extremely efficacious digestive juices, ptyalin, pepsin, trypsin and gall, by the hydrochloric acid in the stomach, and the alkalis of the small intestine. The organism is furnished with the means of breaking down natural products. It is only when the nourishment which originates from plant or animal kingdom—that is to say has been part of another living organism—has been completely divested of its own special character that it can serve the human organism. If this complete mastery is not achieved, then damage to the organism is done, may be as a sudden poisoning or as damage which is not noticed immediately." (3)

"The fat of the seal and the train oil eaten with bread made of dried fish-bones as little prevents the Greenlander from enjoying health in general, as does the unvaried milk-diet of the shepherds on the Swiss mountains, the purely vegetable food of the poorer Germans, or the highly animal diet of the wealthy Englishman. Does not the Vienna nobleman accustom himself to his twenty or thirty covers, and does he not enjoy as much health as the Chinese with his thin rice soup, the Saxon miner with nothing but potatoes, the South Sea Islander with his roasted bread-fruit, and the Scottish highlander with his oatmeal cakes?" (4)

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- (1) Galen, *On the Natural Faculties*.
 - (2) Le Bon, *The Evolution of Forces* (from *The Pleasures of Philosophy* by Will Durant).
 - (3) Dr. A. Leroi, *Cancer*.
 - (4) Dr. S. Hahnemann (from *The Divine Art of Healing* By Rosa Hobhouse).

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ALLERGY AND ITS BROAD OUT-LINE OF TREATMENT

BY—DR. S. K. GHOSH, B. Sc., M. B.

Conception of Allergy was first introduced in medicine by Dr. Von Prequet, when he demonstrated in 1906, that Tuberculin Allergy was of great consequence in diagnosis of Tuberculosis in children. Allergy is a morbid hypersensitiveness of the organism by its peculiar manner of reaction produced by contact with foreign substances. Thus it differs from anaphylaxis which is only a form of allergy stimulated by injections of foreign proteine. There are various theories regarding the cause of this hypersensibility of the individual, but the main idea, on which the allopathic treatment is based is the formation of a toxic substance like histamin as a result of allergen—allergiu reactions. Although it can be demonstrated on experimental animals but in man, in large number of cases, it is difficult to understand when the first contact with an allergen has taken place in the system. Another difficulty arising out of this theory that how simple chemical substances like quinine etc, can produce allergic manifestations has been explained by a suggestion that non-protein substances are capable of forming compound with protein in the body and there by disturbing the protein balance and ultimately acting as antigens. Now if we summarize the whole phenomena it will appear to be a perverted or peculiar reaction of the organism which only indicates his peculiar constitution. For a homœopath it is very important as it helps to individualise a case very easily. Persons showing

such allergic phenomena or where there is such concealed allergy in the system will require a group of such remedies, which acts best in various acute or chronic troubles when indicated remedies fail to relieve. Homoeopathic Materia Medica is full of such symptoms of allergy though the word "Allergy" has not been used by Hahnemann e. g. when we read Ammon Carb we find cholera like symptoms during menstruation which is nothing but an allergic phenomenon.

Conception of allergy has not been so widely extended that various troubles such as the toxemias in pregnancy, essential hypertension and various skin diseases are now being treated from that stand point.

Before discussing the lines of treatment it will be very helpful if we consider some general character of the disease which may themselves suggest that group of remedies which may constitutionally fit in these cases :

1. It has very great tendency to recur even when apparently cured by indicated remedies or to change the site of affection when suppressed by some mechanical means such as (cauterisation or by -.)
2. Typical allergic symptoms generally appear at night or during sleep or just after.
3. Mental shock and severe mental concentration are very important factors for precipitating allergic manifestations.
4. Trend of modern life and lack of proper relaxation.
5. City dwellers living in an atmosphere filled with smoke and dust.
6. Some manifestations such as urticaria and migrain are more common in female whereas Bronchial asthma and hay fever affect males more.
7. It makes the person chilly generally, but there are cases with aggravation of symptoms in summer but it is generally more often met with in change of weather.
8. It causes great nervous weakness and circulatory disturbance, sometimes causing spasms of the smaller vessels with or without exudation. It produces hypersensitiveness of the parti-

cular tissues affected and also of the patient in general. (Sym- pathetic-tonic condition)

Treatment :—

Treatment of allergy is one of the most difficult and perplexing problem for the reason of its tendency to recur or to change its clinical aspect. It is very difficult to eradicate its influence from the system. It is like a hydra-headed monster, making its appearance whenever there is any opportunity for its coming out due to slight disturbance in the system or when the vital force has to strain a little even for normal adjustments as are necessary for normal changes in the life of man. Thus to cope with acute phase of typical allergic (sneezing and nasal allergy) or diseases caused by allergy (such as Bronchial asthma etc.) or diseases where allergy is suspected to be playing an important part (Neuralgia, various complaints of pregnancy, essential hypertension etc.) and also with their recurrences the treatment may be divided into two groups :-

1. Food and Hygienic treatment.
2. Medicinal.

1. Food and Hygienic treatment—Food—The whole idea here is not to strain the system, but at the same time the food should be nutritious and easily assimilated but not rich. Foods that upset the system or bring about untoward manifestation should be stopped however common and nutritious diet it may be. I had sometimes to stop rice, which is a staple food of the country. Cow's milk I had often to stop in children while treating allergic skin troubles and I generally substitute it by enough fruit juice and acid butter milk etc. which may suit the patient. When treating very sensitive and allergic patients who complain of generalised disturbances and vaso-motor disturbances in the body such as vertigo, throbbing like small hammers beating in the body, I advise them not to take full meal at a time as is normal but divide that in small quantities for several times a day which has proved of great aid to the medicinal treatment. Sometimes the nature of diet (such as those who are accustomed to take carbohydrates or protein more) may have to be changed.

Hygienic Treatment—

Here I want to point out that such measures as are good Cardio—Vascular and Nervine stimulants are conducive to the medicinal treatment for speedy and permanent cure.

(a) Bath—I generally advocate alternate hot and cold both daily in closed room when the patient is very sensitive to climatic changes. Sometimes in susceptible patients I advocate salt bath. These have great soothing effect on nerves and increase the tone of the cardio—Vascular system which are generally depressed in allergic patients.

(b) Massage—Both sedentary habits and over-exercise are responsible for aggravating allergic troubles. I found very good results from gentle massage of the body not only in acute manifestations and the vascular spasms but also to prevent their recurrence by promoting healthy circulation and by improving the functions of the liver and bowels. Massage is particularly necessary for persons who used to take heavy exercise in early life as in players and athletes but had to give it up totally in later life for pressure of work. These types of persons are very great victims to allergy or diseases connected with it.

11. Medicinal Treatment—Apart from dealing with auxiliary measures which have already mentioned above, the medicinal treatment of this disease or in diseases connected with it is very depressing and perplexing to a homoeopath as the superficially indicated acute remedies (if not indicated by peculiar symptoms), generally fail to relieve the acute manifestations or prevent its recurrence. In this cases cure can be done by selecting remedies from (1) Causal stand point. It is not possible to give a list of drugs nor it is necessary to give an exhaustive list as it can be done by a reference to the materia medica and repertory if only a history is elicited properly. A case of pruritus vulva in an aged woman where after carefully going through the history, it was elicited that bread disagreed with the patient causing diarrhoea. Selection of medicine was not very difficult after this history and she felt better after a dose of *Natrum Mur* 200.

ALLERGY & ITS BROAD OUT-LINE OF TREATMENT

Another boy aged about 16 years came to me with nondescript chronic looseness for years which defied homoeopathic treatment for a long time. After going through the history it was found that he took several anti-rabid injections after a dog bite—that is 3—4 months before the onset of this present complication—a dose of *Thuja* 200, cured the patient permanently.

Of course these are points which are to be enquired in an elaborate case taking, but if we know from what angle a particular malady can be dealt with it will save trouble and time both, without hampering the efficiency of the prescription.

(2) Constitutional remedies—It is really chronic diseases with recurrent acute flaring up. It is long lingering accumulated effects in the constitution which bring forth a number of acute manifestations. This is why I am more inclined in these cases where suitable dynamic cause can not be located, to fall back on deep acting antipsoric remedies, even in acute conditions in high potency which can cope with the disease more quickly and efficiently where allergy is suspected to be playing an important part. Of many remedies in *Materia Medica* I have used *Tuberculin*, *Medorrhinum* and *Thyroidinum* as the most useful remedy in allergic constitution.

Tuberculinum—In very high potencies it is one of my sheet anchors in all varieties of allergy and diseases caused by allergy. Changeableness and a little strain causing the appearance of the symptom and many other general character of the disease correspond with general character of *Tuberculinum* very closely. In vascular spasm causing pain in the head and in constipation it is of signal importance. When in allergic manifestations no clear indications for any antipsoric drug will be found or when acute manifestations do not respond to indicated remedies, *Tuberculinum* will prove helpful. I, myself, a chronic sufferer of allergy from my childhood with various kinds of vasomotor troubles such as vertigo with great sensitiveness with change of climate and also in extremes of climate for which I had to go out for a change to better climate in Autumn (to Bhubaneswar), where after a few days, though I was otherwise improving, suddenly felt a throbbing toothache in one of my upper molar

without any external inflammation, but feeling pain in the root of the tooth when pressed. It was very difficult for me to take my food and the pain was so annoying and severe that it disturbed my sleep at night. I took Mag. Carb, Heklalava, China etc., without any relief, lastly I took Belladonna also without any result. I was just thinking of coming back to Calcutta to get the tooth extracted when I thought of taking a dose of Tuberculinum—2c, in view of my allergic constitution, which had a miraculous effect within 24 hours and it never recurred.

When allergy affects nerves (Neuralgic pains etc) and mind (mental derangement) either due to excessive strain or due to mental shock, Tuberculinum 2c or higher may have to be given after Picric Acid, Silicia, Ignatia, Acid Phos have completed their action or have failed to produce the desired effect.

Medorrhinum :

In high potency it is a very useful remedy especially in cases complicated with chronic liver troubles.

In Bronchial Asthma, when after using many patent medicines has damaged his liver Medorrhinum relieves like magic. I know of no better remedy for sufferer of urticaria where the patient is hot. Burning of eyes and palms are also important symptoms calling for Medorrhinum in preference to sulphur in such cases. Generally the patients feel worse during the rains.

Thyroidinum :

It has a wide scope in vaso—motor disturbance, coming on during evening and change of weather or during pregnancy. In Angioneurotic oedema or where there is exudative character in allergy I know of no remedy which can be compared with Thyroidinum. A patient with an allergic background came to me for a sensation of a foreign body in the Urethra and frequent desire for urination with burning. Ordinary remedies failed when Thyroidinum 200 acted well within a short time though the sensation of foreign body persisted for few days in a mild degree.

In various complications of pregnancy and puerperium Thyroidinum in 30 or in higher potency is of immense service, particularly in respiratory troubles and in toxoemias in pregnancy.

In allergic skin condition Bacillinum in high potencies heads

the list of medicines though Medorrhinum and Thyroidinum are of great value when symptoms agree. Thyroidinum is generally a chilly patient.

Remedies for Concomittant conditions :

It has been found in practice that some times it is difficult to cure or tackle allergies even with deep constitutional drugs both for acute conditions and for prevention of recurrences. We are always accustomed to think of increasing the potency whenever there is a tendency to recurrence in a disease. Some times it has been found of great value to give a remedy for liver or acidity etc., as the concomittant condition is to be taken into account to make a quick and permanent cure. Allergy is always connected with an unbalanced condition of the function of the liver with or without its enlargement. Two cases below will beautifully illustrate this idea though there are enough cases of such character to enumerate.

CASE I. A gentleman came to me with severe frontal headache for 3 months continuing up to midday. He was compelled to take "Aspirin" as a palliative only to get back the attack next morning. He tried allopathic and homœopathic medicines without any effect. One thing was noted that he was transferred to Calcutta from his village home a few months back and since then he became very much constipated and all the troubles started after a month or so. Thinking that his liver was not functioning properly in this climate I gave him a few doses of Carduus M. 3x without going to the deeper remedies. He felt better after 24 hours and his bowels began to move properly every day. He was relieved of his headache.

CASE II. In an elderly lady who had her menopause long before, came in for pruritus vulva without any eruption. The part was very sensitive and I tried Thuja without any relief. One thing that she complained to me most when I saw her for the second time that she had began suffering from severe acidity for the last few months and along with an increase of acidity she felt the itching more. I gave her a dose of Antim. Crud 200 which relieved her of both the symptoms.

The following are the remedies generally useful in treating such cases.

(1) *Carduus Mar.* I generally use it in 3x potency when there is excessive constipation all though *Tuberculinum* helps to relieve constipation in allergic cases. It can be used as a inter-current remedy when deep acting remedies require frequent repetitions.

(2) *Chelidonium* in low potencies.

(3) *Hydrastis* in 3x potencies.

RANDOM NOTES * THE THYROID GLAND

If the thyroid gland is not working there occurs myxœdema, a condition in which the patient becomes mentally cabbage-like with dry skin and falling hair.

What, you may well ask, has the foregoing to do with homœopathy? Not very much, but it has to do with health, and health is something in which we are all interested. The routine homœopath sometimes gives a homœopathic dose of thyroid for myxœdema. Personally, I have found that an allopathic dose of a quarter grain of dried thyroid acts better, especially if given in conjunction with *Calcarea Carb* or *Calcarea Iod.* Both are great remedies for the constitution which shows impaired nutrition.

Patients requiring the carbonate are fat and flabby, and patients requiring the iodide are usually skinny. The former are chilly persons and the latter hot blooded, with most of their symptoms aggravated by the heat of the bed.

For patients with over active thyroids there is a choice of remedies which, as usual, depend on the presenting symptoms. The routinist thinks at once of *Spongia*, *Iris Versicol.*, *Iodum*, *Baryta Iod.*, and *Hydrastis*. Occasionally *Natrum Mur.* is indicated. This is curious, for one of the presenting symptoms of *Natrum Mur.* is emaciation about the Neck.

* Extract from current Homœopathic Periodicals

A forgotten Remedy

Another remedy which is often forgotten is bugle-weed, or *Lycopus Vir.* This remedy has a reputation for lowering the blood pressure. Dr. Kent, in his "Lesser Writings", records curing a case of exophthalmic goitre in 15 months using nothing but *Lycopus* in high potency.

—DR. A. C. GORDON ROSS

—*Homœopathy*, Oct. '58

Influenza & after

As we mentioned before there are many parts of the body that may be affected by Influenza. In Homœopathy, in order to prevent Influenza from affecting the nervous system, often the Polio type, we prescribe *Lathyrus Sativa*. During an Influenza epidemic a dose of *Influenzin Antitoxin* may help prevent getting the disease, and if the disease is contracted the *Influenzin Antitoxin* lessens the discomfort. A dose of *Influenzin Serum* too may be of help.

—DR. ISSAC SOSSNITZ, M.D.

—*The Layman Speaks*, May, 1958

A few practical hints relating to miasms.

- Nail: corrugated—Sycosis—*Medorrhinum*. SILICA, *Thuja*
- Nail; ingrowing toe nail—Sycosis—*Thuja*, SILICEA.
- Nail: dimple in the middle—Sycosis—*Medorrhinum*.
- Nail: hard fissure—Syphilitic—Nitric Acid. Fluoric Acid.
- Nail: ulcerated—Nat. Sulph.
- Dandruff—eczema caput—Sycotic—*Medorrhinum*.
- Warty growth—Cauliflower—Sycotic—*Thuja*.
- Warty fleshy growth—Sycotic—*Bacillinum*.
- Warty fleshy growth—hard—Nat. Mur.
- Pain and tenderness in the soles of the feet—Sycotic—*Thuja*,
Medorrhinum.
- Hair falling in patches—Syphilitic—*Bacillinum*, *Syphilinum*.
- Hair lustreless, hard—Psoric—Sulphur, *Bacillinum*.
- Hair soft—Tubercular—*Bacillinum*.
- Dreams—Psora. Less, if any of stools and urine, songs.
- Dreams—Sycotic, More. Sleep is full of dreams of flying
and falling, of dead people.
- Dreams—Syphilis—of dreadful events, arson, riot, murder.

Mind—Psora, restless, emotional, sensitive, of dirty habits.

Sycosis—Shrewd, suppressive, fastidious.

Syphilis—Impulsive, idiotic, finer sentiments completely lost.

Tubercular—over frank, over sensitive, emotional, eccentric, sincere, truthful.

—DR. N. SARKER

—*The Hahnemannian Gleanings, Oct. '61.*

Cough Remedies

Lachesis. Cough dry, with sensation as if something were in the Trachea which might be raised and indeed comes partly up, but then goes back. It is provoked by tickling in trachea induced by touching trachea or pressing on it, or by pressure of the clothing of the patient. (Remember a Lachesis patient lothes construction round the neck). It is better by eating. The cough occurs always on awaking from sleep. There is some hoarseness and sore throat which shoots up into the ear.

Phosphorus. Cough dry, with scanty, rusty sputum. It occurs night or day. Provoked by tickling in the trachea, fairly low down, and by a feeling of rawness and soreness in trachea, and bronchi. Induced by very deep inspiration. Accompanied and characterised by a hoarse, barking sound, by rawness of trachea and whole chest, and by a peculiar and distressing weight across chest. Hoarseness.

Causticum. Cough dry—occurs in evening. Provoked by tickling high in trachea. Long paroxysms. Voice almost gone. Trachea is sore and raw but not chest.

Rumex Crispus. Cough dry and short and paroxysmal, or a constant hack. Occurs evening and night on going to bed. Induced by inhaling a breath of cool air, by a deep inhalation or by variation of breathing. Accompanied by great fatigue from coughing and by stitches through the left lung.

Sepia. Cough dry though there are acrid coryza and lachrymation. Induced by tickling in the larynx and each cough feels as though it would split the larynx in two. Patient cringes under the pain. Dry cough which seems to arise from stomach especially when in bed in evening.

These five remedies all have "dry cough"—study their differences and you will find that prescribing is made easier.

The cough of *Nux vomica* is induced by motion of the body, or exertions of the mind; by forced expirations reading etc. It is worse every other day; appears in the evening or at night after lying down and prevents going to sleep. Short and dry but fatiguing. Lasts often from midnight to day-break and is accompanied by severe headache and pain and soreness in epigastric zone.

Pulsatilla produces two kinds of cough—one with abundant sputa consisting of thick yellow mucus sometimes bloody, often of a bitter taste; the other a dry cough occurring chiefly at night. The feeling which provoked the cough is chiefly in the trachea.

Irritation in larynx provoking cough on coming from the open air into a warm room—*Aconite*—*Ranunculus*.

Coughs from change of cold to warm air—*Rumex*, *Squilla*, *Ipec. Bry.*

Characteristic of *Bryonia* patient is that he presses with hand on sternum, cough dry.

Cough with stitching, lancinating pains—*Bryonia*, *Squilla*, *Ranunculus*, *Asclepias*.

Spigelia has spasmodic cough which stops the breath; is provoked by a tickling deep in trachea, is violent, dry and hollow, and is excited especially by stooping forward.

—DR. PHYLLIS SPEIGHT

—*The Homœopathic World, May, '66.*

Highest Dilutions

Besides the well known high potencies 30x, 30, 200, etc. there can be found, especially in English and North American publications, some references to the highest potencies, labeled 10M, 50M, CM, etc.

The subject of this investigation was to establish by personal visits, what methods and machines are employed and especially whether these assure that potencies labeled with a higher number will contain less material than the preceding potencies and whether there is the possibility that potencies higher than 24x will not contain any more material.

It could be established that the most important North American laboratories are employing the Hahnemannian method of the many vials, from 1 to 30; that the potencies between 30 and 1000 are hand made by Korsakov method of the unit vial, starting from the 30th Hahnemannian³ and using alcohol; and that, for highest dilutions, dynamizers designed by Skinner or Kent are employed, starting from the 1000th potencies prepared as referred and using filtered water as vehicle.

In France, high potencies are considered as prepared according to Korsakov, in unit vial, beginning with the M.T.; therefore they are using the turbo-dynamizer from the M.T. or they substitute the Korsakov potency for the corresponding Hahnemannian.

In England, one laboratory prepares the potencies up to 1000th by the Hahnemannian method in little test tubes using a mechanical shaking machine, importing the higher potencies from the United States. Another laboratory is manufacturing the 30th in 30 different vials, but with the idea not to change the method, the potencies higher than the 30th are prepared with the old French Korsakov dynamizer starting from the M. T.

Concerning Germany, it could be only established that before the war a great laboratory was preparing 200 and 1000 by a special dynamizer starting from an unknown potency.

In Brazil, Argentina, Mexico and Chile, they used to import high potencies, though some laboratories have dynamizer mostly of the turbo-dynamizer type.

It is proposed to establish a combined method, Hahnemann-Korsakov-Fluxion, which in first place will avoid the error in absorption of material to the glass, in order really to obtain high potencies which are likely not to contain any material, as by this schedule:

H-K-F Potencies.

1-30 Hahnemannian method, with 30 vials and alcohol.

30-200 Korsakov method, starting from the 30th Hahnemannian and using alcohol (hand made).

Higher than 200 Fluxion potencies, by machines, with filtered water, starting from the 200th Hahnemann-Korsakov.

—*The Homœopathic Herald*, Oct, 61

Nosodes in Acute Cases.

It is startling even to the veteran prescriber to find how effective a nosode may be in acute cases. Let us begin with some examples of the least used of the four main nosodes: *Syphilinum*.

Mrs. E. S. 74, with a fibrillating heart and blood pressure 230/140, suddenly suffered a cerebro-vascular accident with loss of speech, inability to write, complete constipation, deviation of the tongue to the right, inability to focus the eyes and complete inability to sleep with terror of the night. Dreadful anxiety from sunset until morning. Uncontrollable restlessness at night only. Upon examination the patient was found to have old rectal condylomata. *Arsenicum album* 1m did just nothing for the patient. On sitting watching her the next day, I was struck by the retrousse nose, the narrow palate arch, the peculiar small ears and stubby hands which point to the syphilitic miasm, and remembering the formidable night aggravation, sleeplessness and rectal difficulties of *Syphilinum*, one dose of the CM potency was given, following which peaceful nights and steady progress in speech clarity and mobility took place.

Mrs. N. H., 88, has cancer of the colon; is pessimistic, restless; talks of guilt and suicide, and is unable to sleep even under sedation. Violent linear pains, worse at night. *Syphilinum* 10m, one dose, made her a pleasant, resigned painless patient, a real euthanasia.

Miss J. G. 7, a cerebral palsy child with asthma, previously treated with anti histanes, anti-biotics, sedatives and tedral, without avail. The child grimaced, was constantly restless, speech un-understandable, a look of pent-up anger, severe asthmatic attacks mainly at night. Unable to eat or sleep. History of several gamma globulins to protect her against measles. The father who brought the child in shared the stigmata with his daughter. *Syphilinum* 1m, one dose, gave brilliant relief: eating, sleeping no wheezing, marked improvement in speech and gait.

Miss A. D., 72, immobilized for a broken hip, suffered excruciating pain at night only with what she called piles. Complete rectal spasm preventing any bowel evacuation. Rectal exami-

nation showed condylomata as large as walnuts in a ring around the anus, ulcerated. Patient deeply depressed, has tried all sorts of medication for rectal relief. *Syphilinum* 2c, three doses, shrank the swelling, relieved the pain, permitted comfortable evacuations and produced a cheery patient who could sleep without sedation.

Mrs. C. B., 47, history of severe asthma for many years, very thin, attacks always at night, active and well by day. No symptoms other than the asthma except that the attacks were concomitant with linear headaches and often with a linear pain vertically in the front of the chest. *Syphilinum* 2c, one dose, gave her best winter in years.

Mill B. G., 9, vomiting, headache, found to be connected with the ingestion of milk. Allergy specialists found her violently allergic to milk which, she loved. Family history of tuberculosis. Restless, whining, delicate girl with many stomach aches. Relief of headache in the wind. *Tuberculinum bovinum* 10m. After this the daily headaches were completely absent for 4 months and the child is gradually enabled to drink milk.

Mrs. H. O. 43, eczema of the palms of the hands since six years of age, violently aggravated in the last two months. A concert pianist who must fulfil a long-standing public engagement and could not even practice because of the swelling, stiffness and dripping oozing of her hands. The patient had an alabaster complexion, heart-shaped face sloping shoulders, always wanting to travel, to have something new and change things around. Her husband said she had always had an extreme terror of dogs. *Tuberculinum bovinum* 2C. Patient reported that after two or three days of aggravation her hands became almost normal and able. She was able to play her concert. After several months there was a slight recurrence and she wrote for another dose.

Mr. R. R. 52, suddenly discovered blood in his urine. On examination there was fever of 101, great weakness and restlessness, some tenderness over the left kidney. He was excessively thin although he ate well. There was a scar of an empyema rib rejection of 20 years age. A jolly, cheery man,

refusing to believe that he was ill or should stay in bed. Strict bland diet, two quarts of pure spring water a day and one dose of *Tuberculinum bovinum* 1m. As a result, his urine became free of blood and pus within two days and after three days there was no more fever or kidney tenderness. He was gaining weight and back at work.

Baby C. L., 9 months, plump, apparently healthy had wild colics. Bowels normal, abdomen distended with gas during the colic. History of G. C. in the father. During pain the infant turns unto his stomach and draws up his knees in the knee chest position. The usual physician had not been able to affect this colic. After one dose of *Medorrhinum* 10m there was peace in the household.

Mrs. M. G., 35, opera singer, a Brunhilde type with bushy vital hair, was stricken with acute arthritis, particularly in the fingers, ankles and toes. Unable to rehearse or perform; fever of 102. History of a leucorrhoea recently stopped by local treatment. Joints and pain worse by day, comfortable nights. Relief in wet weather. *Medorrhinum* 10m brought back the leucorrhoea and relieved the joints within three days.

Miss M. P., 37, actress. Recently overweight although she diets. Cysts of both ovaries following a trichomonas infection suppressed four years before. Told she must have a hysterectomy. Craves salt and sweets. Craves ice. Hot drinks have nauseated her for ten years. Fear of the ocean, though a champion fresh water swimmer. Has lain in the knee-chest position to sleep all her life. *Medorrhinum* 10m. In two months gynecologists cannot find the ovarian cysts. She has recently had a baby!

Mr. D. G., 11, asthma and hay fever for years. Characteristic relief of asthma from lying flat. Chilly, sleeps with the windows shut and a towel over his head. *Psorinum* 10m brought back a forgotten rash from years before. He is now a runner without asthma or hay fever.

Miss K. J., 4, chronic running ears for the last two years. Fetid odor like a chicken house. Child never looks clean though loves its bath. Father had asthma in his youth. Child

is sensitive to thunder storms. *Psorinum* 10m cleared the ears permanently within a week.

Hahnemann's names for the miasms may be unfortunate, but his observation of the profound dyscrasias were salient and invaluable. Read the small philosophic volume of Hahnemann's *Chronic Disease* and J. H. Allen's two precious volumes on Psora and Sycosis and then study H. C. Allen's *Materia Medica of the Nosodes* and become nosode conscious in acute as well as chronic prescribing.

—ELIZABETH WRIGHT HUBBARD, M.D.
(*H. Recorder July, August, September issue, 1959*)

**Proceeding of the 32nd annual meeting of the
Dr. Yudhvir Singh Homoeopathic Charitable
Trust, held on the 1st October, 1961.**

The 32nd annual meeting of the 'Dr. Yudhvir Singh Homoeopathic Charitable Trust' was held on the 1st October, 1961 in the Delhi Public Library Hall at 5.30 p. m. Dr. W. S. Barlinge, M.P., ex-Minister for Health, Madhya Pradesh, was in the chair. On his arrival, he was received by the office bearers of the Trust and after the playing of "Bande Matram" by the students of Sangeet Niketan, he was garlanded.

2. Shri Krishan Chandra Ji, President of the Managing Committee, while welcoming the guests, thanked Dr. Barlinge for his kindly accepting to preside over the function of the Trust. Dr. Barlinge, he added, had done much for Homoeopathy during the time when he was Health Minister in Madhya Pradesh. It was through his efforts that the Homoeopathic Act was passed in the Madhya Pradesh and homoeopathic system was recognised there. He patronised Ayurved as well as Homoeopathy and educational institutions for both were started.

3. Speaking further, Shri Krishan Chandra Ji informed that the Trust was running six charitable dispensaries and has been successful this year after protracted efforts of several years to get the allotment of a good plot in the Defence Colony for a

Homoeopathic Hospital and College. He thanked the Government for this allotment and informed that the possession of the plot has been taken and the lay-out plans have been passed by the Municipal Corporation. He hoped that the Trust will receive all help from its patrons in the construction of the Hospital as well as valuable guidance from Dr. Barlinge. He added that it was due to the efforts of Dr. Yudhvir Singh that we have been successful in all our efforts and the Trust has been able to present a record of 32 years' service to the poor.

4. While presenting the annual report, the Hony. Genl. Secretary, Shri S. N. Jauhar informed that about 66 lacs of patients were treated during the last 32 years in the six dispensaries at a cost of about seven lacs of rupees. The average daily attendance of the dispensaries is 751 patients. During the year 1960, the total expenditure was 28,000/- which comes to 10.5 nP. per patient per day.

5. The acting Mayor, Shri Ram Charan Aggarwal, while speaking on the occasion, told that he was personally acquainted with the work of the Trust for the last thirty years and he could say from his personal knowledge that these dispensaries were rendering valuable services to the public of Delhi and hoped that the Hospital would soon come into existence and would be helped by the Corporation and the Government. He expressed his good wishes for the success of this institution and paid tributes to the services of Dr. Yudhvir Singh for this laudable cause.

6. Amongst those who spoke on the occasion were Dr. V. B. Kashyap, Shri Gopinath 'Aman', Chairman, Public Relations Delhi Administration, Bawa Bachittar Singh, Municipal Councillor, L. Onkar Nath, ex-M.P., all of them expressed great satisfaction at the successful working of the institution and appealed to the public to donate liberally for the Hospital.

7. Dr. Yudhvir Singh thanked Dr. Barlinge for his coming to preside over that function that evening and hoped that he would help and guide the institution in its future plan. He expressed great sorrow over the sad demise of Shri Lakshmi Chand Ji, Contractor, early this year who was founder member

of the Trust and not only helped personally, but also led the deputations for collection of funds for the institution.

8. Dr. Barlinge thanked the organisers to call him that day there, as he was very much pleased to learn the achievements of the Trust in the field of Homœopathy. He said that what he had done in the Madhya Pradesh for Homœopathy was due to the fact that he was personally saved from a dangerous disease by the great Homœopath of Madhya Pradesh, Dr. Daftary whom he always respected as his Guru and it was under his advice and guidance that he was able to do something for Homœopathy during the time when he was Health Minister there. He further added that though Homœopathy was invented by Dr. Hahnemann who was born in Germany, yet Homœopathy was known to Ayurved from olden times. Ayurved, he said, had three aspects of treatment, known as : 'Haitu Vipreet', 'Vyadhi Vipreet' and 'Vipreet Arthkari'. The last, he said, was nothing but pure Homœopathy. Of course, we are grateful to Hahnemann for putting up Homœopathy in its present form.

9. He expressed regret that the progress of Homœopathy has been hampered on account of different amongst Homœopaths themselves. He fervently appeal that all the lovers of Homœopathy should stand unit for the cause and should sink all their differences. Homœopathy would have achieved much more than what it has done to-day in India, if all of us had been united. He was not happy with the attitude of the Government towards Homœopathy which was through not antagonistic now, yet was indifferent. However, with his efforts, the Health Ministry had agreed to introduce Ayurvedic and Homœopathic dispensaries under the Contributory Health Scheme.

10. In the Third Five Year Plan, nothing has been said about Homœopathy except a line or two. As there is a great potentiality in Homœopathy of treating medical diseases, he appealed to the Govt., to make it possible for the public to be benefitted by the Homœopathic treatment. He was sorry that

even now certain persons call Homœopathy as quackery. In his opinion, to prescribe patent medicines for diseases was pure and simple quackery. Homœopathy which prescribes for patient on his totality of symptoms can never be quackery.

11. He expressed great satisfaction even the fact that a good hospital and college was going to be established under this Trust and offered his services whenever and wherever required in this connection. He said that trust always prevails in the end as Homœopathy is a true science, it will prevail. As this Homœopathic Charitable Trust has been serving the public with this true science, he was sure that the Trust will be successful in all its future plans.

12. Shri Brij Narain Seth, Deputy Commissioner, Municipal Corporation and Secretary of the Managing Committee heartily thanked Dr. Barlinge for his presiding over the function and delivering a very illuminating speech. He thanked all the donors who have been so far helping this institution and appealed to them to donate liberally for this hospital the construction of which was going to start within a month or so. He also expressed gratitude to the staff of various dispensaries of the Trust who were serving the institution in a missionary spirit, on very humble salaries.

13. The following five persons were unanimously elected as co-opted members of the Trust :

1. L. Asa Ram.
2. Shri J. N. Shinghal.
3. Shri J. R. Jindal.
4. Giani Harnam Singh.
5. Shri Shiv Charan Dass.

After 'Jan Gan Man' by the students of Sangeet Niketan, the meeting terminated with a vote of thanks to the Chair.

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VITAMIN 'A'—ITS PHYSIOLOGY AND IMPORTANCE IN GENERAL PRACTICE.

DR. D. PRAMANIK, M. B. (Cal)

Natural Sources :

Fish liver oils especially cod and halibut, milk cream, cheese, butter, and egg yolk, carotene in carrots, green vegetables, milk, kidney and liver.

Human Requirements :

Daily optimum 5,000 i. u. for normal adults, infants 1,500-2,000 growing children 2,000-5000, pregnancy and lactation 6,000-8,000. The carotene requirements are probably double.

Physiological Function :

Vitamin A may be considered to act chiefly as a regulator of the growth and activity of epithelial tissue. It plays an essential role in the visual cycle through its participation in the synthesis of visual purple by the retina. Vitamin A also appears to regulate the activity of osteoblasts and osteoclasts ensuring in the growing animal that new bone is laid down in the proper place and that old bone is absorbed for the inner aspect of the skull and vertebral column. Human beings obtain part of Vitamin A requirements as the Vitamin itself from animal sources, the remainder from carotene contained in vegetable food stuffs which is converted into Vitamin A in intestine. The liver is capable of retaining large doses of Vitamin A which can be used to supply the physiological demand when the dietary intake is low.

Deficiency Symptoms :

Vitamin A deficiency can be considered under two main headings - the effect of Vitamin deprivation on epithelial tissues and effect on the visual process. Deficiency of the Vitamin causes atrophy of the epithelium followed by proliferation and keratinization of epithelium. The type of epithelium mainly

VITAMIN 'A'

affected is that with secretory functions and organs particularly affected are therefore salivary glands, pharynx, trachea, bronchi, eyes and genitourinary tract. In the eyes the process may progress to the condition known as Xerophthalmia and the resulting keratomalacia produces blindness unless that process is stopped before the stage of ulceration.

The skin manifests a dry, scaly, horny appearance known as phrynoderma or toad skin. The dermatitis begins with dryness, and itching of the skin of the whole body. Failures in the regeneration of visual purple due to Vitamin A deficiency result in the condition known as "night blindness". There is also evidence that Vitamin A deficiency interferes with formation of enamel and dentine in the teeth.

Therapeutics Indications :

DERMATOLOGY—

Phrynoderma which is rarely seen in this country responds specially to Vitamin A. There are, in addition, several other skin diseases which show either abnormal epithelial behaviour suggesting lack of Vitamin A or are associated with low blood Vitamin A level. Dry, dull and brittle hair and transverse or vertical furrowing of the nails are often associated with Vitamin A deficiency.

Ophthalmology—

Defective night vision often results from Vitamin A deficiency and responds to treatment with the Vitamin. Other established indications are Xerophthalmia, keratomalacia, decreased lachrymal secretion, Bitot's spots and photophobia. Vitamin A deficiency may also be a factor in certain chronic infective eye conditions such as blepharitis, styes, infections of the meibomian glands and chronic conjunctivitis.

Gynaecology and obstetrics—

Vitamin A deficiency has been suggested as a possible cause of excessive postmenopausal complications of the vaginal epithelium. Large doses of Vitamin A are said to have value in premenstrual tension. During pregnancy, adequate Vitamin A is

desirable from two points of view. Firstly by its action in the epithelium of genital tract it may reduce the incidence of puerperal sepsis and secondly by analogy with animal experiments, Vitamin A deficiency during pregnancy causes congenital abnormalities in the foetus.

Liver & Intestinal disorders—

Absorption of Vitamin A is reduced in all diseases in which fat absorption is impaired, as for example in sprue, coeliac disease, congenital atresia of bile duct and jaundice.

Infectious diseases—

Vitamin A was for a long time known as the "Anti-infective" Vitamin. It is now clear, however, that it has no specific effect but by maintaining the integrity of epithelium it may help to prevent infection. For this reason Vitamin A has been recommended for the prophylactic treatment of frequent respiratory tract infections especially in children.

Miscellaneous :

Vitamin A has also been reported useful in atrophic rhinitis and ozoena, tinnitus and deafness, hypertension and hyperthyroidism.
—*Re-Union Magazine, Sept. '61*

HOMOEOPATHY AND ANTIBIOTICS

DR. T. N. BANERJEE, B. SC., H. M. B.

This is the age of antibiotics or what is known as 'wonder drugs'. Even in a remote village a layman would venture to purchase a few tablet of sulphaguanidine from a medical shop for his intestinal troubles and use them freely without consulting a physician. By the side of these drugs, which create wonders by giving a prompt relief to the patient, Homœopathy naturally pales into insignificance just as the pole star is dimmed by the glamorous light of Venus. Somebody is even inclined to think

HOMOEOPATHY AND ANTIBIOTICS

whether Homœopathy will have any place in medical therapeutics in near future at the advent of antibiotics. But our common experience tells a different story. The more luminous stars shift their places at different times, but the pole star holds fast to its own constantly guiding helpless people from age to age.

'Antibiotic' means "against life", (Anti—against, biotic—relating to life). So, those who pursue this course of treatment translate this principle into action, that means they kill the bacteria, which are supposed to be responsible for causing diseases. It is, therefore, to be found in modern medicine that there is more a tendency to kill the germs than to effect a real cure of the disease. In this treatment the first step is to find out what are causative germs and then to ascertain by the laboratory tests which kind of the antibiotics would be helpful in destroying them. The antibiotic and homœopathic—both the treatments resemble in one respect, that is in the matter of **elimination and selection**. The antibiotic physician traces out the specific inimical organisms in order to annihilate them, whereas the Homœopathic physician traces out the symptoms out of the lot which will help him to cure. In action they resemble, but their outlook is altogether different. Sir Arthur Fleming, the discover of penicillin rightly observed, 'It (Penicillin) has one great advantage if you are out to kill a germ one cannot use too large a dose.' This statement naturally sets one to thinking from two stand points. Those who make researches with new drugs in the medical world have got to face the problem of dose, which is a matter vitally important to the diseased person. Some drug, thus discovered, may be considered, 'specific' for a particular disease, but before it is announced before the medical world, the question of dose which would kill the micro organisms, but **must not be lethal to the patient**, must be considered. The antibiotic researchers are, therefore very alert about the danger involved in the question of big doses.

* If, on the other hand, the dose is minimised for the safety of the patient, the bacteria will not be killed by that inefficient

dose, and some of them at least will escape unhurt. These surviving will perhaps acquire powers to resist the action of the same drug in future and become immune to it. This is Nature's Law of Immunology. So, the use of a comparatively small dose in the antibiotic treatment results in a failure.

Besides, there is another point to consider. Antibiotic medicines may kill the bacteria, but afford no opportunity to the cells and tissues of the body to fight against the disease. As a result of this the natural power of resistance of the vitality is curbed, and the immunity which is essential to ward off the onslaught of the disease, is not developed. Not only that, the bacteria are killed, the disease may be removed, but the power of resistance of the vitality having been crippled the convalescence is delayed. Such conditions are not infrequently met with under antibiotic treatment.

On the other hand, Homoeopathic treatment may be called 'biotic' (i.e. favourable to life). Because, it is the action of the Homoeopathic remedy which activates the cells of the diseased man and leads him to the natural state of cure. The homoeopathic remedy rouses the power of resistance in the diseased cells, helps the vital principle to fight against the disease and overpower it. Therefore, the cure, which is achieved by the Homoeopathic treatment is rapid but at the same time gentle and permanent.

—*Re-Union Magazine, Sept., '61*

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HOMŒOPATHIC TREATMENT OF NEURASTHENIA

JOSEPH BOUDARD, M.D., Marseilles, France

The orthodox school bases the treatment of neurasthenia in great measure upon the mineralization of the urine. When it contains phosphates, chlorides and magnesium salts to excess, one usually tries to remedy this condition by prescribing for the patient glycerophosphates of soda and magnesia, potassium phosphate and sodium chloride. When hyperacidity of the urine exists phosphoric acid is recommended. This reasoning seems far too elementary. Acting in this way, one usually succeeds, not in curing, but in increasing the amount of crystalline deposit, etc.... We homœopaths must not follow this example.

It is infinitely wiser for us to begin with our usual basis—the law of similars, and to find for the patients remedies which, in the healthy individual, produce a urine containing phosphates, chlorides, etc.

According to Dr. D'Espiney of Lyons, neurasthenia would be more correctly named *asthenia*, lack of energy. *This deficit of energy may be real and have for its cause excesses of all kinds, and rest is the remedy indicated above all.*

Asthenia is often more apparent than real. Thus it is in sedentary and overnourished patients. The wheels of the human machine become clogged with waste which hinders their proper functioning. Such states require *exercise and alimentary restriction.*

There are cases of *asthenia* which are due to anomalies of the glands of internal secretion—suprarenal, ovarian, thyroid, etc. In these cases organo-therapy may be of aid.

Thyroidine in physiological doses in the case of hypothyroidism, slight myxedema, ageneration, twitching of the eyebrows, constipation, etc.

Thyroidine in heroic doses: This corresponds to nervousness, to excitement, to the symptoms of Basedow.

Weather conditions are of great importance in the treatment, consequently the role of the antipsorics will be considerable, adding to it nosodes. I would recommend especially rare doses of these powerful remedies with increased dilutions mixed with remedies more directly symptomatic. Their effect will occasionally be decisive.

Hydrotherapy, usually warm, is a useful adjuvant when there is not a too complete exhaustion of the strength, especially as an anodyne for hyperasthenia, but it is especially the study of our homoeopathic remedies which will often give us the key for cures for neurasthenia. Let us pass them in review:

The phosphates: especially in the form of glyceric phosphates, etc., is one of the substances most usually used in the treatment of asthenia. In physiological doses its effects are undeniable, but usually temporary. Taking care to use as a basis the urinary mineralization, Deschamps places great faith in sodium phosphate—a few drops of a fifty per cent solution alone or mixed with a saline solution. Phosphorus is suitable for cases in between neurasthenia and an organic medullary malady. Hart considers it essential in most cases.

Phosphorus: sudden sharp neurasthenia. Irritable weakness of former causes. extreme sensibility to outside excitement, the senses are too sharp. Each impression causes a general warmth as if from a dip in hot water, in particular a burning sensation up and down the spinal column. Usually this irritable weakness is shown by the patient fearing future pain; this is worse when the weather changes, especially begins to storm. The head is weak and the patient is unable to think.

Burning in small spots through rubbing, friction. Legs are weak with numbness and cold. Weakness of the sphincters. Buzzing in the ears. Cases in which prostration is very sudden, where the nervous system is exhausted.

The patient is excited, cannot remain still for one moment, and yet he is very weak. It seems as if the back would give in and break at the slightest movement. Weakness after having been to stool or urinated. Feeling of hollowness in the abdominal cavity; it seems as though the patient must be continually eating. Vivid sexual excitement, but more imaginative than physical.

Kali phos: This is one of the most efficacious drngs for asthenia. It is especially good for individuals who are pale, sensitive and irritable. The sensitiveness is exaggerated by a lack of nervous control; this is one of the most important characteristics of neurasthenia—women tired out by nursing and family cares, business men, over-worked professional men. Nervousness may come from sexual excitement whether satisfied or suppressed. Fright without cause. Dark previsions, mental depression, cerebral fatigue through overwork, loss of memory, occipital headache, heaviness of the occiput noticed by students, etc.

There is a general nervous depression, functional and nutritive, weakness bordering upon paralysis, pain with a sensation of paralysis. Pain in the nape of the neck and the occiput with general irritability, despair, agitation. The mild is enfeebled, but may again be made active by exercise; after any moderate mental effort comes exhaustion. The patient is morose, irritable, and does not like to be talked to. Dyspeptic symptoms like those of *Anacardium*, but with relapse at the slightest nervous disorder. The urine is frequently charged abundantly with phosphates.

Phosphoric Acid: May be used in heavy doses when there is urinary hyperacidity, with an excess of phosphoric acid; morning acceleration of the pulse, slackening of the tissues, atonic gout. The homoeopath recognizes it by a weakness of nervous origin when it is accompanied by no pain excepting perhaps a slight burning in the spinal column or limbs. This weakness may be allied with a relaxing of the genital organs with prostatic seminal discharges. The mild is apathetic, the subject is inclined

to sleep—a sleep from which he may be easily awakened. *Indifference, apathy, and torpor of the mind and body.* The least attempt to study causes heaviness in the head and limbs with a confused numbness. Phosphoric acid is to nervous debility what iron is to anaemia. Weakness coming from some old sorrow, from some overworking of the mind, or from any effort at all the mind and body.

Any attempt to study causes heaviness in the body and limbs. This also occurs in boys who have grown rapidly and from a nervous depression following spermatorrhea.

- *Magnesium Phos.*: Magnesium is in close relationship with nervous functioning. Deschamps agrees with Joulie in finding in the discharge of phosphorus and magnesium the most usual stigma of asthenia through nervous insufficiency; therefore he recommends glycerophosphate of magnesium as being far superior to the other phosphates.

It is to Schlusser especially that we own its dynamic use; its greatest indication is the pain of a cramp-like nature accompanied by cries and wailing. Great cerebral depression.

Magnesium Carb.: Is, according to Cooper, the great drug for exhausted women, tired out by the cares and sorrows of life, the annoyance of housekeeping with the consecutive nervous state, excessive sensitiveness both mental and physical; the slightest contact causes trembling and heat as if one had been in an accident and were relaxing after having been put to bed.

The characteristics: pain-comes in violent neuralgic attacks; relaxation of the body, lassitude felt especially in the feet when one is seated.

Natrum mur.: Often in neurasthenia states, there is a "rotation" of chlorides and phosphates, that is alternatives of demineralization bearing upon one or the other of this salts which explains how a certain asthenic, improved for a time with glycerophosphate will no longer respond to this drug after a new relapse, and how on the contrary a chloride plasma will give him a little strength. It is therefore the urinary mineralization which will decide.

Usually, the patient is irritable, and his mind holds grievances, and nuisances whether real or imaginary. He wakes up at night with his heart fluttering and cannot go back to sleep because the memory of disagreeable events occupies his mind.

Intellectual work is repugnant and tires, study aggravates and causes students to have headache accompanied by a sensation of little beating hammers. Great loosening of physical and mental forces after fatigue. Heaviness and indolence, especially getting up in the morning, with repugnance toward moving or walking.

Alternative of weakness and agility of the limbs. The fingers move involuntarily and drop objects. Emotions cause in excessive weakness palpitations and throbbing throughout the body. The pulse may be intermittent. It applies especially to girls with a yellowish complexion, with a dry and wrinkled skin. Menses rare or arrested.

SPINAL NEURASTHENIA: The end of the spine seems paralyzed, especially in the morning upon rising. The feet are heavy. There is incontinency of the urine, dryness of the mouth, glutinous secretions, the skin is dry and thin.

Picric acid: Has been quite successful. Dull, frontal or occipital headache through cerebral tension. Cerebral fatigue in business men who become depressed and tired at the slightest fatigue. Desire to remain stretched out and resting. Incapable of working, for the slightest effort causes headache and exhaustion, heaviness and a sensation of heat.

Any study brings back or develops these symptoms and also provokes a burning up and down the dorsal spine through a venous congestion.....the back and the legs are very feeble with aching of the muscles, tingling and a needle-like pricking. The limbs are heavy and weak.

The characteristic which makes this remedy differ from the preceding ones is the absence of anxiety, with an indifference which contrasts with the irritability of the phosphate, magnesium or chloride compounds.

It is especially adaptable to neurasthenia through intel-

tual overwork and also to local neurasthenia from the effects of fatigue upon professional neuroses.

According to Hale, ammonium picrate would be a preferable preparation.

Oxalic Acid: Oxaluria is frequently revealed in asthenia and returns in the indications of this drug. It very much resembles the preceding one in the symptoms of medullary softening.

If picric acid has more dullness, *oxalic acid* has more *enervation*—the legs are weak, cold and marble-like. Pain is localized in limited points, linear pain.

An interesting symptom is, worse pain comes in thinking about it. To think about it as in several illnesses, suffices to bring it on, thus if one only thinks of urinating, the need becomes imperious.

CARDIAC TROUBLES, ANGINOID PAIN;

Nux vomica: Resembles picric acid in gastric symptoms (morning sickness, bitter eructation, etc.). Is worse in the morning, general exhaustion, incapability for study. There is a melancholia with great anxiety concerning the health; one is always ready to speak of one's illness and despair of curing it. Morbid exaltation with hypersensitiveness at the slightest pain, noise or odor. Music makes one cry. The time seems to pass too slowly one becomes bored and disgusted with the incapability for intellectual work. Feeble memory, loss of energy. Insomnia, nightmares.

There is sometimes a sudden loss of strength in the limbs in the morning, the hands and feet are easily benumbed; stiffness and tension below the knees. Pain in the dorsal region and at the waist. In bed the patient can turn himself only after having first been seated on the bed. This remedy especially suits excited temperaments because they do not eliminate well; it is hypertensive position more than asthenic or exhausted.

Ignatia: Has as its essential characteristic to struggle against the effects of sorrow with the whole following of varied nervous symptoms.

Calcarea: Besides its general indications as a physical drug this is particularly useful in the psychic forms; there is a fear of

losing one's health, of having a grave illness, especially of the heart, painful apprehensions, scruples, agoraphobia. Characteristic sensation of something mounting from the epigastrium to the head. Stupefying cephalalgia, fullness and buzzing aggravated by intellectual work which becomes impossible.

The cephalalgia of *calcarea* is accompanied by a feeling of galcial coldness in the head. Vertigo inclimbing to elevated places, fear of chasms. States of cerebral stupor and diminution of intellectual faculties. The patient becomes vexed and frets over former troubles (*Natrum mur.*) and cries for no cause. To talk produces a feeling of weakness which forces one to stop, all excitement causes weakness and exhaustion. Muscular weakness with no cause is a good sign.

Silicea: Has a symptom frequent with a psychoneurasthenic state—the patient fears all mental and physical work, but once having started it, it does him no harm. To do anything, he must be in a warm atmosphere. As long as he is excited, he feels well, but if the excitation ceases, the sensations reappear. The cephalalgia irradiates from the nape of the neck which gives a sensation of stiffness. Numbness extends from the back to the fingers and toes; the legs tremble, they are always tired in the morning. The loss of animal fluids aggravate these symptoms. Characteristic constipation. Contrary to picric acid, the torpidity contra-indicates *silicea* which develops an excessive sensitiveness to nervous stimulants; the brain and the medulla cannot stand even ordinary vibrations. Inquietude and ill-humor at the slightest provocation. The parts of the body upon which one leans go to sleep.

Zincum Metallicum: Is very widely used in allopathy under the form of zinc phosphate. It corresponds to nervous exhaustion with pain at the vertebral column at the level of the last dorsal vertebra with burning the length of the medulla. Excessive uneasiness of the feet. Tingling in the calf of the leg and weak limbs. Pressing on the top of the head after dining, especially if one has taken wine, which aggravates the symptoms. It is one of the best drugs to ease pains of the head.

Zinc Phosphate: Cerebral fatigue of busy men who become haggard, pale, have insomnia, etc., and suffer from mental depression and boredom. (Recommended by Hale.)

Argentum Nitricum: Causes a particular numbness accompanied by hypoaesthesia, that is to say that the sensation of contact is diminished. The patient is anxious, impulsive, carried off with a feverish haste. He believes himself continually late and walks very fast. Errors of perception cause singular fears: for instance, the patient fears to walk by street corners, having the sensation that the houses will fall on his head. One of the dominating symptoms is *apprehension, even for the accomplishment of the most simple acts*: meetings someone troubles his nerves as a result of which diarrhoea occurs.

The desire for sugar is frequent with asthenics who feel the need of recovering their strength. Nervousness in the evening, horrible dreams at night, also an aggravation of symptoms at eleven o'clock in the morning. Dorsal pain very strong when rising with weakness and trembling of limbs; sensation of the affected parts being swollen. The head is troubled with loss of memory; one cannot find the exact word, and if one sets the mind to this task, cephalalgia results. Often used as a remedy for headache by thinkers; if it is relieved by the wearing of a tight band, or a hat, it often takes the form of hemicrania.

All metals have, moreover, an elective action upon the nervous system; it is *aurum* which is so useful in hypochondriac forms, circulatory troubles with a very clear symptom of eretophobia. *Stannum* renders great service in upset stomachs; one might call it the "homoeopathic band" and in fact it is only too often that we find with our asthenics soft stomachs which give us so much trouble.

Alumin: Rather resembles picric acid, but differs from it by a dorsal pain as if one were driving in a red-hot iron. The limbs are heavy and go to sleep, with a disagreeable feeling at the soles of the feet.

The patient is incapable of following an idea; he takes everything the wrong way, time drags for him, an hour seems a whole day; he is pressed and feels the need of doing everything

in a hurry. (Arg. Nit.) The mental symptoms are worse in the morning. According to Guernesey, the patient is well for some time, then without any apparent cause again falls into a state of sickness often worse than the one before, and so on alternately from better to worse.

Staphysagria: In the mental sphere it corresponds to the effects of *concentrated indignation*, especially if it is deprived of its natural expression; extreme susceptibility to the slightest impression, mental or physical. Special symptom: *impulse to throw objects at peoples' heads for the slightest enervation*; lack of self control.

It corresponds to the genital neurasthenia of Beard with a tendency towards masturbation, genesial excesses. The irritation of the sacro-lumber segment of the medulla is shown by a heaviness in this region with piercing pain and weakness in the lower members.

The prostate is swollen with prostaticorrhea and seminal discharges, (Phosphoric acid.)

The face is pale, the eyes dark and with blush circles. The head is confused, troubled, sensation of a leaden ball in the forehead. Gnawing hunger even when the stomach is full.

Cocculus; Has much weakness in the lower part of the medulla, and the limbs go to sleep. Great sensation of emptiness extending to the chest; to talk fatigues greatly. *Cocculus* corresponds perfectly to the irritable weakness caused by lack of sleep.

The patient is very sensitive to all mental shocks; fear, anger, sorrow; also to noise and touch, the least disturbance is unbearable.

The menstrual period intensifies the symptoms. The liver may be affected after violent anger.

Anxieties of all sorts, especially in the morning, for the patient believes that the illness from which he suffers is incurable. He has no desire for anything, nothing pleases him, his thoughts are fixed upon only one disagreeable object upon which he concentrates without noticing what is happening around him.

Agaricus : Resembles the phosphate compounds. It presents an aversion for conversation and all mental work. Sensitiveness to cold air and to sunshine. Stiffness and weakness between the shoulders, extending to the nape of the neck. It corresponds to alcoholism, to overwork, to sexual excesses.

Anacardium : Weakness of the memory and general diminution of cerebral power. The mental incapability is very pronounced. This remedy is suitable for cases between neurasthenia and madness.

Aurum : The characteristic of aurum is the predominance of worrying impulses, fear of everything, lamentations, despair, cries and screams—impulses toward suicide.

The symptoms are accompanied by hesitation, by trembling, and by cardiac uneasiness. The headache is like that of Calc. through work or walking—contusive, stupefying. Insomnia without suffering or fatigue.

Baryta Carbonica : Repugnance for society and especially the society of strangers, irresolute character, lack of confidence in oneself, great sadness, nervous weakness and loss of memory. In the genital sphere, Importance, indifference toward copulation.

Cocca : Sadness with a fear of death and of thieves, misanthropy, indifference; the time seems too long, boredom. Dull cephalalgia with heaviness in the head, which is confused with hebetude, loss of memory, flatulent dyspepsia, symptoms of paralysis in the lower members.

That which especially characterizes *Conium* is the great weakness and ematiation of the patients. Exhaustion, sensitiveness to the cold, continuance in excesses.

Helonias : Neurasthenia with weakness in the sacro-lumbar region; continual sensation of fatigue.

Pulsatilla : This is a remedy often neglected. Sensation in the back as if were tightly squeezed with a bandage. Feeling of lassitude and fatigue in the morning. There is a general fatigue a sensation of heaviness and lassitude not improved by rest. Its general symptoms of venous arrest must be present.

Sepia : Should not be neglected. Its state of paralysis and fatigue corresponds to certain neurasthenia.

Selenium : Neurasthenia following sexual excesses, involuntary emission of prostatic liquid.

Stannum : Hypochondriac sadness accompanied by anxiety and discouragement, which sometimes alternates with an expansive gaiety. Cephalalgia is accompanied by an excessive heat in the head, simultaneously with coldness in the rest of the body. A particular symptom is the existence of persistent vomitings coincident sometimes with an intense gastralgia.

Staphysagria : Characteristics : *profound indifference, impotence, spermatorrœa.*

Tarentula : Neurasthenia with hysterical symptoms, involuntary crying and laughter, exaggeration of all sensations and sentiments, loquacity, trembling, hypochondriac humor with fear of death, etc.

Xanthoxylum : Neurasthenia women, thin, emaciated, defective assimilation, with insomnia and occipital headache. Subject to neuralgic dysmenorrhœgia with pain in the back and legs.

According to Hahnemann : China 2 & 3. Platina muriatica 3. Phosphoric acid 3. Nux Vomica 4 & 5. Natrum muriat. 3. Phosphorus 5. Ambra grisea 3.

Picric acid alternated with aluminum metal 4 & 6—when the patient feels badly he feels sudden burning pains in the thigh when walking.

According to P. Jousset :

1. Nux vomica (6 to 30)
2. Calcarea Carbonica (12 and 30)
3. Aurum (30)
4. Conium Macul. (3 & 12)
5. Tarentula (12 & 30)
6. Stannum (6)
7. Staphysagria (6)

CLINICAL CASES *

B. FINCKE, M. D.

1. Mrs. D. June 26th, 1859. 3 P.M.—Chill last night at 11 P.M. with pains in all the bones and slight thirst, lasting one hour and a half; then fever, lasting till morning with perspiration. Vomiting to-day. Pain in passing water. Constipation, for which she took Castor Oil with immediate effect; also gin and water without effect. R. Pulsatilla-nig. 5m (F.) three pellets. Cured.

2. Mrs. D. June 11th, 1864.—Felon on the right thumb for one week. Cut this morning in several places, looking frightful, suppurating, with violent sticking pains all along the arm. The physician says she will lose her bone. The cutting made everything worse. R. Silicea 40m (F.); a few pellets in half a tumbler of water; a teaspoonful every three hours. seven powders.

June 15th.—The pains had subsided the second day. A large red blister formed at the back of the thumb below the nail; the thumb was in good shape and looked like healing. The woman coming five miles distance was astonished at the result and got well without anything else than the internal medication.

3. Mrs. D. Forty years; pregnant. February 28th, 1867. Echo of her own words, and of her own breathing; buzzing in her right ear after 4 P.M. R. Causticum cm. (F.). Had an astringent taste and cured.

4. Mrs. S. January 3rd, 1865. 11.15 A.M.—Since a fortnight toothache, slowly increasing till about five days ago, when the pains became very violent. Tearing and stinging and burning pains in the lower left three molars, later going into ears and forehead; incessant; ameliorated by cold water held in the mouth, and by external warmth. Tearing in the left leg below the knee downward. Sensation between the shoulders as of ice. Chilliness, thirst. Three days ago the lower jaw began to swell. Took yesterday Antimon. crud, without effect. She went to a dentist to have one of the affected molars drawn, which felt three

* From an old Journal

CLINICAL CASES

times larger and had a flat cavity just about the gum, but the dentist refused because it would make her much worse. The woman declared afterword that she had a good deal of toothache in her life, but nothing like this before. She heated a knitting needle red hot and burned the tooth, but the help it afforded did not last long. Quarter past eleven o'clock A.M. R. Silicea cm. (F.) two pellets.

January 6th.—The toothache was better immediately and decreased gradually. The tooth feels a little larger yet, but is not elongated. Pains almost all gone. Throbbing in the lower jaw in the bone below. The day when she took the medicine, between 3 and 4 P.M., violent tearing in the left cheek and left ear, which felt as if ulcerated, and did not bear the least touch. Yesterday terrible tearing pain in the left arm, mostly upper arm, with numbness of the fingers. After this ceased it was as if fire was running through with burning of the skin. Several times a stitch below the right short ribs going half-way through the body inward on a place where it was so painful yesterday, as from ulceration, that she could not bear touching it. Yesterday sensation in the splenic region inside like ice, then turning into violent heat for half an hour. She wakes up about 1 A.M. and cannot sleep any more. She took nothing else and was well.

5. Mrs. S. May 23rd 1865.—Whilst washing, standing on cold stones on the third day of menstruation, this stopped, and, suddenly, bearing down of the womb came on with terrible hot cutting pains in the hypogastrium, more in the right side, going down the thigh like wild labor pains and around the navel. Half-past nine P.M. R. Pulsatilla-nig. 5m (F.).

After half an hour better. The pains went back very much as they came like in empty a bottle, then heat and burning in the stomach, going up to oesophagus and out of the mouth. The places of pain are now sore as from a wound.

June 10th.—Menses did not return, but she was well.

6. George L.—, merchant, August 9th, 1864, lived in Gowanus last May, got chills and fever, and was treated with Quinine. Chill came on at 10 A.M. and lasted till noon,

followed by perspiration, with thirst through all the stages. It came on four or five times as tertiary, than it stopped. Took Quinine, seven grains at once, then five grains three times every day for eight days. Then the fever was gone.

But since then he gets the fever sometimes in the forenoon. Several days preceding it, tired pains in sacrum and lower extremities. Yesterday tired, languid white fingers. Chill for one hour, shaking, some headache, nausea, then heat for fifteen minutes, then sweat for three hours. Urine dark with dark red sediment. Stool normal. After having had the fever a second time, swollen feet and eruption around lips and nose for eight days. Some yellowness of conjunctiva. Tongue rose colored with enlarged papillæ, but when he has the fever the tongue is coated whitish-yellow. Sometimes gets an attack in one, two or five weeks and he takes Quinine between times. Sleeps well, has an inborn aversion to wine, beer or other spirituous beverages, but loves coffee and tea passionately. Smokes a good deal. Had an attack of cholera five years ago treated allopathically by Opium. 9 A.M., R. Natrum-mur. 5m (F.). Several years after I learned from a patient sent by him that this dose cured him right up.

7. F. M.—, a music teacher, short, thick-set, March 5th, 1874.—Had given a lesson in a heated room, gets a cold perspiration, nausea, a dreadful colic, the cold sweat running in streams all over his body, and he thinks he must die. 4 P.M. R. Arsenicum-a, 90m (F.). In ten minutes it was all gone and he was well.

8. Dr. B.—, July 22nd, 1867.—Sciatica in left lower limb, worse on coughing, laughing, sneezing, going to stool, straightening the limb, stepping lower than imagined. Rheumatism in the small of back preceded it. The pain goes from the foramen sciaticum down to the foot, which is numb. Suffers since June 28th. R. Tellur-met. 90m (F.). May 24th, 1874—Helped him and since then he cures all the sciaticas of his patients with Tellur. 90m. So he told me to-day.

9. E. K.—, nineteen years, dark, florid complexion, tall and thin. October 12th, 1866, quarter of three P.M. was brought

to my office by the late apothecary, Mr. Smith, bleeding from the nose profusely. I gave him at once a dose of Acon. cm (F.), which stopped the bleeding in a few minutes while in the office, and he did not bleed for two months after, when a little blood came from the right nostril.

This case was a fearful one. He was taken in Nassau Street, New York, bleeding all the time. When arriving at Smith's store the blood was streaming from both nostrils and filled a basin full. Mr. Smith held a piece of ice six inches square on the back of the neck, but it was not of the least avail. The bleeding continued all the way and here, till Acon. cm stopped it. That boy must have had a greater amount of blood in him than common. And yet he did not show much weakness, for he walked home again in a short while. He had valvular disease of the heart for which I treated him. For half a year he did not come near me because he felt so well. But then he struck his nose and bled for five minutes, when it stopped by itself. Later on, when I treated him for his heart disease, he bled again for an hour after over-exertion in warm weather, and that was the last I saw of him. He went from me to Dr. Boskowitz, and from him to an allopathic physician, under whose care he died a couple of years later, having got married in the meantime.

10. Mr. G., forty-five years, slight frame, merchant, July 22d, 1867. Since July 4th, from ice-cream and new potatoes, sinking in stomach. Bad taste in mouth. Heavy weight two and a half inches below the liver in the axillary line—"the hand can grasp it"—Dr. Willard Parker who examined him said it was not the liver—steady dull though not constant pain eased by hot cloths. Appetite tolerable. Qualmish, nauseous, Fried oysters, raw chestnuts disagree with him. Offensive breath. Sleeps badly. Confused dreams. When waking up, swelling of penis. Tongue slightly coated. Nasal catarrh, matter forming in the nose. No sense of smell. From any little cause, cold or indigestion all the symptoms re-appear. Hands dry. Feet cold. Want of vital heat. Active exercise weakens him too much. Low-spirited, feels like crying. R. Nux vom. 50m (F.).

Got well shortly and ever since remained well.

11. Mrs. W., fifty-old years, February 15th, 1872.—Had severe pain in the pelvic region which made it difficult for her to walk, and rubbed on a mixture of Aconite tincture and Chloroform, though she ought to have known better, because on a former occasion she had used Chloroform and did not get over its effects for three to four years.

Now she is in an agony of pain, shrieking. Dr. R., a former homœopath, had diagnosed it a severe attack of hysteria, and gave Asafœtida. He said she could have smeared Aconite tincture all over her body and it would not have affected her in the least, which the old gentleman doubted, for he had seen a little Aconite tincture put over the eyelid, making the person immediately blind. R. Aconit. -nap' 3cm, in water, a teaspoonful every half-hour.

She was easier after an hour, and slept through the afternoon.

12. Thomas H., an Irish nursling, six months. August 29th, 1854.—Suffers for the last two months from vomiting and diarrhœa, since eleven days much worse. In this hot and dry weather patient was emaciated to a skeleton. Hands and feet cold. Incessant vomiting of greenish water and the milk taken. Yellow watery diarrhœa. Abdomen hard. Shrill crying. Convulsive movements of hands and feet. Sleep with half-open eyes. Boring the head into the pillow, hands reaching toward the back of the head. The child had convulsions two months ago, and has no tooth yet.

R. Verat-a 2400 (F.), one pellet at once to the child's tongue.

R. Verat-a 12 (F.), for the mother to be taken in half a tumbler of water, one teaspoonful every three hours.

August 31st—The child is reported to be well. It did not get sick till next summer, when a slight attack was easily disposed of.

Dr. Buchner, in Munchen, retorted to an unbeliever in homœopathic potencies: "The ox does not believe either, and yet he is cured." As a counterpart to this historical homœopa-

thic ox, the following cases show the unbelief of the homœopathic hen:

(1) A hen six years old, laying three to four eggs a week, began to lay eggs without the hard shell and ate them.

A does of Calc. carb. 9c. would not remedy the evil in a week. But after another dose of Calc. carb. cm the hen laid a hard-shell egg the second day, and continued so ever since.

(2) When the hens get the chicken-cholera, about ten pellets of Veratrum alb. 9c, are dropped in their drink-water (three quarts), and in a few hours they are all right again.

3. The hen sub I was at one time so constipated that we feared to lose her with her fruitless exertions. A dose of Nuxvom 9c relieved her within an hour.

4. A silver-spangled Hamburg got frightened and ran around in a narrow circle. A dose of Bellad. 9c restored her before an hour was passed, and she continued well, and was a capital layer for four years more.

5. Hens with croup have frequently been saved by a dose of Spong. tosta 9c, often in an incredibly short time.

The dose was given in this way: The hen was captured, and held by another person, the bill was opened with the left hand, and with the right hand a few pellets were poured from the bottle down the throat.

"CUL-DE-SAC"

Dr. Tyler once said, Homœopathy is indeed a marvellous power. Get the right remedy and you can work seeming miracles—with, seemingly, nothing:—but miss the remedy, and you have nothing!"

Imagine this 'nothingness'—this feeling of impotency when you are tackling a typhoid case, which day by day is going from bad to worse, in spite of your all out efforts. At the third week the fever is 104½ and just imagine if the patient is your own

dear one—your own daughter! You are constantly driven to a sort of desperation. A guilty conscience is eating you up day in and day out. Even though the people around you do not tell you so yet you feel in your inner self as if they are all silently rebuking you for depriving the patient of the benefit of the better treatment i.e., Chloromycetin injection.

One knows what is working up in your mind, Doc. You are justifying yourself with the arguments on the following lines: You are upholding the cause of your system (even if required at the cost of your own daughter :) May be Chloromycetin wont work wonders. May be the natural course (prognosis) of the disease is to go upto the fourth week—so on and so forth.....

Whatever arguments are put forth to justify his stand the honourable doctor must have felt in his inner core of his heart that all may not be right: Kent said in his Philosophy (p39), "stop the course of typhoid in a week....."

If one can take the words of Kent literally, it is humanly possibly through the administration of homoeopathic drugs to cure the typhoid fever rapidly and in the shortest possible time (vide Organon Sec. 2) which is one of the highest ideals of the physician.

Without having that highest criterion of a philosopher of science: 'that grand memory for forgetting', the condition of a homoeopathician is to be seen to be believed when he is commissioned to search the proverbial needle from the hay stack. To search out the proper homoeopathic medicine in a given case is not a work of Goliath but a David.

Hahnemann said when life is in danger etc. but here the question involved is not 'ignorance'. Here the short-comings of homoeopathy is involved. From a maize of 'alternatives' the right medicine is to be chosen and that must be done quickly and infallibly. Tyler is perfectly right in saying that homoeopathy is not a science for the dullards so it is also true that it is not the exclusive precincts of the intellectual lords!

There must be some precise medicines for specific diseases such as typhoid, cholera etc. etc. It is now proved beyond doubt that some specific 'germs' are responsible for these disea-

ses and homoeopathically some specific symptoms are to be noticed which are common to a majority of cases. Hahnemann discovered "the existence of living, specific, infectious micro-organisms as the cause of the greater part of all true diseases" (The Genius of Homoeopathy (p89) by Stuart Close, M.D.)

One cannot fully give vent to his feeling of admiration when one ponders how a masterhand can make the philosophy of causation (of diseases) a chef-d'oeuvre, where as in the hands of the orthodoxy, the same subject (study of etiology) has become "a wonderful farce" (Kent's Philosophy p48)

Hahnemann's 'psora' has been identified as identical with tuberculosis and his estimation that 7/8 of the chronic diseases of his day were due to psora (i.e., tubercular) was as true then as it is now.

H. C. Allen taught that typhoid fever was tubercular in nature and origin. If that be the case, did anybody apply Bacillus (in humid atmosphere such as in Bengal Bacil. is more appropriate than Tuberc.) in typhoid fever?

One does not mind at all if there is someone who would constantly remind one that many sharp weapons are being rusted in the armoury of homoeopathic therapeutics which could be very effectively used against one of the most pernicious of diseases (i.e., typhoid).

Pyrogen is one such weapon. Crysedale named it as Aconite of typhus, or typhoid quality of pyrexia. Yingling quotes Swan, "In all fevers when other remedies do not act think of Pyrogen".

Eucalyptus is another weapon. Malaria, Influenza, Typhoid Scarlet fever—so many birds in one stone! Allen says: "It has been prescribed in fevers, intermittent, typhoid and remittent, but without marked indications."

Malaria OFF. is yet another weapon. "Setting up a more profound type even, a genuine typhoid....."

Last but not the least, one should not forget Skinner's instruction to a volunteer who was going to the Boer War, to take a globule every four hours if attacked by anything like typhoid fever. This remedy was Septicaemin.

—K. R. Roy

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—K. R. Roy

HOMŒOPATHY IN INDIA AT PRESENT *

Presented by : DR. M. DAS,

Hony. Secretary, International Hahnemannian Society of India,

Respected President,
Respected other distinguished Delegates,
Ladies & Gentlemen,

On this happy occasion of the 25th session of the International Congress on Homœopathic Medicine, I extend the warmest congratulations to you all and the people of Amsterdam on behalf of the Homœopaths of Republic of India and in my own name.

India is a vast country is called a sub-continent of Asia. It will not be an exaggeration to say if we call our country an emporium of the world.

Homœopathy in the medical sphere of our country holds a very important place in the domain of medicine. Its votaries, Homœopathic Medical Practitioners in India numbered more than three lacs of Physicians, both registered and non-registered. This number can well establish the proposition that the popularity of Homœopathy in our country is the largest in the world.

Calcutta the home of the Writer once the capital of India is now the capital of West Bengal, one of the most enlighten States in India. This city enjoys the reputation as the HOME OF HOMŒOPATHY in India." Its Chief Minister Dr. B. C. Roy, M.D., M.R.C.P., F.R.C.S., is the Chairman of the Syllabus Committee of the General Council & State Faculty of Homœopathic Medicine, West Bengal. He is the most prominent Physician in India as well as the most efficient political leader and Administrator in our country. He has recently announced in a meeting of the members of this syllabus committee held in his office at the writers Buildings that an enactment for state recognition of Homœopathy will be made in November '61.

* XXVth International Congress on Homœopathic Medicine. Under the patronage of the Liga Homœopathica Internationalis Medicorum at Amsterdam, Holland, from 5th to 8th Sept., 1961.

HOMŒOPATHY IN INDIA AT PRESENT

HOMŒOPATHIC ASSOCIATION & INSTITUTION IN INDIA

India is a democratic country. The Central Govt. of India called the Union Government in New Delhi controls fourteen States Govts. in our country.

There are more or less 12 recognised Homœopathic Institutions aided by State Govts. running in our country. About 2,000 students annually receive Homœopathic Medical Education in these Institutions. In the State of West Bengal there are five recognised Homœopathic Colleges under the General Council & State Faculty of Homœopathic Medicine, West Bengal, which have adopted 4 years Diploma course conferring the Diploma of D. M. S. Homœopathic Colleges in other States have adopted three years Licentiate course. There are of course various unrecognised Homœopathic Institutions in our country working in almost all the States of India. No ban has as yet been placed by the Govt. of India on unrecognised Homœopathic Institutions or on the professional practice of Homœopathy in India, perhaps in view of the fact that a vast majority of our population choose Homœopathic treatment during their illness and thereby more than 3 lacs of Homœopathic Practitioners as reported by the then Homœopathic Enquiry Committee set up by the Union Govt. of India earned their living due to the popularity of Homœopathy in India.

There are several Homœopathic Associations in India of which the All India Homœopathic Medical Association (Delhi), All India Institute of Homœopathy (Delhi) & the International Hahnemannian Society of India (Cal.) are the most prominent working vigorously for the cause & propagation of Homœopathy in India. The latter society is associated with the World Homœopathic Medical Congress (Brazil). Dr. C.V.S. Corea of Colombo (Ceylon) is the International Director for Asia. This I.H.S. of India is the only organisation in India which continually persist in keeping direct contact with almost all the Foreign Homœopathic Organisations of the World. There are a very few Homœopathic Hospitals in India catering to the medical needs of our people. The Calcutta Homœopathic Hospital and

D. N. De. Homœo Hospital are very prominent. The Central Health Ministry of India allotted a very large sum under the 5 year plan for teaching and research works in Homœopathy in India. There is also a Homœopathic Advisory Comitty working under the Central Health Ministry for the progress of Homœopathy in India

There are several monthly and quarterly Journals regularly published for the propagation of Homœopathy in India. A large number of Homœopathic Pharmacies and Laboratories and Homœopathic manufacturing concerns doing their business in our country. Some of them are very flourishing concerns holding status as equal to that of some foreign manufacturing concerns. There are many Homœopathic books now published in India by well reputed Homœopathic book publishers in various languages of India which is a multilingual country and still there is a large demand for Homœopathic publication in our country. It will not be out of place to mention here that the Corporation of Calcutta with which this humble self is associated owns and manage two big Homœopathic Charitable Dispensaries for a pretty long time under the supervision by qualified Homœopaths of the city. It may also be stated here that the present Mayor of Calcutta Sri R. N. Majumder, Attorney-at-Law is a true lover of Homœopathy and a son of late lamented Dr. J. N. Majumdar, M.D., F.I.H.L., the then great Homœopath of India.

Recognition of Homœopathy in India :

There are state wise recognitions of Homœopathy in some of the States of India. It is learnt that the Central Govt. of India is seriously considering to grant Central recognition to this system of treatment owing to its popularity in our country. The people of our country which is a vast democratic one are free to exercise their fundamental rights to choose their own physicians and that choice is in very many cases given to the successful Homœopathic Physicians of our country.

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REVIEW

THE BIHAR STATE HOMOEOPATHIC JOURNAL
(An official organ of the Bihar State Board of Hom. Medicine Patna) Published quarterly—Chief editor Dr. G. Kohli, B. Sc., L.L.B. Annual subscription Rs. 4'00

Like other provinces Bihar has also stepped forward with full vigour and solemn vow to educate and propagate the Hahnemannian System of Treatment in her State by publishing a quarterly bilingual journal in Hindi and English which will fulfill a long cherished demand of the 20 thousand homœopathic practitioner of Bihar. It gave me great pleasure to go through its first issue which coincided with the souvenir of the All India State Homœopathic Boards' Conference held in Nov. 1960. Herewith I congratulate the board of editors on their persistent effort for the noble cause of humanity in our country,

—DR. S. VARMA, D.M.S. (Cal.)

Hysteria and Homœopathy (in Bengali) By Dr. Birendra Nath Talapatra H.M.B., D.M.S. Published by the author from 'Birendra Homœo Hall, 3/51, Narkeldanga Main Road, Calcutta-11. Price Rs. 2'00

'It is a much worse mistake to treat organic diseases as hysteria than to treat hysteria as organic disease' and again 'everybody who has practiced medicine has seen hysteria' hence the utility of a book like the one under review which is incidentally only of its kind in the homœopathic literature in vernacular language. can not be over emphasised.

The author's lucid exposition of a naturally abstruse medical subject, has given it a subtle literary character short of being a classic and that is fully to the advantage of the author because as Mark Twain has observed : "A classic is something that everybody wants to have read and nobody wants to read."

There are things which are stretched but that is presented in a most readable way.

—EDITOR

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The Homœopathic Bulletin

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No. 3

HOMŒOPATHY IN INDIA *

Dr. Diwan Harish Chand

M.B.B.S. (Pb.), L.R.C.P (Edin), D-T.M. & H. (L'Pool), M.F. Hom. (Lond.), Postgraduate U.S.A. & Switazerland, Member, State Board of Homœopathic Medicine, Delhi.

In the history of Homœopathy in India Punjab has a special place of honour as the first Homœopathic physician, who came to India, settled in Lahore in the second quarter of the nineteenth century. He was Dr. J. M. Honigberger, M. D. He has given an account of his travels and experiences in India and the middle eastern countries in his book entitled, "Thirty-five years in the East". He had had the good fortune of meeting Hahnemann about which he writes, "At Paris, my steps were first directed towards the domicile of the father of Homœopathy, the celebrated Doctor Hahnemann. In Russia, I had been already told of the prodigious effects of his new healing system, and I earnestly desired to learn it at the source itself. The magnanimous old man and his lovely young wife received me in the most friendly manner, and I must not omit to mention that the open and good-natured Homœopathist made many interesting revelations to me respecting his new method of curing.....According to Hahnemann's advice, I introduced myself, at Kothen, to Doctor Lehmann, from whom I brought a considerable quantity of homœopathic medicines". Honigberger mentions of having got cholera at Vienna in 1836 during the widespread Pandemic

* At 206th Birthday Anniversary celebrations of Dr. S. Hahnemann by Chandigarh Homœopathic Study Circle held at Chandigarh, on 9th April, 1961, which is inaugurated by His Excellency Shri N.V. Gadgil, Governor, Punjab.

which he cured by, "taking, every half hour, a homœopathic dose of Ipecacuanha. This remedy proved quite efficacious and I was fortunate enough to be entirely recovered in the space of six hours...The good result which I experienced in myself and others, from adopting the homœopathic system, induced me to extend the practice to a larger circle of patients". Later he was at Constantinople, where plague was raging at the time and he used Homœopathic remedies with great success and still later cured himself when he got plague while in "Hindustan". Apart from the remarkable cures with Homœopathy Honigberger also showed great surgical skill. Of special interest to us is the account of the homœopathic treatment of the great warrior King of Punjab, Maharaja Ranjit Singh. During a recent visit to Pakistan I witnessed the screening of an interesting film made by the Pakistan Society of Homœopaths about this event. Honigberger writes that the Maharaja was, "seated on a chair, with swollen feet, and making himself understood by gestures and signs with his hands, his organs of speech being paralysed to such a degree that he was not able to utter a single articulate sound, and other means of imparting his thoughts were not in his possession, as he never learnt to write". This was at the royal garden, Shahblore, a place still in existence near the Shalimar gardens of Lahore, and I visited it out of historical interest. When all the renowned Hakims and Vaidis, accredited to the royal court failed to relieve his suffering the Maharaja resolved to take medicine from this globetrotter, Honigberger and he sent fakir Azeez-oo-Din to fetch him. Being a foreigner, a condition was laid that his medicine could only be administered if prepared in the presence of the Maharaja and his physicians. This he did and the manner of his preparing the successive potencies of Dulcamara tincture by dilution in rectified spirit made from "Cabul grapes," which the Maharaja used, amused everyone. A drop of the 3rd potency was put on a lump of sugar and administered.

The fakir was of the opinion that such a minute dose could not be hurtful, should it even be supposed to be a poison. Of course they were sceptical of its having any effect at all. But

the magic worked and Maharaja Ranjit Singh felt much better. In the words of Honigberger, "on the third day he was in such a merry humour that, at five o'clock in the afternoon, he ordered the minister, Dhyani Singh, to put a pair of gold bracelets on my arms, valued at five hundred rupees, in his own presence and in that of the durbar; this present was accompanied with two Cashmere shawls of the same value, and, whilst I sat on the floor, the minister laid them upon my shoulders, the Maharaja telling me that my physic had produced in him the best effect. The physicians of the city had been touched to the quick on hearing that the Maharaja was recovering, and that he had made me presents of gold and robes of honour. They would have preferred seeing the king die, rather than acknowledge me, an European, as his saviour". In short they decided to administer a majoon composed chiefly of precious stones and "in less than a fortnight the Maharaja gave up his temporal life".

After this practice of Homœopathy by Honigberger not much is known about its practice in Punjab for a long time though it made great strides meanwhile in the province of Bengal, thanks to the zeal and the stupendous efforts of Babu Rajendra Dutt and the first convert that he made the very distinguished Dr. Mahendra Lal Sircar, M.D., D.L., C.I.E. Vice-President of the British Medical Association, Bengal Branch. Bubu Dutt also got Dr. Tonierre, a Homœopath from France to practice in Calcutta. One notable figure in Northern India, who practiced Homœopathy and helped to establish it in U.P. and Delhi was Sir Syed Ahmed. He wrote some books on Homœopathy also and opened a charitable dispensary at Benares. The Managing Committee of the dispensary had him as the Secretary and the Maharaja of Benares as the President.

It is not known if Honigberger trained any physician in Homœopathy to practice after he left. There may have been some petty practitioners that did not leave much impress in the recorded history of Homœopathy in Punjab till about the close of the last century. About when a number of practitioners are known to have been engaged in its practice and a dispensary was being run at Lahore by the Brahma Samaj with the services of

Dr. Majumdar. It is possible that doctors from Bengal may have reintroduced it in this province of its birth. It was thus resuscitated and initially maintained, as in many other places, by some educated laymen coming in contact with Homœopathy and not only taking to its practice but even establishing a few small teaching institutions. A number of these were in existence in the second decade of the present century. One of these in Lahore got overcrowded with students when as a result of a strike in the King Edward Medical College, Lahore, a large number of them were expelled and they joined this college. This strike was to express resentment at the Jallianwala Bagh massacre and the general political repression after the first world war. The college authorities approached my father, Dr. Diwan Jai Chand D.P.H. (Edin.); D.T.M. (L' Pool); L.M. (Dub.); L.R.F.P. & S. (Glas.); L. R. C. P., L.R.C.S. (Edin); etc., an Ex-Deputy Sanitary Commissioner, Punjab and General Secretary of Punjab Medical Union (of allopaths) to teach these students midwifery and gynaecology as there were very few doctors at that time with a postgraduate training in this speciality. In common with his allopathic colleagues he was very bigoted and a denouncer of Homœopathy, of which he knew nothing. He would even refuse to dine at the same table with a Homœopath. So he refused to have anything to do with a Homœopathic institution or to teach there. However, being a staunch Congressite when he learnt of the victimised students joining this institution he decided to teach there with a view to help these political sufferers. That brought him into contact with Homœopathy and a casual perusal of some books at the college library, in the few spare moments before his lecture, interested him in the science. A further study convinced him of the scientific nature of Homœopathy and the clinical trials were very gratifying sometimes bordering on magical. Once he was thoroughly convinced he decided to practice this system ridiculed by his colleagues. All the medicines (allopathic) in his dispensary he threw into a gutter near his clinic rather than sell them to somebody. He felt that if they were not good for his patients they were not good for other doctors' patients also. People called him mad and he had

to suffer ridicule and financial and social privations because till then no qualified doctor had taken to the practice of Homœopathy in Northern India. But he stood steadfast in his belief and when he started to cure those declared incurable by the Allopaths he regained public esteem and gradually earned so much fame that he had been regarded almost a Messiah who could revive those that are nearly dead. His conversion to Homœopathy gave it the greatest impetus in Punjab and he played the same role here as Dr. Mahendra Lal Sircar had in Bengal. During the course of a long practice of 40 years he was able to interest many doctors, allopaths and others, in this wonderful system and one such convert is having the honour of addressing you now.

Punjab has also the distinction of having passed the first Homœopathic Faculty Bill and forming the Punjab Inquiry Committee of Homœopathic system of medicine way back in 1940 under the chairmanship of Col. P. B. Bharucha, Inspector General of Civil Hospitals, Punjab. The Bill was introduced and piloted in the Punjab Legislative Assembly by a Congress M.L.A., Ch. Krishna Gopal Dutt, Deputy Leader of Opposition (after partition a minister in Punjab). Earlier in 1936 a Congress M. P., Mr. Ghias-ud-Din had already moved and got passed a resolution in the Central Assembly recommending to the Government to accord official recognition to Homœopathy. It is also of interest to know that the Working Committee of the All India Congress Committee by a resolution enjoined upon the Congress Governments to recognise Homœopathy.

Due to the Government's preoccupation with the II World War and the usual antagonism of the allopathically staffed health department nothing much came out of the deliberations of this Punjab Homœopathic Enquiry Committee. Petty jealousies and intrigues within the heterogeneous Homœopathic ranks may also have been responsible for shelving the issue. Thereafter, the unsettled conditions consequent to the partition of the province and subsequent problems has delayed the official recognition of Homœopathy in this province. Even though the Homœopathic Bill was notified in the Punjab

Government Gazette (Notification dated Simla 22nd March, 1958, Bill No. 2242-5-5- H.B. (2)-58-2375) it has not come up in the Legislative Assembly for discussion during the last 3 years inspite of repeated attempts by the Homoeopaths.

This Homœopathic Enquiry Committee computed the number of wholtime practitioners of Homoeopathy in India in 1948 49 at 300,000, and I believe the number would have swelled meanwhile. This large number of practitioners must have a clientele extending into crores. This very sizable part of our population must be paying various types of taxes to the Government. In that case, with the permission of Your Excellency, I ask of this gathering that, is it not the duty of the Government to arrange for them the kind of medical relief that they desire and find helpful? I understand that a long time ago the residents of a place in U.S.A. refused to pay taxes unless the authorities provided facilities for Homoeopathic treatment.

The "Boston Tea Party" cost the British the colony of the New World. The Americans justly held that there could be no taxation without representation. The world has moved far from that time and yet even though we have a democratic Government of the people and by the people but not quite for the people as it denies to a large section the form of medical treatment they desire. Why the Government should patronise only the Allopathic system, now self styled modern system of medicine? We have no quarrel with our professional brethren belonging to the other schools. We only wish that our Government should extend its political creed of Panch Sheel, of peaceful co-existence to the field of medicine also. Let each system grow and prosper according to its own genius and let the only competition be in the excellance of service to the suffering and ailing people. Let our colleagues in the present enlightened era be not like those royal physicians of Maharaja Ranjit Singh who would rather sacrifice the precious life of the king then permit an alien system to cure him. Two recent examples of such an attitude showed that human nature has not changed much in a century and a quarter. When a few years ago the Joint Water and

Sewage Board of Dilhi literally lived upto its name and mixed the sewage with the water it resulted in an epidemic of infective hepatitis and cases of jaundice filled the hospital wards. It was admitted by the authorities that allopathy has no treatment for it. Homoeopaths claimed effective cures to their credit and offered their services to treat the cases in the hospital. Needless to say the offer was declined. Then again there was the epidemic of Asiatic flu and at one time of a Mystery Disease—a form of Eucephalitis. Allopaths admitted that they had no remedies for these and yet Homoeopathy was never given a chance to help the victims. It must have been motivated by the thought that "Let not Homoeopathy score even if the patients suffer and die" and thus prejudice once again became the grave of science. Homoeopathy has that advantage of being able to tackle new and previously unknown conditions. Considering that such staunch Homoeopaths as Dr. Mahendra Lal Sircar in Bengal and Dr. Diwan Jai Chand in Punjab could be so utterly antogonistic to Homoeopathy in earlier years of their practice and without knowing anything about it I feel one must take a charitable view of allopaths who oppose it for not having studied Homoeopathy they "know not what they oppose, and it is a case of condemnation prior to investigation". Those that have cared or dared to investigate have got converted to it. Though there are innumerable instances the world over of allopaths having taken to the practice of Homoeopathy but so far Homoeopaths have not taken to the practice of Allopathy.

"Even Hahnemann's priority in homoeopathy has been questioned in a preposterous manner.....This is totally out of the question. Neither the teachings of Hippocrates nor of Paracelsus have exerted an influence towards the practical application of the law of similars, its sole founder being Hahnemann". —DR. AUGUST BIER, Privy Counsellor and Professor of Medicine in the Berlin University.

TOOTHBRUSH DECAYS TEETH ?

People who want healthy teeth should throw away their toothbrushes—this is the opinion of one of the world's leading dental authorities.

Speaking at the 16th Australian Dental Congress held here, he said that the first step in world dental health was to destroy the toothbrush.

He is Dr. R. P. Cullen, a graduate of Sydney University, who is one of London's leading dentists and an authority on dental health education.

He described dental decay, especially in children, as the world's "last great epidemic," which would remain until the last toothbrush, had been destroyed. "While it remains, people will continue to use it—and dental decay will remain," he said.

Dr. Cullen said mouth cleaners were just as inefficient as the toothbrush because only an expert could use them properly. He recommended the use of a gum brush instead of a toothbrush—to keep the gums in a healthy condition.

Flour and sugar foods were the main causes of tooth decay—if they were left on the teeth after eating, decay was inevitable, he said. He recommended cleansing foods like apples, carrots, meat and nuts to remove the residue of starch and sugar from teeth.

Nearly 1,200 dentists from all parts of Australia and from many overseas countries attended the congress —A.A.N.S

RICE TAKING CEREMONY OF DOG

By a staff reporter

It is a dogs' day when nearly 500 guests were entertained with sumptuous dinner at a big house in Belliaghata area on Sunday, 20.8.61.

The occasion was not a marriage ceremony, but the ceremony of giving rice to the pup of pet dog in the house.

And, quite ceremoniously the pup tasted the first morsel of rice in the presence of the guests. Printed invitation cards were issued on the occasion.

—Hindusthan Standard

INDIVIDUALISM IN MEDICINE

JOHN HENRY CLARK, M. D.,

Intimately connected with the two discoveries of Hahnemann—*Materia Medica Pura* and *Dynamisation*—is another matter which has recently come into prominence. The late Sir James Mackenzie was one of the most insistent of modern teachers on the necessity of individualising cases—that is to say, for considering every case on its merits independently of the name of the disease. It is not enough, it is said, to affix a label to a case and then to treat the label. Each case must be considered on its own specific features, apart from the label affixed to it. If, for example, the label decided upon is "rheumatism," we must note which localities or tissues are the seat of pain or swelling, and what is the state of all the organs and functions not directly affected by the actual disease. Individual patients who can be truthfully labelled with the same clinical designation may be poles asunder in general characteristics, and cannot then be properly treated on identical therapeutic lines.

This is where Hahnemann's discoveries step in to solve a difficulty. When an allopathic physician has thoroughly individualised his case, what can he do with the data he has secured?—*Nothing!* That is, he can treat on "general principles," but he has not method of *individualising a treatment* that will fit the picture he has made of his individualised case.

The great defect of modern therapeutics is the absolute lack of distinctive indications for particular remedies in particular cases; and those highly intelligent persons who are employed by the manufacturing chemists to instruct medical men in the virtues and properties of their special products cannot help us much. I always like to see these representatives of the great manufacturing houses when they call. I seldom fail to learn something from them, but they are rarely able to name definite guiding symptoms which call for one medicine in preference to numbers of others of its class. General indication they can give but individual, specific indications for individual cases they can give very seldom.

The *British Medical Journal* recently (September 21st, 1929) devoted a leading article to this topic under the title of "The Decline in the Art of Prescribing" and in the course of it made the remark that "skill in the administration of medicaments is in danger of passing, just at a time when science has brought to the physician's aid drugs of known composition and proved efficacy." In reference to the value of certain specific medicines, the writer says, "The practitioner who has studied the art of prescribing, who possesses a thorough knowledge of the properties and actions of everybody drugs, who puts no trust in routine formulæ, but writes his prescriptions *to meet the requirements of each individual patient* [italics mine], may, indeed, in the treatment of such maladies, achieve successes as dramatic as any that are attained by specific remedies"—all of which reveals the presence of the individualising idea, but says nothing of how it may be utilised. When it comes to pointing the moral of his tale, the writer tells us that the factors which make for success in prescribing are as follows :

- "(1) An intimate knowledge of the therapeutic uses of drugs and their doses ;
- "(2) Avoidance of incompatibility ; and
- "(3) The administration of nauseous drugs in a palatable form"—which is really telling us nothing which every intelligent person did not already know.

Vastly different was the method of Hahnemann. He knew better than any modern the vital necessity of individualising every case of illness, independently of its clinical name and he gave practical directions how this could be precisely effected. Moreover, he learned to individualise cases AFTER having first discovered the art of individualising remedies. It would therefore seem that our modern therapists have started to work their individualising idea—which is perfectly right in itself—at the wrong end of the route.

As is well-known, Hahnemann began his work of individualising remedies with *Cinchona Bark*, which was the only remedy known to him which could cure some cases of intermittent fever and suppress it in most of the cases which it could not

cure. The details of his experience are given in the Preface to the article on *China* (his name for *Cinchona*) in his *Materia Medica Pura*. He showed that only "by impartial observation, clear experience and pure experiment" could true data be found, and he proceeds :

"Setting aside all guesswork and all traditional unproved opinions, I adopted the latter method, and I found, as with the other medicines, so especially with *Cinchona Bark*, by testing its dynamical powers on the healthy human being, that as certainly as it is extremely curative in some cases of disease, so surely can it develop the most morbid symptoms of a special kind in the healthy human body ; symptoms often of great intensity and long duration....."

In a footnote to the article he writes :

"As long ago as 1790"—the date of the edition in which this Preface appears is 1830—"I made the first pure trial of *Cinchona Bark* upon myself, in reference to its power of exciting intermittent fever. With this first trial broke upon me the dawn which has since brightened into the most brilliant day of the medical art ; that it is only in virtue of their power to make the healthy human being ill that medicines can cure morbid states, and, indeed only such morbid states as are composed of symptoms which the drug to be selected for them can itself produce in similarity on the healthy."

And this is his demand for exact individualisation of remedies :

"How could physicians act so stupidly as to think of substituting other things for *Cinchona Bark*, which in its dynamic action on the human health, and in its power to derange that health in a peculiar manner, differ so immensely from every other medicinal substance in the world ? How could they dream of finding a surrogate for *China*, that is to say, a medicinal substance of identical and precisely the same medicinal power among other extremely different substances ? Is not every kind of animal, every species of plant, and every mineral something peculiar, an entity never to be confounded, not even in external appearance, with any other ? [Italic mine.] Could any one be

so short-sighted as from their external appearance to mistake a Cinchona tree for a Willow tree, an Ash or a Horsechestnut? And if we find these plants differ so much in their external characters, though nature cannot offer so much difference to a *single* sense—that of vision—as she can, and actually does, to all the senses of the practised observer in the *dynamic* action of these various plants on the living healthy human organism, shall not attention be paid to these latter, the multiform peculiar symptoms, which each single one of these plants elicits in a manner so different from those of the second and third, and whereon alone depends the specific medicinal power of each medicinal plant with which only we are concerned in curing disease? Shall we fail to perceive *their* high significance, shall we fail to recognise *them* as the *highest criterion* of the *differences of drugs among one another*? Or shall we consider all things that have a bitter and astringent taste as identical in medicinal effects, as a kind of *Cinchona Bark* (as Cullen does) and thus constitute the coarse sense of taste in man (which can scarcely judge of similarity of taste, but never of identity of medicinal power) the supreme and sole judge for determining the medicinal significance of the various plants? I should think it was impossible to act in a more short-sighted and foolish manner in matters of such extreme importance for the welfare of humanity."

It would be impossible to put the doctrine of Individualisation more cogently or clearly than this. I have taken the liberty of italicising a few words and passages. The translation is the masterly one of Dr. Dudgeon. Hahnemann, after alluding to so-called "substitutes" for *Cinchona*, continues:

"No! the truth of the matter, which has been perceived, is as follows: It is not in the bitterness, the astringent taste, and the so-called aroma of the *Cinchona Bark*, but in its whole intimate nature, that resides the invisible dynamical working spirit, that can never be exhibited in a material separated condition (just as little as can that of other medicinal substances), whereby it differentiates itself from all other medicines in the derangements of the human health it causes."

In the "Preamble" to this edition of the *Materia Medica Pura*,

Hahnemann gives two cases which show how he individualised cases and their remedies. He says:

"Every case of non-miasmatic disease is peculiar and special; and it is the *special* in it that distinguishes it from every other case, that pertains to its alone, but that cannot serve as a model for the treatment of other cases. Now, if we wish to describe a complicated case of disease consisting of many symptoms, in such a circumstantial manner that the reasons that influence us in the choice of a remedy shall be clearly revealed, this demands a multiplicity of details fatiguing at once for the describer and the reader.

"In order, however, to comply with the desire of my friends in this also, I may here detail two cases of homœopathic cure of the most trivial character."

Simple and "trivial" as they are, these two cases reveal the essence of the individualising art. I will now give them.

1. "Sch—, a washerwoman, somewhere about forty years old has been more than three weeks unable to earn her bread, when consulted me on the 1st September, 1815."

Here follow the individual symptoms of her malady:

"1. On any movement, especially at every step, she has a shock in the pit of her stomach, that comes, as she avers, from her left side.

"2. When she lies, she feels quite well; then she has no pain anywhere, neither in the side nor in the pit of the stomach.

"3. She cannot sleep, after 3 a. m.

"4. She relishes her food, but when she has eaten a little she feels sick.

"5. Then water collects in her mouth and runs out of it, like water-brash.

"6. She has frequent empty eructations after every meal.

"7. Her temper is passionate disposed to anger. When the pain is severe she is covered with perspiration, The catamenia were quite regular a fortnight since, 'In other respects her health is good.'"

Here is a perfectly individualised case of illness. It matters nothing at all what label you like to affix to it, the entire trouble

is in the picture drawn. Now let us take the second case.

II. "W—, a weakly, pale man of 42 years, who was kept constantly at his desk by business, consulted me on December 27th, 1815; he had been already five days ill.

"1. The first evening, without manifest cause, he became sick and giddy, with much eructation.

"2. The following night (about 2 a.m.) sour vomiting.

"3. The subsequent nights violent eructation.

"4. Today also severe eructations of fetid odour and sourish taste.

"5. He felt as if the food lay crude and undigested in his stomach.

"6. His head felt wide, hollow and dark, and as if sensitive internally.

"7. Sensitive to the smallest noise.

"8. His disposition is mild, soft and patient."

Here is another perfectly individualised case. The whole illness is depicted and no name is attached.

Both of these cases might very well carry one and the same label—"Indigestion," And both might have been treated with "stomachics," "tonics" or what not. But how did Hahnemann deal with them on their individual merits?

As I said above, Hahnemann learned to individualise cases by having first learned to individualise remedies. And this art he learned by taking them himself when he was well—in his own phraseology, by "proving" them. By the symptoms each drug produced in himself he learned in the most intimate way possible, the characters of the individual powers each enshrined. To him, drugs were no longer, "tonics," "aperients," "antispasmodics," and the like, they were individual powers, spirits, *persons* as one might say, who could be recognised by their features and trusted by those who were familiar with them. He took off all their ancient labels and let their powers stand forth in their individual characters.

Returning now to the first of the two cases, let us see Hahnemann's mind at work. The picture of the disorder called up to his recollection some twelve remedies which had produced similar symptoms—similar that is to one or more of the symptoms of

the patient. The first symptom noted in the case was "a shock of pain in the pit of the stomach from movement or in making a false step." "*Belladonna*, *China* and *Rhus toxicodendron* cause shootings in the pit of the stomach on making a false step," but none of them *only on movement* as in the case here. *Pulsatilla* causes shootings in the pit of the stomach on making a false step, "but only as a rare, alternating action and the other symptoms *and the patients' disposition* do not correspond."

Every medicine has its own mentality and the last remark refers to the importance of getting the correspondence of the drug with the patient in that respect when prescribing,

Of all the remedies which the symptoms of the case suggested to Hahnemann's mind, "*Bryonia* alone has among its chief alternating actions, as the whole of its symptoms demonstrates, *pains from movement*, and especially shooting pains, as also stitches beneath the sternum (in the pit of the stomach), and on making a false step it causes shooting in other parts."

In this way symptom by symptom the correspondence is worked out and the individuality of the case in every point, whereas the other remedies only fitted one or two of them. *Bryonia* was therefore the remedy chosen and administered—"a full drop of the undiluted juice of *Bryonia* root, to be taken immediately." The patient was told to return in forty-eight hours. This she failed to do, but the result was ascertained for all that. "I told my friend E., who was present," says Hahnemann, "that within that time the woman would assuredly be quite cured; but he, being but half converted to homœopathy, expressed his doubts about it." "E." came back five days later to hear the result, and as the patient had not reported, he journeyed to the village where she lived to see for himself. On asking her why she had not come back, she replied: What was the use of my going back? The very next day I was quite well and could go on with my washing; and the day following was quite well as I am still. I am extremely obliged to the doctor, but the like of us have no time to leave off our work; and for three weeks previously my illness prevented me earning anything."

In the case of the second patient, his symptoms were taken by Hahnemann and discussed in the same way.

The first symptom, sickness and giddiness coming on the evening, also (symptom 7) sensitiveness to the smallest noise, have been produced by *Pulsatilla*. A number of drugs have produced sour vomiting, but "*Pulsatilla* causes not only sour vomiting, in the evening, and nocturnal vomiting in general, but also the other symptoms in this case not found among those of *Iron*," which causes vomiting at night as well as *Pulsatilla*.

"Nocturnal eructation is peculiar to *Pulsatilla*," which also causes "Fetid, putrid and sour eructation." Coming to Symptom 5, "He felt as if the food lay crude and undigested in the stomach," Hahnemann says, "the sensation of indigestibility of food on the stomach is produced by few medicines, and by none in such a perfect and striking manner as by *Pulsatilla*."

Other remedies are canvassed for correspondence to other symptoms, but none of these remedies possess "the mild character of the disposition, which as stated in the preface to *Pulsatilla*, is particularly indicative of this plant."

Therefore *Pulsatilla* was the Individual compliment of the second Individual case. Half a drop of the 12th dilution of *Pulsatilla* was prescribed and this was given in the evening. "The next day he was free from all ailments, his digestion was restored; and a week thereafter, as he informed me, he remained free from complaint and well."

Here we have Individualisation in its completest and simplest form, and if our friends of the *British Medical Journal* sincerely wish to see the lost art of Prescribing restored to the Medical Factory, it can only be done in the way Hahnemann has shown. Labels must be discarded. They have their uses, but they must be servants and not masters. Actualities, whether in cases of illness or in medicinal powers, are all that really count.

When once a picture has been composed of all that is observable in a patient, of all that he experiences in abnormal sensations and symptoms—that is the illness that has to be removed, whatever name may be attached to it. And, fortunately that picture is the very thing which it is possible to match, as we

have just seen, with the symptom producing powers of medicaments.

And here comes in Hahnemann's wisdom in building up a *Materia Medica* of the actual symptoms produced by these powers on himself or others, by arranging the symptoms in an anatomical list. There is no theorising needed here—no question as to whether the Vagus nerve, the sympathetic system, or this or that tissue or organ is at fault. When we are told that a patient has a certain symptom or set of symptoms that occur only a movement, Hahnemann's arrangement enables us to find, through the Index or Repertory, which is the *Materia Medica's* complement, what medicines have caused that particular kind of symptom. When the correspondence has been found in that respect, other characteristics can be matched in a similar way, so that the whole picture can be found.

In Hahnemann's day, when much fewer remedies had been "proved" than at present exist, it was easier to memorise the bulk of the symptoms, with their conditions of aggravation and amelioration, of the principal remedies than it is at present, but the main lines of the symptomatology of a large number of remedies can be carried in the mind, and Hahnemann's arrangement, along with the Repertories, enables us quickly to find which remedies have in their picture the symptoms we are seeking together with the conditions under which they occur. This fact proves the complete futility of the contention of Dr. Richard Hughes, that Hahnemann's schematic arrangement is a mistake.

In the two instances given of Hahnemann's method of Individualising cases and remedies, every symptom of each of the two cases is canvassed and compared before the final selection of the remedy is made. It must not be imagined that it took Hahnemann as much time to fix on the remedy as it did to write out how he found it. But in cases that are less clear and obvious, Hahnemann's method is the surest guide in the quest. In general, if three salient symptoms of a case can be matched in a remedy it will be found that the rest of the symptoms are more or less in the correspondence.

Another thing to be borne in mind is that *any remedy may be called for in the treatment of any case of any disease.* There is no limit to the possible combinations of symptoms in cases of disease, or in the symptom-register of drugs, and when the correspondence is clear and marked, *that* is the remedy in that phase of the case, whatever the name of the disease may be.

It must not be imagined that because in the two cases of "Indigestion," as we may label them, *Bryonia* and *Pulsatilla* were curative, that therefore these are "Indigestion remedies" and remedies for nothing else, or that they are the only remedies that will cure cases of "Indigestion." The reign of labels whether in nosology or in therapeutics must be put an end to before true liberty—not of *thought* but of *vision*—can be attained.

I fully agree with the *British Medical Journal* in saying that the first requisite for success in prescribing is "*An intimate knowledge of the therapeutic use of drugs and their doses.*" Such knowledge can only be obtained by a practical acquaintance with what each drug has done in the way of causing and curing illness. It is only in this way that the living powers embodied in the drugs can be intimately known and utilised. Such knowledge, thanks to the labours of Hahnemann and his followers, is now attainable.

The Foundation of *Materia Medica*, as already shown, are two-fold—The Spiritual Powers of Natural substances, on the one side, and the Intelligence of the Physician on the other. It is the function of the latter to master a knowledge of the former and to wield these powers in the service of the sick. This he can only do successfully if he makes up his mind to perfect himself in the dual Art of INDIVIDUALISATION.

SOME HOMOEOPATHIC REMEDIES IN RHEUMATISM

H. C. SCHMIDT, M. D.

The great idea the term rheumatism conveys is pain, relieved by heat, counterirritants, elimination and anodynes. This definition also includes neuralgias, facial, ovarian, sciatic, therefore we include them in this paper.

SOME HOMOEOPATHIC REMEDIES IN RHEUMATISM

The general picture of pains and secondary causes are very similar, the treatment is the same, but the people afflicted are of different types.

Rheumatism is of Greek derivation and means to flow. It is a case of insufficient oxygenation and of consequent hydrogeniod constitution, the intercellular spaces are full of lymph, the muscles are solid and hard; it is the uric acid type.

The neuralgic person, on the other hand, is lean, emaciated and lacking of the watery element. He is deficient in nerve-force, his nerve trunks are exposed, they are not properly protected by the force that flows along its course, as electricity flows along the wires, and the aura of the drug has to supplement the aura of the patient. This is the neurasthenic type.

These patients call a physician with the definite idea in mind, to get rid of the pain. They usually do not come until Aspirin or some other standard drug has been exhausted and more powerful measures are needed. They do not care for any lengthy discussion, much of the information must be obtained by objective means, and a homœopathic physician is usually at a disadvantage. However, certain features limit the remedy to certain groups, and this paper is limiting itself to differentiation within these groups.

First group worse by motion, better from heat.

If patient is quiet and wants to be let alone, the first medicine to come to one's mind is *Bryonia*.

BRYONIA is usually of the inflammatory type, with congestion and fever, with red congested face, considerable thirst, ugly disposition, lying on painful side with decided aversion to motion. His worst time is 9:00 P.M. *BRY.* does not need to be differentiated from any other remedy, it stands alone.

Other remedies aggravated from motion are *Apis*, *Lach*, *Led*, *Phyt*. These four are definitely intolerant to hot applications and so is *Merc*. That leaves *Nux.* and *Ran. b.* to be considered.

RAN. B. is worse evening, worse from cold, thirsty in the afternoon, and has great soreness. *Rhus.* and *Puls* are worse evenings but better from motion. *Rhus* is chilly, *Puls.* is warm blooded.

NUX. is worse mornings, is constipated and of sedentary

habits, with great aversion to open air. Worse in dry weather, and must be differentiated from *Verat*, which is better from motion.

APOC. must be considered at this point. It is typical of the rheumatic pathological state, an inter-cellular edema with renal deficiency. It runs parallel to *Apis*, but whereas *Apis* is hot, *Apoc.* is cold. Where *Apis* is thirstless, *Apoc.* has great thirst for cold water, which disagrees. It is a wonderful remedy in such cases.

APOC. has a peculiar mental state. Bewilderment is the only word that qualifies it.

CALC. S. is the logical remedy to be considered after *Apoc.*, it produces a perfect rheumatic pathology and is worse from motion. *Apoc.* is worse from cold and *Apis* is worse from heat. *Calc. S.* is between the two, preferring cool room. It is likely to be indicated in people who live to eat and are of a rather negative, easy-going type in general.

Second group, worse from heat.

APIS is especially thought of in right-sided ovarian neuralgia; it has red nose, fiery red tongue, with general aggravation at 4:00 P.M., with much stinging and burning, edema and suppression of urine. *Apis* is awkward and jealous.

Of all the remedies worse from heat, *Ledum* is the most peculiar.

LED. most striking keynote is coldness and blueness worse by heat. Another peculiarity is the direction, from below upward.

PHYT. is worse from heat, it affects periostium, where muscles and tendons attach themselves to the bones. They have a habit of biting the teeth together and at the same time everting the lips, thereby exposing the teeth. *Phyt.*, like *Merc.* and other syphilitic remedies have much glandular troubles. *Phyt.* needs to be differentiated from *Merc.*

MERC. is a decidedly greasy looking individual, almost constantly covered with oily perspiration, it has indented tongue, intense thirst, often has salivation.

The third type of patients one meets are the ones who walk

about with a hot pad or bandage pressed to the suffering part. *Ars. Rhus. Ruta. Mag. p.* are striking examples.

ARS. and RHUS. have many symptoms in common and are at times very difficult to differentiate. Both are anxious, restless and cold. Their neuralgias are frequently associated with coryzas, both have frequent sneezing, excoriating fluidic discharges, both are worse at night, and especially after midnight, neither cares to be alone.

ARS. is probably a little more fastidious and critical, and tires more easily. The strong point of differentiation is the after midnight aggravation and the indented bluish white tongue.

RHUS. aggravation is 7:00 P.M. The neuralgias commence just as soon as he gets into the house, he is generally better walking in the open air. *Rhus.* also has an indented tongue but with red triangular tip and is very sensitive to dampness and over-exertion.

CHAM. is more irritable than either *Rhus.* or *Ars.* but does not want to be touched or interrogated. The tongue is not indented. A one-sided redness of cheeks, or history of preceding anger facilitates selection of this remedy.

MAG. PH. is another remedy relieved by heat and pressure, it is paroxysmal and neuralgic, especially ovarian. It shares the other prominent magnesia symptoms, the six weeks periodicity, the tarry menses that flow at night, leaving a fast stain, the intolerance of milk and aggravation from lying on right side.

In rheumatism of shoulder, right side is favored by *Ferrum* and *Sanguinaria* and left by *Led.* and *Sul.* Care must be taken to ascertain that we are not dealing with a dislocation of head of humerus that impinges the nerve.

FERR. is relieved by gentle motion, the same as *Aur.* and *Puls.*, every little while arm is being bent or moved. Face flushes easily, either from pain or emotion, pulse is soft and there is a distinct aversion to eggs.

SANG. also affects right deltoid, also has a peculiar circumscribed redness but higher up on cheek and has a semi-lateral sun headache relieved by vomiting; it has burning palms and soles, which it uncovers.

LEDUM affects the joints of upper left and right lower body. Patient is puffy and purple. Pains are worse from heat, worse from motion and from wine, they cannot stay in bed, the same as *Lac. c.*, *Merc.* and *Verat.*

For pains in knee at least three remedies must be considered, *Aur.*, *Benz. Ac.* and *Verat.*

AUR. is easily picked out. It has the red knobby nose of the drinker, the pains wander from joint to joint to finally locate in the heart and we have a syphilitic history, the same as in *Merc.*, *K.I.* and *Phyt.* The mental state is striking, it wants sunshine; cloudy days are terribly depressing. Patient is despondent, suicidal, industrious, least contradiction enrages him, and he is always relieved by music.

BENZ. AC. especially affects the right knee, but like *Aur.* it changes from joint to joint until again the heart is reached. Instead of a syphilitic, it has a sycotic history, has strong urinary and gouty symptoms and perspires while eating.

RUTA affects any joint, prevents free movements, has cracking in joints, the strong symptom is aggravation from walking in the open air, can walk fairly well in house but outdoors he will stumble and in a very short time can walk only with excruciating pain.

VERAT, is another remedy which selects the knees. It has great difficulty in rising from a seat and descending steps but walking ameliorates. *Verat.* gets pale on rising, the same as *Acon.*

VERAT. is a very chilly remedy. Chill at 6:A.M. is quite characteristic and has helped me out many times. *Rhus.* is only remedy that must be differentiated but *Rhus.* has chill 7:00 P.M.

When anybody gets me out of bed in the early morning, I think of *Verat.* and *Pod.* and make sure they are in my bag.

ARG. is a great remedy for pains in joints and for right sciatic, it has a great effect on cartilage and on white fibre. *Phyt.* has great affinity for white fibre and periosteum and is worse by heat.

ARG. is very chilly, must be well covered, as much so as *Nux.*, *Hep.*, *Sil.* and *China*, time aggravation 3:00 to 5:00 A.M. same as the *Kalis*, is hasty in motion and is deceitful.

RHOD. is almost completely overshadowed by *Rhus*, it is

worse from approaching change in the weather, better motion, has a rheumatic headache mornings in bed, which is relieved by eating, and cannot sleep unless legs are crossed.

These are some of the more common remedies and their indications, but in order to show how impossible it is to classify remedies as rheumatic, I will relate a case, in closing.

The 12th of June, 1929, I was called to see a lady whose husband I had helped very much in an old rheumatic condition. I wanted to assist the patient so that she could vomit more easily but she said "don't touch me, I cannot let anybody touch me, my left shoulder is so sore." It was a typical rheumatic condition, hard, painful, worse by least touch or motion. I said, "Well, let me prescribe for you." I obtained a few symptoms, but nothing on which to base a decent prescription. When I was about to leave, the husband said, "Doctor, do you think you can do anything for the two cold spots in my wife's back?" I said, "I think I can." On arriving home I found, under kidney, cold sensation, *Spiranthes*. This remedy stopped the pain, stopped the cold spots, caused an inflammation of bladder with much mucus in urine, tenesmus after urination, which I had to antidote with *Puls.* Today I have some good friends in that family.

The *Spiranthes* patient seems to have a strong aversion to staying in bed. the same as *Merc.* and *Cham.*

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OUR DOCTOR DIWAN JAI CHAND

The Homœopathic world will deeply mourn the loss of Dr. Diwan Jai Chand who gave up his mortal coil on May 14, 1961 at the ripe old age of 75. Although he passed away in full glory after serving the cause of humanity for more than half a Century, we were hardly prepared to lose his advice and guidance at a time when his services were most needed to indicate the cause of Homœopathy. Homœopathy is, undoubtedly, passing through a crucial stage faced with something like a challenge of ‘now or never’, and who will deny that Dr. Jai Chand was the right man in the right place to take up the challenge? An erudite scholar as he was with a unique personality, we have always looked upon him as a friend, guide and philosopher of Homœopathic cause, and naturally we are feeling a sort of emptiness to-day without him. His death has certainly created a void which it will be difficult to fill in near future.

Originally he started as an Allopath with a first class training in England, and among the converted Homœopaths he is one of the few who stuck to his gun as a true Hahnemannian. The writer had been in close touch with this great devotee of true Homœopathy and has never found him wanting in pursuing the philosophy of our Master. The Homœopathic Bulletin claims an association with Dr. Jai Chand from its very birth, and in the fitness of things we close the article by striking a personal note with the remembrance of all the encouragement, love and affection we have received from him from the very beginning of our career. May his soul rest in peace.

—D. N. CHATTERJEE

CHRONIC CONSTIPATION

E. P. CLARK, M.D.

I wish particularly in the treatment of this subject to emphasize the importance and the efficacy of the Homœopathic remedy, and a few keynote symptoms will almost invariably lead us to the right remedy. She has used laxatives for months or years. She starts her enemata and they are not satisfactory; she does not feel that she is relieved properly; she has that "never get done feeling." She needs *Nux Vomica*.

Plumbum I find the most commonly indicated remedy. It has the total lack of desire for any movement. The mass is in hard lumps or it may be round balls. By urging the mass may protrude part way and then recede back into the bowel again. Think of *Plumbum* particular with paralysis of the nerves of sensation causing complete lack of desire.

Bryonia has the extreme dryness of the mass sometimes like the balls of sheep dung. She is the tired, listless, enervated patient. *Opium* is particularly indicated in the constipation of children. *Graphites* and *Hydrastis* are associated in mind with stools covered by masses of mucus.

Aluminum is given to the patient who says her bowels move but once or twice a week: especially if the stool is soft like putty, sticks to the anus. "Even soft stool is passed with great difficulty." *Anacardium* is occasionally required when there is great desire but on going to the toilet nothing is done. Perhaps that peculiar *anacardium* symptom pertains, "as if there is a plug blocking the rectum."

The peculiar *Calcaria Carb* patient—fair, fat and flabby, with two outstanding characteristics: the rotten egg smell, and the white as chalk stool often met in children, but seldom in adults, except in obstructed gall ducts, which is another story.

Phosphorus has the ribbon stool, frequent urging with little relief. The nervous, thin, active woman with white skin and black hair.

Look up your case in your materia medica. I am sure your remedy will be of great aid in curing chronic constipation.

HIGH BLOOD PRESSURE

DR. FRANCOIS CARTIER

(From the French by W. A. Dewey, M. D.)

Belladonna and rather its alkaloid *Atropine* can produce a primary slowing of the pulse (very short and only demonstrated occasionally), followed by an extraordinary rapid pulse with a great increase of the arterial pressure. After a certain time, if the dose has been sufficient, there is noted a progressive slowing of the pressure until death supervenes. But the rapidity of the pulse is maintained to the end. By *Atropining* animals the pulse is no longer modified either on sectioning or in galvanizing the *Vagus Nerve*. According to the highest authorities *Atropine* augments the vascular tension, dilates the caliber of the arteries and of the capillaries and increases the energy of the ventricular contractions. *Luschinger* attributes the enormous increase of the pulsations to a paralysis of the intracardiac extremities of the pneumogastric nerve. *Van Reuterghem* attributes the redness of the face and the upper parts of the body to the rapidity of the pulse and to the increase of the blood pressure.

Belladonna much resembles *Aconite*, but why is *Belladonna* less to be recommended than *Aconite* in human hypertension? The reason is that *Aconite* is much more a general hypertensor than *Belladonna*. *Belladonna* has a special localization, its characteristic is a hypertension of the upper part of the body; that is to say, the neck, the head, the brain, the eyes, etc., placed clearly in evidence by physiology and the clinic. In a case of acute hypertension of the brain (delirium, encephalitis) *Belladonna* is really more homœopathic than *Aconite*, but it does not possess the general action of *Aconite* on the heart, the vessels and the capillaries of every part of the body. The two remedies suit acute cases by acting promptly and speedily on the nerves. Another action is before there is any lesion of the tissues except congestion. *Atropine* is antagonistic to *Morphine* and *Muscarrine* is equally the antagonist of *atropine*.

Baryta Carbonica and *Baryta Muriatica*, which are hypertensors and consequently homœopathic to hypertension will be

treated at length under Arterio-sclerosis. These remedies have a grand importance for the tension as well as for arterial lesions. Clinical observations multiply daily.

Adrenalin. In a remarkable and extensive work Sajous has revealed the connection among the three glands of internal secretion (supra-renal capsules, pituitary body and the thyroid gland) and their importance in vascular tension. Everyone knows that in Addison's Disease, where the supra-renal capsules cease to secrete, the phenomena of extremely, intense hypertension is noted and when one injects a solution of *Adrenalin* into the veins of animals an intense hypertension is produced. The same phenomena are reproduced with extract taken from the posterior part of the pituitary body of the brain. In the sense of *Similia* we will speak of *Adrenalin* under Arterio-Sclerosis.

Chloresterin in the blood increases vascular tension and we see hypertension associated with Chloresteremia. In a similar way which the laboratory makes more and more clear and which we note with extreme frequency.

China, one of our first remedies for chloresteremia should render untold service.

Chloresterin in a tolerably high dilution should play an isopathic role.

Opium, 3x trituration after a slight acceleration of its pulse brings about a slowing and characteristic fullness of the pulse as well as a stupor and torpor of the brain. It becomes homoeopathic to cerebral phenomena caused by high blood pressure.

Glonoine 3x is principally the remedy for acute hypertension occurring in the course of a chronic high blood pressure as occurs in aortic cases.

Arnica 12x has full and tense pulse. It is a remedy of slow action. Acting on the muscles, the myocardium and the muscular coat of the arteries. It is especially recommended after *Aconite* for the subacute or chronic hypertension due to our working of the heart. The action of *Arnica* reaches the capillary vessels, provoking secondarily a venous stasis and a considerable increase of peripheral resistance to the arterial circulation, thus causing a sudden hypertensive shock frequently reaching

an extravasation of blood.

Coffea is a remarkable example of the contrary effect of a remedy according to dosage while *Caffeine* is an energetic raiser of blood pressure. *Coffea* in homoeopathic doses is a precious remedy for cardiac excitement leading to hypertension.

Pulsatilla. The active principle of *Pulsatilla Anemonin* acts on the circulation. It is regrettable that physiological researches have not been directed especially to the blood tension of the female genital organs. *Secale Cornutum* possesses an action on the striated muscular fibres, producing an arterial hypertension in the larger vessels. Finally all heart tonics employed by the Allopathic school are hypertensors and should be regularly employed by homoeopaths in infinitesimal doses in hypertension:

Strophanthus, *Crataegus*, *Adonis*, etc. and animal products as those of the Salamander Eel serum and others.

Have we constitutional remedies to combat hypertension? It is precisely this that we seek.

The *Nux Vomica* patient presents frequently the type of candidate for hypertension. Besides the action of its alkaloid, Strychnine, which is clearly hypertensive, the temperament of *Nux* is precisely that of the business man, the intellectual, those who do not take time to eat, with that nervous state that is almost a permanent cause of high blood pressure. All clinicians have observed the influence of mental worry and intellectual overwork in high blood pressure and arterio-sclerosis.

Then there is the *Lycopodium* type, arthritic, producer of uric acid which poisons slowly and finishes in an arterio-sclerosis.

There is also a *Sulphur* type, another sort of Arthritic with cutaneous manifestations, and to internal metastases; the eczematous which at certain times produce asthma or gravel and end in hypertension.

The type of *Aurum* or *Aurum Iodatium* is especially indicated when there is a basis of syphilis. One might still indicate *Lachesis* or *Sanguinaria* at the menopause in women where

there is a compensatory hypertension. *Sanguinaria* is a remedy of longer effect than *Lachesis*. It acts perhaps less quickly but more faithfully than *Lachesis*.

Lachesis has its characteristic cutaneous hyperesthesia, cannot support clothing (necessity of uncovering the neck).

What is necessary to do. A Hypertensive patient should always take exercise and live in the open air. If he is aged he should take exercise according to his strength. This is one of the best means to form capillary circulation.

Warm baths favor dilation of the capillaries and are Hypotensors; cold baths contract the capillaries and are hypertensors.

I will be pardoned if I am silent about diet and physical agents which are in all classic works. A milk diet is recognized as a hypotensor.

POINTERS :

Sepia pains begin in the morning immediately on awakening, are very intensive. Pains are burning in character, and are worse after eating and also worse before menses. Patient is characterized by cold hands and feet, partial sweats and is mentally indifferent, sad, and melancholy.

Lithium lacticum is a neglected but useful remedy for rheumatic pains of the small joints, with the modality better by motion, and worse at rest.

Natrum sulph.—a broad, pallid, dirty tongue is its chief indication. Yeasty vomiting, or long continued nausea without vomiting if the characteristic tongue is present. A liver remedy par excellence for the hydrogenoid constitution.

Dulcamara—one of the best remedies for herpetic eruptions of the face especially in children.

This remedy also acts very prominently on the umbilicus producing a variety of sensations and pains in that region, and is one of the best remedies for colic caused by a cold.

Dulcamara also has an occipital headache ascending from the nape of the neck with icy coldness of the body.

THE PUNARNABA—THE HERB THAT CURES EYE DISEASES

BY JAPESH DAS GUPTA

Research in Indian herbs and plants has revealed startling curative properties in many of them. One of these was *Rauwolfia Serpentina*. The latest has been *Punarnaba* (*Boerhaavia diffusa*) which ventures to threaten specs with extinction except perhaps as a beauty gadget!

Punarnaba is a diffusely branched herb. There are two varieties of it: one is white and the other red. Sometimes another rare type is found which is black. The white *Punarnaba* is common and used extensively. It gives wonderful effect in many kinds of eye trouble. It is a diuretic, has a mild purgative action and increases appetite. It has been used in this country for a long time. It is efficacious in jaundice, ascites œdema and heart diseases.

It grows all over India and rather abundantly in Bengal, Assam, Bihar, Orissa and the Punjab. It is available in greater quantity during the rainy season than in the winter.

It is bitter and astringent to taste. It relieves the three *doshas*, viz: wind (*ayu*), catarrh (*kof*) and biliary affections (*pitta*). It soothes the burning sensation of the body and yields curative result in boils. It gives good results in anasarca scanty urine and internal inflammation and improves eyesight. It has been found efficacious in short-distance as well as long-distance failure of vision.

It is a copiously branched herb with stout roots. Root-stalks are woody. Stems are 2-4 ft. long, slender, prostrate or ascending. They are swollen at the nodes and minutely hairy. Leaves are rather thick and arranged in unequal pairs at each node and $\frac{1}{2}$ "- $1\frac{1}{2}$ " long, it is ovate, oblong on sub-orbicular, green and glabrous above and usually white beneath. Its petioles are about as long as a blade. Flowers are minute, and stamens are 2 or 3, slightly exerted. Fruits are about $\frac{1}{2}$ " in length.

It grows abundantly in wet places near ponds and lakes. It is used in both dried and green states. The herb is first washed, clean of dust, mud, etc., and steeped in cold water for a few minutes. Then the juice is pressed out. Juice one to four tolas can be taken with honey. Each part of the plant, the roots, the leaves and the stem, is used. The dried herb is used in powdered form or a decoction is prepared by boiling it. First 2 tolas of the herb are beaten clean of dirt, washed, boiled in half a seer of water to $\frac{1}{4}$ th of the quantity strained off and then used with honey.

Therapeutic Application

The raw juice gives wonderful effect in the case of scanty urination with severe burning sensation. In cases where there are signs of œdema in feet and hands the juice gives marvellous result on administration twice daily with honey. In cardiac dropsy particularly when the quantity of urine also fails, the leaf juice used with honey improves the condition greatly. In eye diseases the raw juice is applied externally as well as administered by mouth.

Quoted below are some expert opinions on Punarnaba. It is used in jaundice, ascites, scanty urine and internal inflammations (Datt). In the Punjab it is considered useful for the eyes (Ibbetson's *Gujarat*). The root is also used to benefit in bronchitic asthma and as an expectorant (Chatterjee). In Goa the herb is esteemed as a diuretic in gonorrhœa. In Bombay it is much used for dropsical swelling (Dymock).

According to Dr. Lal Mohan Ghosal, this medicine gives wonderful effect in cases of dropsy and ascites due to the weakness of the heart or to dilation of the heart by relieving the blood circulation through the kidneys. "It may be given in any condition of the kidney where there is lessened secretion or where increased secretion of kidney is wanted. Thus it may be given in all renal affections stopping secretion of kidney, in ascites either from cirrhosis of liver or heart or kidney. As it increases the systole of the heart, it may be useful in all stenosed conditions of the valves."

Now a days, thanks to the investigations that the Ayurved Research Council has been carrying on, we hear much about *Punarnaba's* curative properties in eye troubles.

In this connection the curative properties of *Vimaljyoti* (*Euphrasia officinalis*. N. o. Scrophulariaceae) for eye diseases may also be noted. The actions of the latter potentiate those of *Punarnaba-Vimaljyoti* is a short copiously branched annual herb, growing abundantly all over India. The stem is downy, leaves are small, sessile, opposite ovate, and deeply indented. Flowers are terminal spikes—of white or reddish colour, streaked with violet. The calyx is made up of 4-5 sepals. The flowering time is summer and autumn.

A preparation, made of a combination of *Punarnaba* and *Vimaljyoti*, is very much in use now a days and has given highly encouraging results. Cases have been reported where disability was half cured within four days of application. Persistence with the drug for a length of time has restored eyesight to many.

The preparation which is to be applied to the eye like *Surma* with a stick, is prepared as follows. The outer skin of the roots of *Vimaljyoti* is stripped and it is ground well and dried to make a fine powder. For this, green roots are preferred to dried roots. On the powder the juice of *Punarnaba* is poured in such a quantity that it swells up to a level half an inch above the powder. The two should be mixed so that the juice gets dried up and no moisture is left in the powder. The *Punarnaba* juice is poured, over the pulverised root of *Vimaljyoti* like above seven times. The whole process should take about three weeks.

In India's forests lies hidden a great armoury against diseases. If the forest wealth of India is explored, investigated and subjected to proper research, India may well make a great contribution to the treatment of many complicated diseases.

"The patient must not be out of the physician's mind day and night. He must put his whole power of reasoning and his judgement deliberately in the service of his patient."

—Theophrastus Aureolus Bombastes Furioso von Hohenheim (Paracelsus)

CLINICAL OBSERVATIONS

BY DR. P. S. KAMTHAN, H.M.B.S., D-SC., F.N.F.U.

Mainpuri, U. P.

1. In all brain affections complicated by bronchitis or pneumonia, if patient bores finger into nose and picks up lips frequently, Arum triph. 200 one dose magically removes such complications and clears up brain. Its early repetition spoils the case as its actions lasts several days.

2. When the cause of persistantly high temperature is not traceable and selected remedies fail to give relief one dose of Sulphur or Pyrogenium 200 will do. Not to be repeated for about a week.

3. Bapt. 30 and Bry. 30 may successfully be alternated in continued or remittent type of fevers with or without bronchial affections, when proper diagnosis is not in sight. 3 doses of each per day.

4. Cham. 6 and Bell. 6. whenever alternated, gave successful results in children during dentition period, when fever, irritability of mind and greenish offensive stools were troubling them. 3 doses from each.

5. If pulmonary affections are accompanied by copious expectoration and prostration, Sul. 200 in non-tubercular cases and Stan. iod. 1000 in tubercular cases magically diminish cough and expectoration both.

6. In Tracaua, Kali mur 30x, four times a day acts best.

7. Calc. sulph 30x, 2 doses, every four hours followed by Sil. 30x, 2 doses, every four hours daily hardly leave a case of ulcer or wound, whatsoever, unhealed.

NOTE :—In osseous ulcers Calc. Phos. 3x or 6x, twice daily after meals is the best adjunct.

8. In most obstinate and habitual constipation when stools are hard, 20 drops of Hydrastis Can mother tincture to be mixed with one oz. of liquid paraffin and administered daily at night, removes such a tendency.

9. Kali Chlor. 30 (4doses daily) is an unfailing remedy for apthous mouth when the surface of the tongue is clear.

CLINICAL OBSERVATIONS

10. In ordinary coryza when the flow is watery, 4 doses of Ars. alb. 3x are enough.

11. If the child weeps before every stool or if every stool is preceded by colicky pain, Coloc. 30 every 3 hrs. is most efficacious whether it is diarrhoea or dysentery.

12. If a man or woman suffers from mental derangement on the verge of insanity, changeableness of symptoms, thirstlessness and sleepless are present, Puls. 1000 once a week ensures normal state of mind ; Tuber. 50 M or C.M. follows well.

13. If cough, whatsoever, is worse in the evening, Senega 30 twice a day ; if worse on lying down, Puls. 30 4 doses ; if worse from evening till about midnight, Phos. 30, 3 or 4 doses in non-tubercular cases. Such an act of prescribing is reliable.

14. Sul. 30 morning and Variol. 30 night, cure majority of cases of small-pox. No better remedy than 2 doses of Merc. sol. 30, daily during suppurative stage. Variol 200 or 1000 is the best preventive. Bell. 30 in repeated doses in the initial stage allays the acuteness.

15. Camphor., Verat. alb., Jatropha, Cuprum ars. and Ars. alb. are enough for treating cholera cases unless they are complicated. Stram helps when urine is suppressed.

16. Coma interrupted by shrieks draws attention for Apis mel. as first and sure remedy.

17. Caust. has to be given preference to any other remedy in paralytic states of health—r. sided or l. sided.

18. Fistulous openings rapidly heal up, however chronic they may be under Ars. alb. 200 followed by Sil. 200 on alternate days.

19. In constriction of throat when swallowing of solids and liquids is impossible, Hyos. 6 in repeated doses acts like magic.

20. Syphilitic history in chronic cutaneous affections often brings Nit. ac. 1000 once a week in forefront to combat the disease successfully.

21. In scrofulous cases Calc. c. 1 M weekly or fortnightly should be the first remedy to be considered.

22. Cham. 30, 3 doses, Calc. phos. 6x twice after nursing,

liver extract twice intercurrently cure majority of marasmus cases. Sanic. 200 once a week helps speedy recovery.

23. Ars. iod. 3x, twice after meals is an affective and inter-current remedy in all cardiac and chronic pulmonary affections.

24. In cancerous ulcers of mouth and uterus if heat and offensive haemorrhage are present, Kreos. 30 twice or thrice followed by Rad. brom. 30 once a day proved efficacious whenever used.

25. In haemoptysis Fer. met. 30, 4 doses daily must not be lost sight of.

26. If typhoid relapses, Pyrog. 200 one dose checks the rise of temperature in mal-treated cases of typhoid; if temperature goes high and ranges between about 103 and 104 or above, Pyrog. 200 controls it.

27. Not to use Calc. phos. 3x or 6x intercurrently in bone-diseases is mistaken, I have cured number of cases of bone-diseases speedily when Calc. Phos. was advised.

RANDOM NOTES

The Law of Similars.

The Tenclosure gives a good illustration of the similia.

Hahnemann gave a similiar illustration of a homœopathic cure.

Hahnemann's case was that of a young woman who was silently grieving for a lost friend. Her condition was serious. At last she was taken to see a family of children who had lost their parents.

Their grief cured the young lady.

A BALLAD OF BUDDHA.

Who is the woman that cometh
Where the Buddha sits at rest,
Sobbing the while she beareth
Her dead child on her breast?

RANDOM NOTES

"Help me!" the cry of her anguish.

"Help me, Enlightened One!
Hast thou the power and the mercy
To give me back my son?"

Answers the Buddha kindly:

"Thy grief it shall pass away,
And thy son shall be thine forever,
And thy night be turned to day.

"Bring me the seed of mustard;
Though but a single seed,
If it come from the place appointed,
That shall be all we need."

"What is the place appointed?
Tell me, Enlightened One,
Where shall I find the mustard
That will give me back my son?"

Answers the Buddha kindly:

"In hovel or hall of pride
Where never a wife or husband
Or parent or son has died."

Searching, the woman wonders
Afar on her eager quest
For the seed that will soothe and banish
The pain that gnaws her breast.
But in every home she enters,
Or hovel or hall of pride,
There are hearts bowed down in sorrow
For loved ones who have died,

Their sorrow calls for service;
And the while she tarries there
She lifts a bit of the burden
That comes with grief and care.

Then lo ! her search is ended ;
 Her night becomes the day ;
 For in the grief of others
 Her own has passed away.

Many other illustrations could be adduced as instances of this law. Anger, for instance, in one individual frequently cures anger in another.

External tumult and hubbud frequently quells internal mental states of unrest and leaves a calm.

The disorder and shock of the San Francisco earthquake cured a case of insanity under the charge of Dr. Carmel.

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The 'Multiplying Medics.

BY KENNETH MACGOWAN

One little doctor

Looks you through and through,
 Can't diognose your case.
 Then there are two.

Two little doctors,

Failing to agree,
 Call a consultation.
 Then there are three.

Three little doctors

Poke you o'er and o'er,
 Send for a specialist.
 Then there are four.

Four little doctors

Wonder you're alive,
 Another brings a stomach pump.
 Then three are five.

Five little doctors,
 Trying fancy tricks,
 Order in in alienst.
 Then there are six.

Six little doctors
 Preparing you for heaven,
 In comes a D. D.
 Then there are seven.

Seven little doctors
 Decide to operate,
 Call in a surgeon.
 Then there are eight.

Eight little doctors
 Think it's in your spine,
 Ask for a neurologist.
 Then there are nine.

Nine little doctors.
 All of them are men,
 Send for Mary Walker.
 Than there are ten.

Ten little doctors,
 Standing by your bed,
 Come to a decision :
 Find that you are dead.

Recurring Colds in Children

Peter D. McCornack (*Western Medicine*, March, 1915) says that recuroent colds are usually found in children suffering from the exudative diathesis, and treatment must be directed to the underlying condition. Such children usually eat more than they need, particularly of carbohydrates and fats. The diet

should, therefore, be modified by the reduction or elimination of sugar, the use of skimmed milk, or the elimination of all milk, and the provision of carbohydrates only in the form of the usual vegetables, cereale, and coarse breads. Meat should be allowed only three times a week. The clothing should be light and warm; the child should receive a warm bath daily, followed by a cool sponge bath and brisk rubbing; the bowels should be kept open; and children should live in the fresh air day and night.

Pertinent Questions

"In affections of the mouth, what deleterious effects, if any, would Hydrastin muriate have upon the remedy taken in a high potency?"

That would depend somewhat upon the character of the affection of the mouth; if purely local, and brought on by local causes, such as injuries, or from the action of Carbolic acid, it would be perfectly proper to treat that patient by local applications as an antidote to the local poisoning or injury. In such a case there would be no remedy, high or low, needed.

If, however, the sore mouth is the local manifestation of a constitutional taint it would be inadmissible to use any local application for two reasons: First, the local application might interfere with the perfect working of the proper internal remedy, and, second, the internal remedy is capable of taking care of the whole trouble from inside out. The Hydrastin muriate might cause a medicinal effect and thus interfere with the full effect of the potency. It might be possible to get the full benefit of the constitutional effect of the internal remedy in spite of the wash, but I would not advise such use of it. —DR. E. B. NASH.

True Similimum

The truly indicated remedy, in proper dose, never does harm, but always good. If a remedy does harm, it was not the indicated remedy; a mistake was made in its selection. It is true that medicines may do harm even when given in infinitesimal doses if they are not properly related to the case. It is true that a medicine which has in its pathogenesis all the symptoms of the case may do harm. It does not necessarily follow that, because you can find all the symptoms of your case under a certain

remedy, you have found the true curative. The selection of the similimum requires something more than the mere mechanical comparison of symptoms. A remedy selected on such grounds might, and often does, so aggravate and stir up and confuse the symptoms of a case that harm is done in many ways. It may be sufficiently similar to excite the reaction of the organism, but not being perfectly similar the reaction only results in a waste of vital energy. It does not correspond to the genius of the disease, nor the order of its development.

The relative value and importance of symptoms as related to each other must be considered. The significance of symptoms as revealing the presence of one or more of the great underlying miasms must be determined.

The symptoms must be grouped in such a way as to bring related symptoms together and reveal their true character, and enable us to classify them as psoric, syphilitic, sycotic or simply acute.

In a simple acute case the indications are clear for immediate action. We have only to cover all the symptoms present. In a chronic case with some acute symptoms present the problem is more complex. The chronic symptoms of the patient must be taken into consideration in selecting the remedy to relieve the more recent symptoms and prevent suffering. In a purely chronic case it is still more difficult, for here the symptoms must be carefully weighed and grouped. But where chronic conditions or elements are involved at all the prescription must always be made in the light of Hahnemann's maxim *to deal with the strongest miasm first*. Sometimes this is to deal first with the miasm which is strongest per se. Sometimes it is to deal first with that miasm which is strongest in the particular case before us. Hahnemann teaches that psora is the most ancient and most powerful of the miasms, syphilis being next and sycosis last in order of importance. But in a given case sycosis or syphilis may be the strongest, or most in evidence, and as such the basis of initial attack. A drug dyscrasia or miasm may be fundamental and require first attention.

A careful study and analysis of the case will reveal the true basis of action under this general principle of Hahnemann's to *attack the strongest attack the strongest miasm first*. The secret lies in the mode of eliciting and properly grouping the symptoms of the case. This is the very essence of the Hahnemannian doctrine of the chronic miasms. Failure to grasp and apply this principle is what leads to the selection of remedies that seem to be indicated, but which, in the language of the question propounded, "overwhelm the vital force." We must not attempt to cover all the symptoms of a chronic case with a single remedy as we would in an acute case. If we try we shall not only fail to cure, but do great and irreparable harm. No case of chronic disease can be cured with a single remedy, although some prescribers seem to set that before them as an ideal. In making their first and every prescription for a chronic case they endeavor to cover all the symptoms of the patient with a single remedy, as if it were a case of acute uncomplicated disease. They often get terrible aggravations, and do not understand why. If they would study and master Hahnemann's later and ripest teaching they would not have such unfortunate results.

—DR. STUART CLOSE.

Two Cases of Appendicitis

I have two cases of appendicitis to report, treated and cured by the remedy selected by the strange and peculiar symptoms which I was able to obtain from my patient, as the characteristic indications were not marked on first call and not for two or three days for that matter.

April 24, 1903, I was called to see a little school girl, aged about twelve years. She complained of pain in the right side, in a central spot. She had slight fever, some thirst, and was restless and nervous. I could not get much in the way of symptoms from the child, but as she lived with her aunt and did as she pleased I came to the conclusion that her trouble resulted from getting her feet wet on her way from school the day before, though could get no positive proof going to confirm my suspicions. However, I prescribed Rhus 200.

Called the 25th and found a slight improvement, when I told the aunt what my suspicions were in regard to the case. The child's father was sent for, and, like many anxious fathers, felt that he must do all that could be done under the mistaken notion that good would result from doing everything that can be done, whether it has any particular reference to the good of the patient or not, and as the child had not eaten anything for forty-eight hours he gave her a pint of strong beef broth, with some bread in it. Of course, he soon heard from it, and I did also.

I found her with a temperature of 103 2-5, trying to vomit, bowels bloated and so tender that she could not bear the slightest touch. Her pulse was 130, weak and thread-like, and the pain in the abdomen caused the child to scream whenever she was touched or moved in the bed. She was called to the chamber as often as every half hour to pass a clear, thick jelly-like substance which was preceded by pain and relieved by the discharge. No pain during nor after the discharge. She got Aloes 200. I repeated the dose three times during the next ten days; always after I noticed the symptoms did not improve during the preceding twenty-four hours.

The next case was a man forty-five years old, a hard drinker, who sent for me March 28th to come to Utica to see him. I found his temperature 101; pulse, 105. He had been vomiting a green, bitter water, and as he had not passed anything from the bowels for forty-eight hours, and was greatly distressed, I ordered an enema of warm water, which relieved him somewhat; nevertheless there was a sharp pain deep down in the abdomen in the region of the appendix. His wife told me that he had complained for a week, more or less, but every day about 4 P.M. the pain would grow worse, and last until bed time, but was not entirely relieved at any time during the time since he first complained. I asked her for a specimen of urine, which she produced, full of the characteristic red sand-like deposit.

I prescribed Lycopodium 200, with a promise to see him the next day, which I did, to find him better. I continued my visits, also the placebo for a week, when I discharged my patient. I saw him two weeks ago, when he told me that he was better than he

had been for years, as the medicine had cured some skin eruption with which he had been annoyed.

Some one may ask why I gave the warm water injection before prescribing a remedy for the difficulty. In answer I will say that as the impacted faecal matter was the result of constitutional predisposition, it was just as much a symptom as the pain, and inflammation of the appendix, the removal of its existence, therefore, become necessary for the same reason that we would remove any foreign body whose presence would only be a cause of irritation and prevent the reaction of the system to the well-selected remedy. See note 1 to Section 7 Hahnemann's Organon.

—I. DEVER, M. D., CLINTON, N. Y.

History of Primary Attacks

If you can get at the primary attacks and the symptoms the patient suffered with at that time, it makes it much easier to cure a chronic case. I had a case of congestion of the brain in an old lady, which was said to be very similar to an attack that she had had twenty years previously. At that time it was brought about by the use of quinine to suppress an attack of chills and fever. Natrum mur. cured her so that, although she was ninety years old, she enjoyed good health four or five years afterwards. It is a good thing to look up the previous illness of a chronic case.

—C. B. GILBERT, M.D

PURULIA DIST. HOMOEOPATHIC MEDICAL ASSOCIATION

Dr. Gouri Nath Mookherjee, D. M. S. Secretary Purulia Dist. Homœo. Medical Assn., Purulia, informs us, that the said Association has resolved to organise and hold State Conference at Purulia with a view to unite the different wings of Homœopathic practitioners of the state and to formulate ways and means for the development of Homœopathic Science and to uplift the status and conditions of the Homœopathic practitioners.

In continuation of the said programme, a bigger State Conference Committee, is going to be formed with the members from different districts and institutions by the 15th August '61. This

Committee will finally propose the programmes for the conference.

Those who are sincerely interested for the development of Homœopathic Science are hereby requested to enlist themselves as members and to contact or correspond with Dr. M.P. Chakravarty, Secretary, Purulia State Conference Committee, P.O. Purulia & Dt. Purulia.

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To

The Editor,

Homœopathic Bulletin, Calcutta

Dated, Calcutta, the 17th July 1961.

Re : [Homœopathy & Dr. B. C. Roy]

Dear Sir,

I would solicit your favour of publishing the following comments on the confusing reports of the meeting of the Committee on Homœopathy held in the Writers' Buildings on 20. 6. 61.

1. It is not a fact that Anatomy, Physiology, Pathology, etc. are not taught to the Homœopathic students. Rather, the fact is, all the main Homœopathic teaching institutions have all along been teaching not only these subjects but also General Medicine, Surgery, Midwifery and Gynaecology, and even Hygiene and Jurisprudence ; especially so since the establishment of the State Homœopathic Faculty (18 years) which cannot affiliate any institutions not teaching those subjects according to a prescribed syllabus for the Diploma Course which approximates the old L. M. F. standard.

2. The Chief Minister, Dr. B. C. Roy, who is the Chairman of the Committee on Homœopathy, is also quite aware of this fact as evident from the minutes of the first meeting of this committee held on 21. 4. 59 in which he, along with the Health Minister, Dr. A. B. Roy, scrutinised the syllabus of the Homœopathic State Faculty as well as the question papers set in two years' examinations held by the Body, and expressed his satisfaction about the standard (*vide* item No. 6 of the minutes of the meeting of the Committee on Homœopathy held on 29. 4. 59, duly signed by Dr. B. C. Roy as the Chairman).

As a matter of fact, the members of the meeting on 20. 6. 61 who were invited there for a declared purpose of finalising the preparation of the unduly delayed Homœopathic Bill (*vide* Notice No. Med1/5242/3H-2/61 Pt I, Calcutta, the 13th June, 1961) were rudely shocked and dismayed at the attitude of Dr. B. C. Roy in the meeting, especially when he raised the hackneyed question of teaching Anatomy, Physiology and Pathology as a plea for deferring the consideration of the Homœopathic Bill to an indefinite future date.

3. It is not a fact that serious Homœopaths do not feel the necessity of improving the standard of Homœopathic education; but the plan reported to be suggested by the Chief Minister of entrusting any one of the Homœopathic teaching institutions with the teaching of Anatomy and Physiology is, in our opinion, pregnant with great danger for Homœopathy causing great inconvenience to the students and jeopardising the interest of the various teaching institutions, thus causing great confusion and disruption in the Homœopathic society. If the Chief Minister sincerely wants to do any good to Homœopathy, he may be pleased to establish a State-sponsored higher-grade Homœopathic institution teaching all the above-mentioned subjects including (and on the basis of) Homœopathic Philosophy a Science and Materia Medica; at the same time grant substantial aid to the existing affiliated institutions teaching Diploma Course, so that they can improve their standard of teaching.

4. "Adoption of a different method of approach"—Homœopathy has its own method of approach to the medical science as a whole, which is not likely to be understood by anybody unacquainted with Homœopathic Philosophy and Science; and there cannot be any question of change of approach consistent with the life and spirit of Homœopathy.

The basic difference in approach between Homœopathy and the dominant school of medicine is that, in the later the therapeutics is based directly on the crude, mechanical and isolated facts of Anatomy, Physiology and Pathology; whereas in the former, the therapeutics is based on the totality of symptoms of

the whole psycho-somatic individual. For a Homœopath, knowledge of these subjects is indispensable not for basing his therapeutics but for understanding the basis of symptoms as well as their relations to each other and to the whole individual patient. Of course, their necessity for pathological diagnosis, prognosis and general management of a case of disease is common to all schools of physicians. So, it is not a fact—as some people think—that these subjects are non-essential and redundant for Homœopaths, but the reality is that its approach and attitude towards them are radically different.

Dr. B. C. Roy is further reported (Amrita Bazar Patrika, dated 21. 6. 61) to have opined that "before the question of rights and privileges could arise, Homœopathic practitioners should have acquired the knowledge and skill in the modern practice of Medicine." This is tantamount to saying—"You will not be given any citizenship unless and until you adopt my line of life."

Yours faithfully,
DR. J. N. KANJILAL

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BY

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The Homœopathic Bulletin

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JUNE, 1961

No. 1

SABOTAGE AHEAD

The Homœopathic Bulletin saw the light of day in the month of June, and naturally this month has a special sanctity for us. When we started the Magazine about 31 years ago, little did we think that the Bulletin would survive to see the stage which promises the fulfilment of the destiny of Homœopathy in India. At long last the Government of the Country is slowly but surely awakening to the intrinsic value of Homœopathy as a system of treatment, and to the role it is destined to play in the treatment of diseases of the helpless masses of India. During the past few years the Government has appointed a number of Committees to investigate the various aspects of study of Homœopathy with a view to modernise it in the context of the latest discoveries of science and give it a legal status which is more than over due.

In the light of the recommendations of the Committees referred to, many State Governments have already enacted legislations regulating the study of Homœopathy and giving the practitioners such rights and privileges that cannot be called unfair just at this stage. As far as the West Bengal Government is concerned, one is sorry to see that it is moving at a snail's pace, evidently betraying none too clear vision. Only the other day our Chief Minister invited the syllabus Committee to a Conference for holding discussions seemingly with a view to finalisation of the various provisions of the Homœopathic Bill which has been held up so long on this or that plea. Naturally high hopes were raised among the Committee members, but unfortunately the conference ended in smoke. It did not take the Committee members long to realise that the Conference was a mere smokescreen for temporising, and the whole business

smacks of suspicion. If such delaying tactics lead one to suspect that the Government is preparing the ground for sabotaging the Bill, one cannot be blamed. Some absurd suggestions made by no less a person than Dr. B. C. Roy shows lack of something that is common to his age, and for which he cannot be blamed. While giving some allowance for his age, one expected that another Doctor who is the West Bengal Health Minister who was present in the Conference should have come to the rescue of his senior when he suggested that only one institution should hold the monopoly of teaching Anatomy and Physiology, carrying with it the implication that other institutions would be left at the mercy of the former. The whole game of the Government, however deeply laid it may be, is exposed to every sensible man who sees in it a strategy for ultimate expulsion of Homœopathy from West Bengal, and for that matter, from the whole of India. Can Homœopathy live in other parts of India if it dies in West Bengal, the fountain head of Homœopathy? Even the meanest intelligence understands that the monopoly institution which has to be lavishly financed by the Government, will be a mere puppet in its hand to be used as an instrument to discredit other institutions. These institutions one by one are bound to disappear from the field until only the monopoly institution, the pet of the Government, remains to plough a lonely furrow, but how long? Obviously the case of Homœopathy in West Bengal is a case that concerns the interests of all other States, and will the Homœopaths of India present a united front to save the sabotage of Homœopathy in West Bengal?

—DR. D. N. CHATTERJEE

GYNAECOLOGICAL DRUGS

BY DR. K. G. PRIESTMAN

1. LATE ONSET OF MENSES

Natrum mur. Late developers mentally as well as physically; "young for their age", immature outlook. Greasy skin, reserved, fond of salt. Tend to be rather overweight.

GYNAECOLOGICAL DRUGS

Pulsatilla

Weepy, changeable type. Sometimes placid, sometimes irritable. Irritability is more noticeable in teenagers than in young children. More than usually, difficult adolescents.

2. DYSMENORRHOEA

Tub. bov.

Severe pain, usually heavy flow, membranous type. Pain precedes flow mainly L. sided. Usually severe premenstrual mental tension—extra tired and irritable, and often have a couple of sleepless nights immediately preceding the flow. Predominant symptom—lower abdominal colic. Pain precedes flow. Mainly R. sided. > heat and pressure.

Mag. phos.

Accompanied by abdominal flatulence. In "Phos. type": Dark, tall, slender, nervous, highly strung, worried about themselves.

Calc. phos.

Pain mainly in back. Flow heavy and bright. Useful especially in younger patients. *Calc. phos.* type: Fair, thin, easily tired, tend to get study headaches. Tend to turn ankles, or have some sort of foot trouble. Tend to have long thin feet (a useful confirmatory point).

Cocculus

Crippling dysmenorrhœa in which the constitutional disturbance predominates: Giddiness, faintness, and vomiting. Occipital headache. Accompanied by chilliness and numbness of limbs. Flow profuse, dark. May result from overwork.

Viburnum opulus Membranous dysmenorrhœa with severe cramp before flow—sometimes for several days before. Rather violent throbbing headache < movement, < stooping.

Lies quite still.

Flow often scanty for first 2 or 3 days, then increases. As it increases, cramps disappear, but backache comes on. > pressure, lying down.

Cimicifuga
Lachesis

As last, but pains spread down into thighs.
Especially older patients.
L. sided. Pain relieved once flow starts.
Wakes with pain.
Very dark, almost black flow.
Usually some jealousy present somewhere.
Note : (a) Psychological factors leading to tension
(b) Lack of exercise.

3. MENORRHAGIA

Constitutional symptoms are paramount for prescribing purpose.

Calc. carb. All ages.
Flow very heavy, not much clotted.
< exertion.
Type? Heavily built, pale, flabby, sweats, chilly feet.
"Worrying mind with a lethargic body".
Belladonna Bright red flow and bright red patient.
Clots usually present.
Throbbing in pelvis and head. Often high blood pressure.
Abdomen sensitive.
(Low potencies best).
Ferrum met. Heavy periods. Some nausea. Throbbing headache.

Type : Anæmic, overweight.
Have a very bright colour (of *Bell.*).
Intolerant of iron.
Sensitive to changes of atmosphere. Dislike stuffy atmosphere, but also dislike cold.
Phosphorus Period *prolonged*, though not so heavy as in above remedies.
Hates blood, frightened of it and about it, worried about themselves, generally upset
Type : Tall, thin, dark or reddish hair, Sometimes freckled. Chilly, aggravated ++ by wind, hate it and upset by it mentally and physically.

Pulsatilla

Late onset of menses may be followed by irregularity in timing, quantity and pain.

Sabina

Bright red flow, clots.
Tends to be hot and throw off clothes.
Usuful where constitutional remedies fail.
First choice in threatened abortion (use 10M)

Sulphur

Heavy usually.
Troublesome irritation with period, especially towards end.

Milletfolium
Ipecac

< heat, light, washing. Often burning.
Hæmorrhage in general. Bright red, difficult to stop.
Ipecac. always has nausea, which distinguishes.

4. FIBROIDS

Respond best when they tend to regress anyway.

Calc. carb.
Calc phos.

Prescribe on constitutional symptoms.

Calc. fluor.

Very hard fibroids.

Phosphorus

Polypoid type, may be with a cervical polyp.
Tend to produce intermittent intermenstrual bleeding.

Sulphur

(Beware of carcinoma in these cases)
Prescribe on constitutional symptoms.

Fraxinus

Softens fibroids.
Bearing down sensations. Patient should be *Sepia* but isn't.

5. MENOPAUSE

Lachesis

Jealousy, possessiveness, some mental disturbance of this type.

Sepia

Weary indifference. Can't be bothered. Everything is a nuisance.

With both :

Almost always severe headaches just before a period appears.

6. STERILITY

Tub. bov.

On general constitutional indications.

Natrum mur.

Previous use of chemical contraceptives can be a cause.

Sepia

especially the quinine type—*Nat. mur.*
Indifference, especially to intercourse—*Sepia.*

7. PRURITIS Menopausal or post-menopausal.
 Usually complementary to mental anxiety and strain.
 Very difficult to treat.
 N. B. exclude: Monilia, Trichomonas, leu.orrhœa. diabetes.
- Ars. alb.* May be > warm bathing,
 Burning,
 Worries.
- Pulsatilla* > cold bathing.
- Sulphur* < any bathing. Burning.
- Radium brom.* Extreme soreness and tenderness of skin.
 "Long to scratch but it's so sore they daren't"
From British Homœopathic Journal; April, '61

—o—

• "VRAISEMBLANCE"

"Ask, and it shall be given you; seek, and ye shall find; knock, and it shall be opened unto you."

... ..

Prelude A mysterious disease called Sarcoidosis is taking its toll* in the U. S. A. The disease claims 200 lives annually. It has an incidence there of some 4-5 persons for each 10,000 of the population.....Paradoxically, the disease is most commonly found in widely separated geographical areas. In the U. S. it is most commonly found among Negroes. In some areas the rate runs as high as 18 Negroes to 1 white person. However the disease is also present in Scandinavia, where there is no Negro population. The disease mimics tuberculosis, certain industrial diseases such as Beryllium poisoning and certain fungus diseases... Its symptoms can be lung trouble, swollen glands, skin rashes, chronic cough to a crippling of the lungs, damage to the eyes, hearts and

Nature of disease

control nervous system; in fine, the illness can strike any body organ.

Diagnosis Sarcoidosis is detected principally by Chest X-ray. About 75% of the victims recover spontaneously.

Prognosis The remaining 25% develop disability ranging from chronic cough to a crippling of the lungs followed by death.

Treatment There is no known cure for Sarcoidosis (in Allopathy) although cortisone like drugs have proved helpful in preventing further damage to the eyes, hearts and central nervous system of sufferers.

Etiology Although the cause of Sarcoidosis is not known (to Allopathy), there are theories to explain its origin. The hypothesis most widely investigated is the relationship between sensitivity to pine tree pollen and sarcoidosis. It has been shown in the U.S. there is an ecological relationship between regions where the illness is most prevalent and pine forests. Laboratory studies have also shown pine pollen can cause a certain biological reaction similar to that caused by the germ responsible for tuberculosis.

Specific Incidence Some of the pregnant woman of Georgia crave and actually eat a local clay and their chance of being attacked by the disease is twice as high as those who do not.

Type of Clay The type of clay these women desired happens to be in the area where Sarcoidosis is most prevalent. In addition, this clay contains appreciable amounts of beryllium.

Post-script: A metal, which can vie as contender for the championship with other metals, so far been exploited as potent medicinal elements, has not been able to get a 'fair field and no favour' from the hands of the discriminating therapeutists. It is a bit strange that many elements which were discovered at a much latter date have seen its way to the Homœopathic Materia Medica but this element is probably destined

(See page No. 19)

CHILDREN'S TYPES

Children are sick without being able to talk much about themselves. They act their symptoms and they do it often very well. But we must be prepared to read the acting. So, from this point of view I am here-under giving some, though not full, key-note symptoms and characters which will be helpful in diagnosing and understanding correct type of child in our daily routine of practice:—

No.	Type.	Constitution.	Characteristics.	Agg.	Amel.	Desire	Aversion.
1	2	3	4	5	6	7	8
1.	Abrot.	Chilly.	(Congenital pyloric stenosis) Child is emaciated (emaciation begins in lower limbs and gradually spreads upwards) with a dehydrated wrinkled skin; pinch it up and it does not return to its normal state. Hungry all the time and vomit all the food. Big abdomen and spindly legs, tender to touch. Peevish and bad tempered children.	Cold air. Night.	Motion. Loose stool.	Hot drinks.	Milk.
2.	Ant. Crud.	"	Child shows excessive irritability and fretfulness. Always over weight, very impressionable, sensitive, easily upset emotionally. Typical crusty impetigo on the face. Very clumsy and they get very jerky. Particularly all these children suffer from warts on their fingers, deformed nails, and have soft flabby white-coated tongue. Nostrils sore cracked and crusty. Chronic inflammation of lids.	Cold bathing. Heat of fire and sun. Warm weather.	Applied heat. Warm bath during rest, open air.	Acids. Pickles.	Foods. Mother's milk.

No.	Type.	Constitution.	Characteristics.	Agg.	Amel.	Desire	Aversion.
1	2	3	4	5	6	7	8
3.	Ars.	Chilly.	Pale, sickly, delicate looking children, easily scared and frightened, dread of being alone. Always restless and never finishes any. Never spend their time doing nothing. Tendency to catch cold with sudden great weakness.	After midnight. (1-2) cold food & drunk.	Heat in general lying with head high.	Cold drinks. Acids. Coffee. Milk	Food. Butter. Meat.
4.	Bar. C.	"	Dwarfish child do not grow mentally and physically, excessively shy, nervous of strangers, scared of being left alone. Sleepy, but cannot sleep; hungry, but can not eat. Often get night terrors without any clear idea of what the terror is. Easily irritated and torpid. Child does not want to play; prefers to sit idly in a corner. Seems to be stupid and look silly. Late in everything i. e. speaking, walking, teething etc. Exaggeration of forgetfulness. Hypertrophied glands, suppurating tonsils from every cold. Marked tendency to salivation.	Lying on affected side. After eating. Lying on left side.	Keeping quiet.	Insatiable food.	Food. Sweet things and fruits.

1	2	3	4	5	6	7	8
5.	Borax.	Chilly.	Infant seems cyanotic from birth. Sudden noise in its vicinity terrifies the child. Salivation with marked Stomatitis associated with white spots on the tongue, lips, cheeks etc. Night terrors of the day work. Idle, never settle to anything, change from one thing to another. More irritable than Baryta Carb. Child weeps on micturition due to pain and dread of downward motion.	Downward motion, smoking, sudden noise. Before urinating Cold weather.	Pressure.	Acid and Acid drinks.	—
6.	Brom.	Heaty	Over fat, fair skinned, fair-haired and the majority of them have been friendly, fairly happy types. Liable to become nervous, anxious, very often frightened in the evening. Tend to run to crops of boils. Typical hoarse voice. Liable to get Cardiac affections and enlarged glands.	From warmth.	At sea.	—	Water. Tobacco smoking.
7.	Calc.	Chilly	Children grow very fat, fair and plump. They are obstinate and self-willed, cries persistently and scratch their head when aroused from sleep. Tendency to rickets with enlarged epiphyses. Big head and tendency to sweat particularly at night. Though chilly get hot on slightest exertion. Rarely constipated, but diarrhoea of pale motions and comfortable when their bowels are inert. Liable	After midnight, full and new moon, exertion, pressure of clothes after eating.	Dry weather. After down and lying on back.	Ice-cream, Eggs, coal, Chalk and other indigestible things.	Too hot food and meat.

1	2	3	4	5	6	7	8
8.	Calc. P.	Chilly	to develop acute night-mares (Horrible faces in the dark.) Infants want to nurse all the time. Delicate with open fontanelles, large head sunken and flabby abdomen, slow in learning to walk, susceptible to cold and suffer from indigestion with cold extremities. These children definitely brighter mentally, more nervy and excitable and sensitive to sudden changes of temperature. Generally they cry out in sleep.	Cold, damp, weather, exertion, after eating.	During rest, on lying down, summer season.	Meat & salty taste.	Mother's Milk.
9.	Caps.	"	Child is fat, lazy, easily offended and irritated with poor memory. Will have light hair and blue eyes. Nervous, sensitive to noise and touch. Urinary irritation in illness. Wants to lie down and sleep.	Uncovering, Bathing. Cold and dampness.	Heat.	Cold drinks stimulant and pungent things.	Every thing.
10.	Carb. V.	"	Physical sluggishness, slow in thinking, easily discouraged, miserable sort of children. Always tend to have bluish extremities, bluish fingers and bluish toes. Extremities are always cold. Seems dead-tired in the evening, gets violent night-mares and hence terrified to go to bed, particularly in the dark. (See ghosts' faces, all sorts of terrifying spectres). Sour smelling sweet, severe epistaxis in	Warmth, wet weather, evening, lying down.	Being fanned, Belching.	Sweet (often upset) Salt, Coffee & acids.	Meat, fats and milk.

1	2	3	4	5	6	7	8
11. Cham.	Heaty	Children with light brown hair, often irritable temperament. Over sensitive to noise, pain, people etc. Always restless and want to carry. Wants a thing and throws it away. Never satisfied with any thing it is doing. Awfully liable to get acute Colic and acute otitis.	the night. Tend to have big bellies, get a lot of flatulence. Alternated constipation and diarrhoea (Especially after illness).	Damp, cold weather, at night (9 P.M.)	Warmth, wet weather.	Acids. Cold drinks.	Coffee. Meat.
12. Cina.	Chilly	Child refuses to go to mother. Mentally very obstinate, circumscribed red patch on the cheeks and very often a noticeable pallor about the mouth and nose. Tendor to touch, but once handling, they are quite peaceful. Very apt to be sick. Always cry for more food immediately after a meal. Have inordinate habit of yawning. Always pick, bore into or rub the nose and often grind their teeth in sleep. Will lie on abdomen or get on hands and knees during sleep. The typical Cina stool is white and urine turns milky on standing.		Morning and evening. Touch (spasms) wetting the bed (full moon)	Moving about, eyes symptoms by rubbing.	Sweets.	Sucking mother's milk.

1	2	3	4	5	6	7	8
13. Fl. ac.	Heaty.	Fair-haired and fair-skinned, often astonishingly patient, have strange enjoyment of life. Tendency to patch-balt areas, faulty dentition, poor enamel of the teeth and early decay. Tend to have unhealthy fingernails i. e. brittle, cracked, splintered etc. These children often have dry, red fissure tongue.		Heat at night, cold drink (tooth ache) warm drink (diarrhoea)	Cold bath, physical exertion.	Cold water, tasty food.	Hot drinks.
14. Graph.	Chilly.	Fat and flabby, heavy child, look like the typical Calcarea child, but with well marked skin symptoms. Skin is harsh, dry and which tends to crack. Practically always constipated with enlarged abdomen. Always timid and complete lack of assurance. Hesitate in answering. Chronic Otitis may be with a perforation of the drum ; seems to be hungry. Epistaxis under excitement. Much more flabby than Pulsatilla, easily exhausted by muscular effort. Lack of confidence in themselves but not shy. Lazy, dislike work, tends to be more sickly. Yellow coated tongue, particularly at the base. Discharges watery more stringy, yellowish. Mentally very		Open air Riding in a carriage. Cold drinks, Washing and Warmth of. In closed room. Warmth. Evening.	Open cool air.	Beet.	Warm food. meat.
15. Ka. S.	Heaty.						

1 2 3 4 5 6 7 8

irritable, always hurry, timid, profuse desquamation or scalding off of the epidermis.

16. Lyc. Chilly. Warm drinks from motion. 4-8 P.M., cold food & drink, warmth of bed, on waking. Sweets, hot foods. Bread, Breakfast, Coffee, Meat.
17. Mag. C. Chilly. Changes of weather, at night, from rest, milk, touch. From motion. meaty taste. Fruits, acids. Meat & Vegetables.
18. Nat. m. Chilly, but sensitive to heat. Child emaciated mostly at neck and other just similar to Baryta Carb. Easily burst into tears, sad, muddy look. Hurry in their work or play, slow of learning to speak, speech is faulty, sensitive tongue, which is red in places and white in other places. Develop school headache, between on right
- Open air, seaside, by empty-stomach, by pressure, lying on right. Salt and salty things, fish, milk. Bread meat.

19. Petr. tendency to develop hang-nails, split up the side of the nails, horribly sensitive, very painful and very difficult to heal. Their appearance seems to be greasy and poorly nourished. 10 & 11 side. A.M., during full-moon, by eating. Change of weather, thunder storm, every winter. By constant eating. Beer Sweets. Fat food, meat, butter.
20. Phos. Chilly. Morning and evening, lying on left side, back, slight emotion. warm food, salt, cold air. Eating, rubbing, sitting up, drinking cold water. Cold drinks, fish acid things & spicy food. Milk (intolerable) Bread. Coffee

1	2	3	4	5	6	7	8
21. Psor.	Chilly.	Thin, always sickly children and a little stamina. Always unhealthy, smelly, feel the cold very badly and upset by washing. Have abnormal appetite, especially in the middle of the night. Child is good, plays all days; restless, trouble some screaming all night.		At night, in open air, sitting up.	Lying down	Cold drinks.	Pork (Tobacco smoking).
22. Puls.	Chilly, but longs for open air.	Shy, keenness and interest in work. Sensitive to heat, easily teared and also moved to laughter. Often gets acute cold in the head. Pulsatilla children are always apt to get styes, particularly affecting the lower lid. Always tired and sleepy during the day. Awfully liable to become giddy from looking up at anything high. These children are very often bright and sharp and afraid of dark.		Beginning to move, evening at rest, lying on left side & on the painless side.	Gentle motion, pressure, cold applications.	Bread, fruits.	Fat, warm food and drink, butter,
23. Sep.	Chilly, but must have open air.	Child wastes rapidly, eyes are sunken, palenes and soles burning hot, associated with their sallow, greasy skin. Sepia children usually tend to sweat profusely and are liable to devolop itchy skins without eruptions. Negative attitude to everything, disinclined to work and not even interested in their play, but once they enter in any group, they start dancing and		Cold air after, evening milk.	Warmth of bed, hot applica-tions.	Sour things.	Fats. Bread. Meat.

1	2	3	4	5	6	7	8
24. Sil.	Chilly.	jumping. Enuresis takes place early in the night i. e. first sleep. Very often liable to faint and develop the habit of head-nodding in the later stage. Scrofulous children who are imperfectly nourished, not from want of food, but from defective assimilation. The child does not increase in size or strength. The head is disproportionately large, the body is small and emaciated with the exception of the abdomen, which is round and plump. The face is pale and old looking. The fontaneles, especially the anterior remain open. Bones are poorly developed, as also the muscles and consequently the child is slow in learning to walk. The head including the neck and face sweats much.		Cold, damp weather, during new moon, uncovering the head.	Covering the head.	Milk. Bread.	Mother's milk, warm food. Meat.
25. Sulp.	Heaty.	Ill-nourished, dirty, sallow, impoverished child. The child looks shrivelled and dried up like a little old man. The skin is rough, hangs in fold and is rather yellowish, wrinkled and flabby. Tendency for the skin to split, to crack on exposure and the child is miserable. The body has an offensive odour, not removable by washing. Such a child will often		Heat & cold, standing, warmth of food, bathing, milk.	Open air.	Sweets and spiced food. Milk.	Bread. Fat food. Meat.

(Continued from 7 page)

by Providence to wait for its days ad** finem. The element Beryllium (Be) is not a new comer. Vanquelin discovered it in 1797 as a constituent of the mineral beryl. Many of its compounds are of sweetish taste and for that reason in the French language the element is referred to as glucinum (Gl). The first metallic beryllium was produced by Wohler and Bussy in 1828. They obtained beryllium in the form of an impure powder by reducing beryllium chloride with metallic potassium.

K. L. RAY

(Adapted from Science News Letter)

Proving of Beryllium

Beryllium. The only proving of *Beryllium* known to me was done by Templeton and published in the BRITISH HOMOEOPATHIC JOURNAL for April 1953. He had 7 provers and 4 controls and used potencies from 3x to 30c.

Here is his able summary of the symptoms obtained :

Head

Throbbing, splitting sensation.
Worse heat, coughing, jarring, movement, light (Bry).
Better fresh air, lying that side.
Direction : left to right. —> Occiput to mastoid. —>

Nose

Coryza thin, acrid discharge : fullness, better open air, worse warm room.

** I am much gratified to know (d/ 9. 6. 71.) from Dr. D. N. Chatterjee that the proving of Beryllium has already been done by Dr. W. Lees Templeton and has been published in the British Homoeopathic Journal, April, 1953 and the 'Bulletin' published the same in July, 1958 issue.

1. 2. 3. 4. 5. 6. 7. 8.

sleep with eyes half-open, jerk in, sleep and wake up frequently. Sleepy during the day and sleepless during nights.

26. Thuja. Chilly.

Heat of bed, cold, damp air, mornings. Heat of bed, cold, damp air, mornings.

Wrap- ing these head, Pressu- re, rub- bing, scrat- ching.

Every- thing general- ly.

27. Zinc.

Chilly.

Children are slow of grasping, slow in answering with defective vitality. Delayed development. Generally weary, very sensitive to cold, liable to get inflamed eyes from exposure to cold. Generalized skin eruption early childhood and a chorea developing about adolescence. Like sulphur child, these children also get acute hunger about 11 o'clock in the morning and they simply bolt their food.

Sugar, Milk, move- ment, whether active or pas- sive.

Dischar- ges. Beer, Insati- able food.

Warm food. meat. Sweets.

BY

DR. G. BHARAT REDDY, Hon. Physician, Government Homoeopathic Dispensary, Hyderabad. (Andhra Pradesh)

Mouth

Dryness lips and mouth, cracked lips : burning. rough, sore, as if chapped.

Ulcers tip of tongue and inside lower lips.

Throat

Sore burning, like knives, worse saliva, hot fluids, coughing, evening ; better cold drinks, eating.

Must swallow (*Merc.*) : must keep clearing the throat.

Red glazed appearance of palate and pharynx.

Stomach

Loss of appetite. Averse all food, averse sweets.

Fullness before meals : full up yet hungry (*Lyc.*) ; fullness with aversion food. Drowsy after meals : tightness epigastrium worse inspiration.

Nausea, worse sight and smell of food, riding in bus, better lying down and eating.

Respiratory

Cough from sternum, cannot get deep enough. Dry, painful, upper sternum (*Bry.*), like knives. Non-productive : worse cold air, smoke, bending backwards, better warm room.

Sputum tastes sweet.

Dyspnoea (with palpitation) on exertion.

Constriction chest on inspiration.

Heart

Palpitation with faintness and weakness of legs.

Back and Extremities

Sticking pain mid-dorsal and lumbar regions.

Worse sitting, bending head forwards first movement, lying down. Better walking.

Elbow, forearm, metacarpals and phalanges, as if bruised, as if strained, with loss of power.

Cold sensation lumbar and gluteal regions.

Weakness legs.

Fever

Shivering in bed worse slightest movement.

Skin

Itchy papules, < scratching, < warmth.

Templeton also listed the symptoms of Beryllium poisoning

which include : contact dermatitis, ulceration of skin leading to subacute granulomata ; oedematous weeping, itching, burning eruption ; small hard papule surrounded by area of erythema. Soreness of nose and throat, mild epistaxis, metallic taste, swelling and engorgement of mucous membranes of nose and throat. Tracheo-bronchitis ; cough with scanty blood-stained mucus. Fine rales later becoming coarse ; vital capacity reduced, dyspnoea, pneumonitis. Burning substernal pain, cyanosis, anorexia, rapid pulse pyrexia slight. Undue fatigue and loss of flesh. On bronchoscopy, hyperæmic mucous membrane and patchy exudate.

X-rays of chest : appearances suggestive of miliary tuberculosis and sarcoidosis. Multiple areas of soft infiltration, later leaving a nodular appearance. Sometimes X-ray signs cleared up before the symptoms.

Exposure to the dust for 20 minutes has caused pneumonitis in three cases.

Granulomatous focal lesions in lungs and liver have been demonstrated by the pathologist. Altogether the resemblance to sarcoidosis is striking.

Templeton also suggested *Beryllium* for recurrent ulcers in the mouth ; influenza and chesty conditions where the dyspnoea is greater than the physical signs would lead one to expect, with muscular aching and other symptoms resembling those of *Rhus tox.*, and for travel sickness and nausea from sight and smell of food.

He notes the similarity of the headache to *Bryonia* (but *Bry.* headache is more frontal and *Beryllium* occipital), of the throat symptoms to *Lachesis* and of the digestive to *Lycopodium*.

John Paterson during the discussion mentioned a personal experience of Beryllium poisoning from the bursting of a fluorescent tube near him. A painful irritating cough developed 24 hours later, then influenza like symptoms, for which *Gels.*, *Rhus* and *Bry.* had little effect, then tracheo-bronchitis with sticky mucus and intense pain behind the upper sternum, and dyspnoea not relieved by *Kali bich.* On the 6th day he took one dose of *Beryllium* 30 with rapid relief.

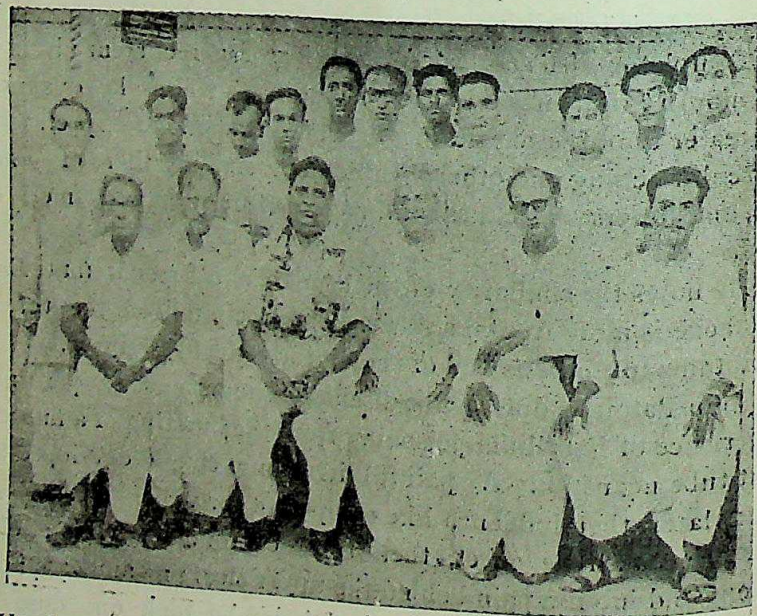
It behoves us now to use these remedies and so to develop

clinical confirmations, and while extending their indications, at the same time more sharply define the leading symptoms.

Clinical trial not merely in a rare disease like sarcoidosis, but for any disease, should be made of all substances proved in recent years by Templeton, Raeside, and others, such as *Alloxan*, *Cadmium*, *Aristolochia clematitis*, *Hydrophis*, *Triosteum perf.*, *Rauwolfia*, *Strophanthus*. and others,

It is only by clinical use that useful pictures of newly proven drugs may be hammered out for the benefit of posterity and it is the duty of all homœopathic doctors to do this in gratitude for the magnificent drug pictures handed down to us by our predecessors. I confess to failing sadly in this respect, but I have made a New Year Resolution to reform!

From British Homœopathic Journal, 1961.



Members of the Homœopathic Practitioners Association, Calcutta

SCHEME FOR A HOMŒOPATHIC COLLEGE WITH A HOSPITAL ATTACHED

The Madras Presidency Homœopathic Association has submitted a detailed scheme for the starting of a College with a hospital attached at Madras, to the Government. A deputation led by Sri N. Venkatarama Aiyar, Vice-President of the Association and Drs. S. P. Koppikar and P. Seshagiri Rao, Secretaries, met the Hon'ble Minister for Health Mr. Manickavelu and urged on him to make use of the funds available from the amount set apart for Homœopathy in the Second Five year plan. The Hon'ble Minister assured the deputationists that he would do everything possible in the matter.

The scheme envisages two courses: (1) a Degree Course of 4½ years duration on the basis of the syllabus approved by the Union Government of the same standard as the M.B.B.S. Course in allopathy, and (2) a Diploma Course of two years duration on the basis of the syllabus approved by the Madhya Pradesh Government for the same. The Diploma Course will enable students to have sufficient knowledge to practice with confidence and handle all cases except those of special difficulty.

It was pointed out that while the Degree Course will produce full-fledged medical graduates who will be equal in point of merit to the M.B.B.S. standard, the diploma course will produce competent men who might be willing to settle down in rural parts and attend to the much wanted medical needs of the rural population by taking charge of the rural dispensaries and attending to the medical needs of the surrounding villages.

It was further pointed out that financially, apart from a capital expenditure of about 3 lakhs, the college and the hospital will be self-supporting.

The necessity for a college was explained as follows. Homœopathy is a difficult science and cannot be practised except by those who have had personal training in the system. Much havoc is done in the name of Homœopathy to it by dubious methods of training and treatment. Homœopathy should not be allowed to be mixed up with other systems. It will be effective only if practised on its own principles.

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THE PROBLEM OF MASS EDUCATION IN HOMŒOPATHY

DR. J. N. KANJILAL, M.B. Cal.

The Homœopathic profession to-day has to face multifarious crippling problems. One of the most vital of these problems seems to be that of education in homœopathic science and philosophy.

Homœopathy, in spite of innumerable odds and hurdles imposed on it from various sources and quarters, in its life of 150 years has made its headway into the masses of people almost all over the world. It is only people's support which has nourished it so long and allowed it to spread all over the world. This especially applies to India, and outstandingly to Bengal. In Bengal, Homœopathy can legitimately claim the attribute of People's Medicine. In Bengal, there can hardly be found a person—big or small—who has never taken a drop of homœopathic medicine, or at least has not witnessed the miraculous power of homœopathic medicine; and scarcely a village which cannot claim some half a dozen homœopathic practitioners as its inhabitants. There are various causes responsible for this intimate popularity of homœopathy: (1) Most vital of these causes is of course its indisputable efficacy as true curative agent, —people have witnessed too often cases rejected by the most eminent practitioners of other methods of medicine as in-curable,

to get rapid and complete recovery at the hands of an ordinary, unsophisticated village homœopath. (2) The 2nd important cause is the pioneer work of the homœopathic giants—all over the world, and of Asiatic countries especially in India. It may be noted by-the-by, that in India—most of these giants were either Bengalees themselves, or practised in Bengal. And that might be one of the causes of overwhelming popularity of homœopathy in Bengal—from where it spread to all over India. (3) The 3rd and least important (although according to some the most vital) cause is the cheapness of homœopathic medicine—falling quite within the economic means of the poverty stricken people of India.

This glaring aspect of homœopathy very unfortunately is, however, at present associated with a dark aspect also. The standard of knowledge of homœopathic practitioners—especially in the rural areas—is often extremely low. Very often their stock of knowledge does not go beyond one or two small books on "Home Medicine", or a cheap and shallow Materia Medica or a Practitioners' Guide, remaining quite innocent about Homœopathic Science and Philosophy— not to speak of any knowledge in Anatomy, Physiology, Pathology or Hygiene. Due to this gross deficiency, Homœopathy is taken very lightly by most people—both practitioners and patients. Hardly few people know that homœopathic therapeutics is the most difficult and at the same time most potent of the different methods of therapeutics. But, even with this hopelessly poor stock of knowledge, these practitioners are doing yeomen's service, catering health to myriads of sick people, nay often saving them from even jaws of death. What immensely more benefit the people would get if the standard of education of this category of practitioners could be raised to a minimum indispensable level. This, seems to us, is one of the most burning problem of Homœopathy to-day. And its solution brooks no delay—in view of the rapid spread of Homœopathy goaded by the necessity and demand of the people. Those who cherish any interest for Homœopathy itself—as a science, or for the real good of the people, cannot, we are sure, take this problem lightly.

But whom can we depend upon for the solution of this vital problem? It is quite true, in the present age of concentration of power and money in a few hands—controlling the vast public—it is very difficult if not absolutely impossible to solve any major public problem without sponsorship or at least patronisation by the State. But a very unfortunate fact is that, no-where on Earth (except perhaps, in recent years and to a certain extent, in Russia) the State Government has ever done any real good to Homœopathy in its long life of 150 years. And most Governments have played the role more or less of enemy to Homœopathy either openly or in a subtle form in the garb of friend (as in U. S. A.). So people—who are said to be the ultimate authority of the States—will have to give a long and strenuous fight, to make their respective Government to heed their interest about Homœopathy,—and at the same time be very vigilant to scan thoroughly whatever benefit they can snatch from the hands of their rulers—as to whether they are really wholesome for Homœopathy and themselves. This applies to all States of the world, but especially to ours in India. As the situation prevails in India to-day, the different State Governments as well as the Central Government—have been showing more or less cold attitude towards Homœopathy. If they are forced by people's pressure to take any interest in Homœopathy, that interest proves to be more designed to cripple or atleast delay the progress of Homœopathy. Thus—they form an Advisory Committee—in stead of forming a Directorate of Homœopathic Medicine, they form innocuous and ineffective Faculties or Boards for Homœopathy without taking any responsibility for its maintenance, while at the same time interfering in all its affairs; they form a Syllabus Committee (and that again perhaps only for keeping in the shelf—as the Committee hardly ever meets and functions) in stead of forming a Homœopathic Bill Committee; they plan of banning Homœopathic practice by non-registered practitioners—as if they can ever deprive the people of the little benefit that they have been getting from their real friends, their village practitioners—for getting some succour when sick—for which the law giving Government does not or

perhaps cannot take any responsibility at the present or long future stage of our society.

In such a situation, if we depend upon our Government alone to solve the problem of imparting minimum requisite education to the masses of homoeopathic practitioners, we are sure to be disappointed. Of course, we will have to go on fighting doggedly to force the Government to take responsibility of true homoeopathic education (keeping vigilant about the dupes of pseudo-homoeopathic educations, or giving homoeopathic plaster over alien basis), at least in the urban areas. But the problem of educating the mass homoeo-practitioners will, for a pretty long future, have to be solved by ourselves,—and in our opinion, in the form of collective self-study.

The institutions that can naturally and effectively take this responsibility are the Association of Homoeopaths in different localities. There is hardly any area in India—particularly in Bengal—on sub-divisional or at least district scale—where a few sufficiently educated true Homoeopathic Physicians are not available. These enlightened Homoeopaths will have to take the responsibility of guiding the mass homoeopathic training.

Thus, our proposal is as follows:—(1) All the homoeopaths in any particular locality should organise themselves into their respective regional associations. Attempts should be made to link up these various local Associations into one District Association, all the District Associations into State Associations and the State Associations, in their turn, into All India Association.

This aspect of the proposal is nothing new. There are plenty of Homoeopathic Associations—on local, district, provincial, All India,—even All world basis—at least in name. But, (i) most of them remain only in paper or utmost in an office room; (ii) most of them do not cover all the homoeopaths of the locality or the area for which the association is intended, or by which the association is named; (iii) almost none of them are linked with each other, nor the lower bodies linked with any higher body covering a wider area, or a state, or the whole country, and remaining a wider area; (iv) most of them have no programme of activity, or if there be any, no persistent effort is

made to put the programme into action. They at best occasionally meet together and make some pious resolutions and the whole affair ends there. So these associations have been remaining as more or less functionless bodies.

(2) These Associations must not only cover all the homoeopathic practitioners of the locality, but ensure active support of all the sympathisers of Homoeopathy. The minimum way of cementing and perpetuating this active support is to collect regular contributions and occasional donations from its members and sympathisers according to their paying capacity.

(3) Every association must have a substantial fund collected in the above-mentioned way, as well as by various other methods, in order to run its day to day functions smoothly.

(4) Every association must have a definite programme of activity—one of the most important item of which should necessarily be self-education in homoeopathic medicine. For the execution of this item of self-education—the following are essential:

(a) A minimum syllabus of study, planned according to the local requirements and receptive capacity of the average members; but which must necessarily cover (i) Homoeopathic science and philosophy—i.e. organon, materia medica etc., (ii) the different essential branches of general medicine, e.g. elements of anatomy, physiology, pathology, hygiene etc.

(b) The actual study according to the planned syllabus may be prosecuted in two ways:—(i) Study circles on suitable books under the guidance of sufficiently equipped leading homoeopaths of the locality; or (ii) Regular classes taken by suitable lecturers or professors invited from the locality or from the district or provincial town. Any or both of these methods may be adopted by an association. But the time or period of study should be so arranged as to suit the convenience of the majority of the members concerned.

(c) Each association must as far as possible be equipped with the following: (i) A good library containing the essential books on Homoeopathy (Organon, Philosophy, Chronic Diseases, Materia Medica, Therapeutics etc.) and other branches of a

general medicine ; (ii) Charts and diagrams—showing the general features of anatomy, physiology, pathology, hygiene etc. ;— (iii) Models of different parts of human body, (iv) A whole skeleton ; (v) Clinical instruments—stethoscope, knee hammers, sphygmomanometer, tongue-depressor, aural and nasal speculum, torches and so on.

CALCAREA CARB. AND SILICEA—A COMPARISON*

EUGENE UNDERHILL, JR., M.D.

These two remedies are about equally related to disturbed nutritional states, and to retarded growth and development. *Calcarea* affects the glandular system, especially the lymphatic glands such as the tonsils, nasopharyngeal, cervical and mesenteric glands. It also affects the blood and blood-forming processes and is therefore associated with anemic conditions. The growth of the skeletal structure may be retarded or perverted causing over-development of the cranium, flattened occiput and late closing of the fontanelles. There may be irregular development of the bones with curvature or other deformities. The teeth erupt slowly and decay early. The child is late in beginning to walk and may become bow-legged, knock-kneed and pot-bellied. Spinal curvature may result in cases in which there is an underlying tuberculous dyscrasia.

Silicea acts upon bony and cartilaginous structures, on cellular and connective tissues, as well as on the skin, mucous membranes, glands and NERVES. An important differentiation between these remedies is the fact that *Silicea* is fundamentally more nervous than *Calcarea*, the latter having characteristically the leucophlegmatic temperament, whereas *Silicea* is sensitive, nervous, irritable, mentally competent when aroused but with a marked tendency to sluggishness and inertia. When some trying

* Read before Bureau of Materia Medica, I. H. A., June, 17, '48

CALCAREA CARB. AND SILICEA—A COMPARISON

ordeal is to be faced the *Silicea* patient improves with action. His efficiency picks up as he warms to the occasion. *Calcarea*, on the other hand, wearies with the effort, cannot overcome the lethargy which weighs him down.

Anxiety and apprehension run through both *Calcarea* and *Silicea*. They are equally mild, yielding and faint-hearted, but when annoyed they are cross, peevish and vindictive. Then they sink back again into a state of apathy and indifference.

Both remedies have a false full-bloodedness, an anemic plethora. but *Calcarea* has a greater tendency toward obesity than *Silicea*.

Calcarea patients are often blonds with light hair, blue eyes and fair skin. Many, however, have black hair and a very white skin: *Pallor is more pronounced under Calcarea and redness under Silicea*, yet the *Silicea* face is often "sickly, anemic, waxy and tired" (Kent). When redness of the face is observed it is generally due to capillary dilatation.

Calcarea and *Silicea* are cold remedies and worse from cold but *Silicea* is far more sensitive to drafts than is *Calcarea*. Sensitiveness is characteristic of *Silicea* and this holds in both the physical and mental spheres.

Both remedies profoundly affect the glandular system, especially the lymphatic chains. *Silicea* ranks far ahead of *Calcarea* in all suppurative conditions,—abscesses, boils, every cut or injury festers, and the sensation as of a splinter, needle or fish bone in the affected area is as characteristic of *Silicea* as it is of *Hepar*.

Under the rubric of perspiration we find both drugs ranking as high as any in the materia medica. *The Calcarea sweat is either odorless or sour while that of Silicea is apt to be offensive, especially that of the feet.* Partial sweats or perspiration only on certain parts of the body is characteristic of each but particularly of *Calcarea*. "Head sweats profusely during sleep" is a strong *Calcarea* symptom. There is also perspiration of the hands and feet, the palms warm and moist, the feet cold and clammy. With *Silicea* the patient must have the head covered during perspiration and well protected against the least possible draft of air. *Hepar* and *Psorinum* approach *Silicea* in this respect.

Ailments following suppression of an offensive foot sweat will require *Silicea* in the majority of cases, but to say that this would always be the remedy following such suppression would be untrue and would amount to an unhomoeopathic surrender to routinism.

In the digestive sphere we find that the appetite is often markedly increased under *Calcarea*, less frequently or to a somewhat less degree in *Silicea*. Sudden repletion or easy satiety is noted under *Silicea* but not often with *Calcarea*.

Calcarea has a desire or craving for beer and nearly all alcoholic beverages, also for eggs especially soft boiled, ice cream, lemonade, oysters, salty foods, acid and sour foods and starches. There is often a marked craving for sweets, milk, particularly hot milk and for such things as lime, chalk and other strange and peculiar things.

Silicea has a desire for bread, milk, warm foods and drinks and for something different, but cannot think what it would be.

Calcarea has an aversion to coffee which is often quite pronounced, also a dislike for fats, rich foods and very noticeably for tobacco. Sometimes there is an aversion to meat and occasionally for milk.

Silicea has hunger with aversion to food. Often there is a dislike for salty foods (*Calc.* craves salt). Aversion to milk is common and we find the symptom "child refuses the breast". *Silicea* has aversion to meat to a slightly greater degree than *Calcarea*.

Calcarea is aggravated by peas, beans, cabbage and flatulent foods in general. Coffee aggravates. Milk and sweets may disagree, also potatoes, sauer kraut and salty foods in general, the patient often desiring these foods and yet they may aggravate.

Silicea is often aggravated by meat (seldom observed under *Calc.*). There is marked aggravation from cold foods and cold drinks. *Silicea* requires warmth, both externally and internally.

In the pelvic tract we find amenorrhœa under both remedies, although more marked under *Silicea*. Menses clotted under *Calcarea*, seldom with *Silicea*. *Calcarea* has too early, profuse and long lasting menstrual periods. *Silicea* is prone to late and more

scanty periods. Menses are often offensive with *Silicea*, seldom so with *Calcarea*. At the menopause *Calcarea* is a very frequently indicated remedy, ranking with *Lachesis*, *Psorinum*, *Pulsatilla*, *Sepia* and *Sulphur*. *Silicea* is not so closely related to the climacteric cycle.

For the bad effects following vaccination *Silicea* ranks with *Arsenicum*, *Malandrinum*, *Sulphur* and *Thuja*. It is second in the order of frequency in these conditions, *Thuja* being first.

—The Homoeopathic Recorder, June, 1949.

HOMOEOPATHIC DRUGS FOR THE AGING PATIENT

KALI CARB—For the tired, sluggish flatulent, overweight patient, past the prime of life who loves to eat, feels sorry for himself, and hates to be left alone. Is sensitive in nature, easily frightened and cannot bear to be touched. Sweats easily. It leads all other remedies for STITCHING PAINS in the chest (especially right side). These pains can be from enlarged heart, coronary heart disease, or pulmonary pathology and are independent of respiration which differentiates it from *Bryonia*. Backache and dyspepsia of older people. Use 30x twice a day.

ARSENICUM ALBUM—For the acute coronary patient with mental anguish and agonizing fear of death. Very restless. Worse at night. Burning pains and unquenchable thirst for ice cold water. Nausea, gastric distress and vomiting. Burning chronic skin conditions of the aged. Gangrene and putrid discharges. Helps to maintain the system against the stress of cancer, regardless of location. 6x to 30x but the highest potencies often yield the most brilliant results. Repeated doses advisable.

VERATRUM ALBUM—The acute coronary or hypertensive cardiac patient with COLLAPSE (or fainting spell) with profuse sweat and cold skin. Nausea, abdominal cramps, perhaps vomiting. Cramps in extremities. 3x to 200x.

GELSENIUM—The homoeopathic geriatric neurological drug for the dull, dopey, drowsy, dizzy patient, with diplobia and blurred vision. Susceptible to mental disturbances and emotions which can cause diarrhea. Complete relaxation and prostration of the muscular system with trembling and paralysis. Muscular pains and dull headache. For weak, slow pulse of old age, there is no remedy oftener useful. Good results from tincture and low potencies.

CAUSTICUM—Great weakness culminating in local paralysis of eyelids, face, tongue, throat, larynx or bladder. Painful burning throat and hoarseness with loss of voice and dry cough. Involuntary urinations when coughing. Tremor and nervous twitching, trembling extremities and drawing pains. Resembles Gelsemium in weakness, tremor, and paralysis of eyelids, but is better in dampness and wet weather. Use 3x for acute symptoms and 30x or higher for chronic conditions.

LYCOPODIUM—For the combination of gastro-intestinal and genito-urinary complaints in an elderly person with failing memory who uses wrong words to express himself and gets things mixed up. Great flatulence and easy satiety, Renal pain, especially right, Renal Calculi. Best homoeopathic remedy for impotence. Good results from 12x and higher.

ARGENTUM NITRICUM—For the withered, dried up and old looking patient full of fears and anxieties. The lawyer or clergyman who has lost his voice. Resembles Gelsemium for vertigo, loss of balance, trembling weakness and paralysis but is more chronic. Similar to Lycopodium in gastric distress flatulence and sexual impotence, but is apt to have diarrhea and craves sweets. Disturbed sensations of seeing, feeling, and hearing. Sensitive to noises. Ulcers, inflamed eyes and excoriating discharges. Intolerance to heat. Use 30x or 200x or higher.

BARYTA CARBONICA—Cerebral arteriosclerosis—confusion, childishness, chronic colds, cancer. Generalized degenerative changes. Patient is feeble and tottering. Sensitive to cold and catches cold easily. Enlarged glands from repeated colds, or metastasis of cancer. Enlarged prostate. Enlarged heart

with palpitation. Elevated blood pressure and vertigo. Useful in the prevention and treatment of strokes. 6x or 30x or higher. Slow action but bears repetition of dosage.

BARYTA MURIATICUM—Similar to Baryta Carb, but more cardiac and pulmonary distress and increased sex desire. Bronchial affections of older people due to enlarged heart or pulmonary sclerosis. Great accumulation and rattling of mucous. Senile asthma. 6x or 30x or higher.

AURUM MURIATICUM—Symptoms of arteriosclerosis associated with hard tumor like indurations of bones, glands, breasts, ovaries or testicles. Has more power over uterine tumors than any other homoeopathic remedy (Burnett). Enlarged heart, coronary heart disease, interstitial nephritis, hepatic cirrhosis and old arthritis. Use 3x or 6x or higher.

CONIUM—Marked weakness, numbness and trembling beginning in the lower extremities. Progressive weakness of the entire body with difficult gait, staggering and VERTIGO. Paralysis and urinary disturbances. Sex weakness despite desire which may be intense. Mental confusion and symptoms resulting from a thwarted and frustrated sex life of old men, old bachelors and old maids. Indurated glands or breast cancer from a blow or injury. 12x relieves symptoms but more curative results are obtained from a single dose of a high potency repeated every 2 or 3 weeks.

—The Hahnemannian Journal of the Homœo. Medical Society
March, 1962.

— — —
"THE MINIMUM DOSE"
ELIUD GARCIA-TREVINO, M. D.

The words dose and dosage implicitly carry the idea of quantity; and when we refer to the "minimum dose," we are speaking of quantity in the smallest possible amount. This,

• Read by title before the Bureau of Homœopathy,
I. H. A., June 25, 1952.

which holds true when speaking on general terms, can well be exemplified with the daily prescribing of drugs by our confreres of the Old School: physiological dose, dose of greatest tolerance, toxic and lethal doses, all these are classifications as to quantity.

But if the actual amount of a drug used for a single prescription, or for a course of treatment, actually determines, in allopathic therapeutics, the dose in which a remedial agent should be used, this is not true when we speak in terms of our very own Hahnemannian language in discussing what is the most appropriate dose for a homoeopathic remedy, or rather, for a homoeopathic prescription. And allow me to emphasize the preference for the expression "homoeopathic prescription" instead of homoeopathic remedy.'

In allopathic prescribing, if the remedy is to be given in liquid form, the dose is specified in *Minims, Cubic Centimeters, Fluid Drachms, Fluid Ounces*, and so forth. If it is a powder, *Grains* or *Grams* will determine the dose; if in *Tablets* or *Pills*, so many tablets or so many pills will establish the corresponding dose. If dealing with not very highly toxic remedies, the *index of tolerance*, as shown by the patient's reaction, is the key-note for the determination of the dose. In other words, a remedy must be used in the *largest* possible amount that the patient may tolerate without showing symptoms of intoxication.

We may well say that in homoeopathic practice we invert the concept of dosage, in as much as we try always to use the *least* possible amount of drug in a remedy; it does not matter how small the amount, if it is capable of producing a favorable reaction, manifested by the amelioration of symptoms; but without producing the so called physiological effect, which will mean an intensification of the symptoms if the remedy has been prescribed according to the Law of Similars. As our remedy, or therapeutic agent, will be acting on a direct line of the already present spontaneous reaction of the sick organism, we are not expecting to get any chemical, physiological effect of the drug itself; but, rather, an indirect, physical, dynamic effect which can only be obtained with a greatly diminished dosage.

In order to obtain, therefore, the desired action of a homoeopathic remedy, the dose thus selected will have to be an infinitesimal amount to avoid the direct, physiological action which will handicap or even obliterate Nature's own efforts in effecting the cure. But not only because of that reason, the dose should be very small for we are endeavoring *ONLY* produce with our remedy the starting point of a reaction which will actually cure the patient. This starting effect, once produced, will tell us that all medication should be stopped right then, at least for the time being, or permanently, should this first "impulse" keep up its "stimulus" in the right way to recovery.

It is easy and very simple to know when to start medication of a patient; but the hardest and most difficult task is to intelligently determine when to discontinue it or entirely to stop it. To carry on medication beyond the "dose" needed, even by repeating the same one previously used, may mean complete failure. The greatest and most frequent mistakes of our daily practice are due to *OVERDOSAGE*.

There is no question in my mind that radium and X-ray radiations may cure certain cases of cancer, as these two agents are, at times, causative of cancer, if they were only used in compliance with the law of similarity and in very small, infinitesimal, "instantaneous" applications, never to be repeated until the effect of the first administration fades away and signs of amelioration stop. But, on the contrary, these therapeutic agents are overused to the point in which cancerous cells and tissues are burned to death, usually meaning also the death of the patient. To satisfy oneself with burning off diseased tissues and cells, even at the expense of the patient's life, is far from Hahnemann's ideal when he said that "the physician's highest and *only* calling is to restore health to the sick, which is called healing," and that "the highest aim of healing is the speedy, gentle and permanent restitution of health, or alleviation or obliteration of disease in its entire extent in the shortest, most reliable and safest manner, according to clearly intelligible reasons.

The dose, then, homoeopathically speaking, does not refer to the amount of the drug used; it more refers to the repetition

of the administered remedy, which should never occur until necessary. This occurrence may present itself in a matter of a few minutes, like in some instances when *Camphora* may be repeated in a very acute case of a choleric diarrhoea with the symptoms of collapse pertaining to the remedy; or it may not be needed for weeks, or even months, in a chronic case in which the use of an anti miasmatic remedy is imperative.

Too frequent repetition may cause overdosage just as much as too great an amount of any drug would.

To me, and this is an illustration I have very often used with my patients, a sick organism is like a "stalled" automobile on the middle of the road because of a weak battery. Along comes another car (therapeutic agent) and gives it an impulse which will start the "stalled" engine. If the impulse thus given and so received is the appropriate one, just with the required power and effected by the exact application of the corresponding matching parts of both elements (the cars), the impulse being exerted in the right direction, which will be indicated by the "stalled" automobile (the patient) itself, and "intelligently" used by the latter, with no interference whatever, this primary impulse should prove sufficient for the desired result. But, on the other hand, if the car behind keeps on "pushing" by repeated impacts, it may damage or even demolish the "stalled" car which it tried to help.

The example can well be applied to the administration of a homoeopathic remedy, or of any therapeutic agent: First, it should "go" in the same direction the other element (sick organism) is "going"; second, it should match or, may we say, should bear a resemblance, or better yet, a similarity, as to action, to the other element (similar symptoms); it must have just power enough to start it "going" on the road, to recovery (minimum dose); and fourth, it should never be repeated when unnecessary. A new "stalling" on the road will be the call for a new impulse (repetition of the dose), or for a more convenient one, which in our case will mean a new remedy.

How can we, then, establish a rule to determine the "minimum dose"? To do so would be the fall into a routine procedure, which will never do. If a routine is advisable for laboratory

work, or when examining patients for diagnostic purposes, or in a hospital for clinical care of a number of sick persons, it should never be used in treating a patient. The word "routine" must entirely be proscribed from the field of therapeutics, for treatment requires always individualization. Individualization in the selection of the remedy, individualization in the determination of the appropriate dose. To follow routine procedures, or previously established rules, at this most important function of medical practice, the application of the therapeutic agent, will mean failure.

Medicine is a science as well as an art. Science in all of the aspects of medical training; but an art in the manner in which all that medical knowledge is brought into actual practice at the moment when the physician must exercise his "highest and ONLY calling," which is to restore health to the sick.

A physician, then, must be a scientific man, with all the attributes of a highly trained mind, capable of assimilating all possible medical knowledge; but, most essentially, in my humble opinion, he must be an artist, with the temperamental sensitiveness of an artist, when it comes to the actual application of his knowledge in his effort to restore the impaired health of his patient. The higher his artistic temperament, the more successful he will be in identifying the most minute, apparently trivial, details of his patient's reactions, which usually show those peculiar, characteristic symptoms so important in the selection of the remedy. Like the musician does with his violin, he must make his instrument (the remedy) vibrate in the proper key-tone to produce the harmonious effect he is seeking. This explains to me why some men are more successful than others in prescribing when the same "instruments" are accessible to all. The *like* remedy is the appropriate instrument for every particular case; the minimum dose, the note that will reestablish the desired harmony.

—The Homœopathic Recorder, November, 1952

APPRECIATION OF LATE DR. D. N. CHATTERJEE*

BY

DR. C. V. S. COREA, M.D., D.SC., PH.D., H.

It was with profound sorrow and a sense of great loss that I hear of the death of my very dear friend and colleague Dr. D. N. Chatterjee. The news of this sudden and tremendous loss, to me personally, and to the Homoeopathic profession as well as to the cause of Homoeopathy in India and other Asiatic countries at such a critical juncture in the affairs of Homoeopathy, has stunned me to such an extent that I cannot find adequate words to express my sorrow at the personal loss of a great friend and the great void I feel at the departure from our midst of a great man of honour, sincerity and integrity, and a great Homoeopath. It is rarely that we come across a man of such outstanding ability with such great qualities of head and heart, that he has earned the respect and regard of all those who not only came in personal contact with him but also of those who had the good fortune to have read his brilliant articles and speeches published in his world famous journal the Homoeopathic Bulletin, which was dear to his heart, as well as to all genuine Homoeopaths, and the various journals published in India, Pakistan and elsewhere. All we can do to repay him for the untiring, unremitting and unselfish work he did for the cause, furtherance and establishment of pure unadulterated Homoeopathy on a sound footing, in his beloved country as well as in other Asiatic countries, is for us to work unceasingly and not rest until we have achieved the aims and objects for which he worked so untiringly during his life. Kindly convey to the members of his family, office bearers of the bulletin and the staff of the D. N. De Homoeopathic Medical College and hospital my very deep sympathy at their great loss.

* By Courtesy of Dr. M. Das.

POSITIVE INDICATIONS*

Phosphoric Acid—Cerebral weakness from brain fag, with intense pain in the top of the head as though the brain were crushed.

Phytolacca 1x.—Breasts congested, hot and distended, no milk, hardness very apparent from the first, very sensitive to the touch. This remedy intercurrent with aconite is very useful.

Bryonia 2x.—Stony hardness in breasts, hot and painful, but not red.

Belladonna.—Breasts feel heavy and very hard, redness runs in streaks.

Conium 1x.—Soreness and swelling of the breasts preceding menstruation, with hysteria. Induration of breasts, hard as a stone, produced by a blow, and become very painful during the period.

Sulphur.—Profuse suppuration of breasts, with chilliness in the forepart of the day, and heat and fever in the after part.

Calcarea Carb. 6x.—Breasts distended, milk scanty, is cold and there seems to be a want of vitality to bring the milk forward

Phosphorus.—Abscess of the breast, secreting a thin foul pus. Fistulous ulcers with callous edges.

Mercurious Sol.—Pain in the breasts as if they would ulcerate at every menstrual period.

Phytolacca 1x.—Excessive foetor of the breath; the fauces, tonsils and pharynx covered with dark colored pseudo-membrane.

Mercurius Proto Iodide.—Breath very foetid, with ulcerated gums and loose teeth.

Sanguinaria 1x.—Breath and sputa, smell badly even to patient.

Baptisia 1x.—Breath very offensive, sordes on the teeth, putrid ulceration of the buccal mucus membrane.

* From an old Homoeopathic Journal

Cactus.—Difficulty of breathing, with palpitation of the heart in debilitated patients, worse when lying on the left side.

Angustura Vera 1x.—Anguish and difficulty of breathing with spasmodic palpitation of the heart.

Tela Aranea 1x.—Cough incessant night and day, frothy mucus expectorated with great difficulty in bronchiitis.

Senega 1x.—Chronic bronchitis in old people with irritating, shaking, dry cough with severe pains in the chest.

Cactus Grand.—(Most useful in high potency here.) Chronic dyspnoea, sensation as if the chest were constricted with an iron band, expectoration like boiled starch.

Bryonia 2x.—Acute bronchitis with dry, irritative, shaking cough.

Hepar Sulphur 6x.—Chronic bronchitis, with tickling in the terminal ramifications of the air passages.

Kali Bich 3x.—Chronic bronchitis with tough, stringy expectoration.

Stannum.—Chronic bronchitis with profuse greenish expectoration and great weakness.

Nitrate Sanguinaria 6x.—Chronic bronchitis, with nasal catarrh, and chronic laryngitis, voice altered, deep, hoarse; severe pressure from behind the sternum.

Ant. Tart.—Broncho-pneumonia in the second stage, with bronchi loaded with mucus.

Nitric Acid 30x.—Bubo of long standing syphilitic condition.

Arsenicum.—Pains in the stomach like fire.

Aconite.—Burning sensation from stomach to mouth, along the dorsum of the tongue, with tingling in the lips, tongue, fingers and spine.

Ver. Vir. 1x.—Burning distress in cardiac region with high fever, nausea and vomiting.

Calcarea Carb.—Antidotes the effects in children of too large doses of nux vomica.

Calcarea Phos.—To assist in the formation of callus.

Cannabis sativ. 1x : Opacities of the cornea.

Stramonium : Caries on the left hip with abscess and violent pain.

Silicea : Caries with discharge of thin pus and bony fragments escaping from fistulous openings.

Causticum : Caries of bones in weak persons with yellow complexions.

Aurum : Caries of nasal, palatine, mastoid bones in syphilitic patients.

Theridion : Very valuable in destroying the cause of caries in scrofulous people.

Belladonna : Carotids throb violently, face bloated and red.

Camphor : Especially adapted to the first stages of catarrhal affections.

Kali sulph : When the catarrhal discharges are offensive even to the patient; thick and yellow.

Natrum mur. : When the secretion is watery, clear and transparent.

Natrum sulph. : Chronic catarrh with greenish yellow secretion.

Rhus Tox. : Acute catarrh all the air passages seem stuffed up.

Lycopodium : Persistent catarrh, apt to take cold.

Hepar. sulph. : Laryngo-tracheal catarrh either acute or chronic, with much hoarseness.

Kali. bichrom. : Chronic catarrh with perfect loss of smell; with tough, stringy, mucous discharge.

Kali. Hydroid : Recent catarrh with profuse watery discharge from the nose.

Kali, Hydroid : Chronic catarrh of the frontal sinus in scrofulous people.

Causticum : Aponia with dry cough.

Mercur. Proto-Iodide : Catarrh with heavy mucous discharge passing through the posterior nares into the throat.

Sanguinaria : Discharge from the nose of a yellow or grayish white color; headache in the right side of the head, with drawing pain back into the neck, and bilious vomiting.

Lycopodium : Thick, yellow discharge, copious, and palpitation of the heart.

Thuja : Catarrh after measles, scarlet fever or small pox, offensive green or brownish discharge.

Salicylic Acid 2X : Catarrh of the bladder ; urine offensive, high colored, high specific gravity, with muco-purulent deposit, and aching in the bladder.

Colocynth : Cephalalgia with tearing, screwing pain, with great restlessness and anxiety.

Camphor : Throbbing pains in the cerebellum synchronous with the beating of the heart.

China : Poisoning from overdose of chamomile.

Pulsatilla : Bad effects from chamomile tea.

Arnica, 5X : Swelling of the cheek with throbbing pain ; swollen lips and heat in the head.

Dulcamara, 2X ; Oppression of the chest from accumulation of mucous, with much difficulty in expelling the phlegm in infants or old people from threatening paralysis of vagi.

Sulphur : Weakness in the chest in the evening, feels suffocated ; wants the doors and windows open.

Senega : A soreness of the walls of chest on moving arms, particularly the left, with burning about the heart.

Gelsemium : Night terrors of children attributed to stoppage and dryness of the nose, sudden giving way of the legs and knees.

Calc. Carb. : In children who are pale and fair, soft and flabby.

Calc. Phos. : Children stupid, indifferent and fretful.

Agaricus : Chilblains which itch and burn very much and are very red.

Gelsemium : Nervous chills from fright in irritable people.

Camphor : Chills long lasting, great coldness of the skin, unwilling to be covered, with sudden and complete prostration of the vital forces.

—LAURA B. HURD. M. D.,

HYSTERIA*

BY H. F. W.

Hysteria is a much abused word. In popular parlance it implies a state of over-excitability, and loss of control.

The medical meaning is rather different. Strictly speaking, hysteria is a condition in which a disease, even a serious organic disease is simulated by the sub-conscious mind. This simulation may be so exact as to make correct diagnosis difficult.

One has seen a case, which later proved to be a genuine dementia praecox, dismissed by a nerve specialist as hysteria. And the reverse kind of mistake is not uncommonly made.

The possible causes for this imitation of disease are broadly speaking two—*one*, an attempt to gain notice and sympathy ; *two*, an attempt to evade some difficult or unpleasant situation.

The root cause may be classed as Escapism. This is obvious in the second of the two factors above-mentioned, but the former is also really an attempt to escape—to escape from boredom and nonentity, to force oneself into prominence.

It must be understood that the process is purely sub-conscious ; the illness being developed without the patient's conscious volition, and often in opposition to it. It will be appreciated then, that treatment does not resolve itself into the injunction to "pull yourself together", three words which have probably done more harm to nervous patients than any other three words.

The reasons for the sub-conscious break-away must be sought, and the patient helped to right them. This is often a difficult task, especially if, as is often the case, there is domestic disharmony or misunderstanding. If the patient be intelligent enough to co-operate, much benefit may ensue from a simple explanation of the forces at work.

Above all, it is necessary to enable the patient to retain her self respect (the patient is usually a female), and emphasis must be laid on the fact that the trouble is happening without the patient's conscious wish, but that, once this is realised

* Homœopathy, April, 1951.

the conscious mind can take over control, and bring the erring sub-conscious into line.

An immediate and permanent cure may result from such an explanation to a hysteric.

Hysteria is more common at certain times of a woman's life—adolescence, "period" times, and the "Change of life."

This fact lends significance to the derivation of the word "hysteria" which comes from the Greek word meaning 'uterus'.

The psychologists would say that all hysteria has a basis in the sexual life. In this connection, it is interesting to recall that women who have been debarred from having children sometimes simulate pregnancy so convincingly as to deceive all concerned, right up to the last.

Homœopathy can do much to help hysterical cases. It may seem difficult to understand how a physical remedy (our medicines remain physical, even in the higher potencies,) can benefit a mental condition. But it appears certain that all mental states cause an alteration in the physical cells, and so it is possible to work back on the mental through the physical.

However that may be, the indicated remedy (and the possible choice of a remedy is great) can change the whole outlook of a patient.

Some remedies that come especially to mind are—Lachesis and Sepia at the menopause, Pulsatilla, Sepia, Nat. Mur. in adolescence, or when worse at the periods, and Gels, Ignatia, Lilium tig; etc. But it is perhaps misleading to single out particular remedies.

Each case must be worked out individually on the totality of the symptoms, and, as likely as not, a remedy may be indicated that is not especially associated with the hysterical state.

NEWS & VIEWS

207th BIRTHDAY CELEBRATIONS OF

DR. HAHNEMANN

Proceedings of the Meeting held at Hyderabad on behalf of the A.P.H. Association (Telangana Region) on 26-4-1962.

Dr. T. Jairam, welcomed the Hon'ble guests and the gathering. Hon'able Shri Y. Sivarama Prasad Minister for Health, Govt. of A. P. in his inaugural address assured the Homœopaths that liberal grants would be made to the institutions and the charitable dispensaries. He also promised to open a College and Hospital in Hyderabad.

Dr. P. S. Krishnamurty spoke on the life of Dr. Hahnemann, the importance of Hospitalisation in Homœopathy in our country.

Dr. N. M. Jaisooria, in a picturesque speech convinced both the health and finance Ministers about the economical status of our country in which the need of Homœopathy is very great. He reviewed the statistical affairs of medicine and its research all over the world and said that Homœopathy is the only Scientific system of medicine with therapeutic law which proved successful in these one and half centuries. 'Similia Similibus Currantur.'

Shri T. Seeshachari, I.A.S. retired Director of Central Store Purchase, Dr. B. K. Phatak, M. B. B. S. eyes specialist, and Dr. N. Krishnarao, proprietor, Ramakrishna Homœo Stores spoke high of Homœopathy and told about the need of State patronage of this science.

Hon'ble Shri K. Brahmanadareddi assured in his Presidential address that his Government would certainly help the Science by opening dispensaries and emphasised the need for research in Homœopathy. In the Theosophical Hall the meeting was well attended by the elite and dignitaries. Hon'ble Smt. T. N. Sadalakshmi Hon'ble minister for Endowments, Govt. of A. P. also graced the function. Dr. Kishore at the end thanked the gathering and the guests.

Dr. K. G. SAXENA

We are glad to learn that Dr. K. G. Saxena a notable Homœopath of Delhi and the Hony. Physician to the President of India has been appointed Hony. Advisor in Homœopathy under the Central Health Ministry, Govt. of India.

We wish Dr. Saxena grand success in his noble mission for the cause of Homœopathy.

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• NEW YEAR'S SUBSCRIPTION

Our subscribers will kindly note that the New Year begins from 1st June 1962. In the interest of saving additional postal charges to our subscribers and other inconveniences, they may also note that the V. P. P. system of despatching the Bulletin will be discontinued like last year, and we shall respectfully request them to remit the Annual subscription Rs. 3/- per money order or postal order in good time.

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The Homœopathic Bulletin

Vol. XXXIV

APRIL, 1962

No. 11

HAHNEMANN

April 1962, like all Aprils in the past is extolled by the homœopathic profession the World over, as the month, the 10th, day of it coincides with the birth day of one who revolutionised medicine and medical thinking. This man is Hahnemann, the Father of Homœopathy.

Medicine was a great deal to Hahnemann ; so does humanity. Humanity is indebted to Hahnemann, because he unearthed the hidden clue to human ailments and placed at its disposal the key to their removal. Humanity remembers him, respects him and adores him. The tearful mother when rushes to the homœopathic chamber for a few of the sweet powders that are sure to restore her ailing child, in preference to all other therapies and that also at costs that do not pinch the pocket, pays her silent tributes to Hahnemann, the father of homœopathy. The disappointed patient whom disease and treatment have brought down to the portals of ruin in health and economy with hung down head in sorrow and mortification, when calls on the homœopathic physician as the last savior does nothing but expresses his mute respects and devotion to no other than the Father of Homœopathy. They create institutions, hospitals, clinics through their own modest endeavours and thus in their humble way try to repay in portion of what they get as the services of homœopathy. On the

other side is medicine, that is official medicine, a type of officialdom ; it is reticent and reluctant to realise what is in Hahnemann and Homoeopathy. There are reasons for that, too. Hahnemann's homoeopathy cuts at the root of a mercenary professionalism and the resultant clique which it is very difficult to overcome in the present state of things.

Hahnemann was a great man, one of the greatest among the great. He was the founder of a distinct system of medicine, definite, accurate and thorough from beginning to end—from concept to principle, from principle to practice ; nowhere throughout his voluminous writings, covering a life span of eighty years, will be found something, that is vague, that illdefined, that is not verified, that is slipped over. His was a mind which could not sit tight over something discovered, but would scan and toil to see the end of it and to improve and apply for the good that expands to cover the entire biological field, for transcending the limits of humanity.

His Organon is a complete connected comprehensive thought ; his Chronic Diseases is a necessary supplement evolved after strenuous searches as he says "I spent twelve years in investigating the source of this incredibly large number of Chronic affections ..." yet "I did not allow any of these unintermitted endeavour to become known until the year 1827" before he would disclose these new findings to the World. His *Materia Medica Pura*, is the pure, complete untutored language of the drug and stands as a light house to guide in pharmacological experimentations for all times to come. These show the wise, brave, careful, diligent and persevering and practical man that Hahnemann is. Poverty could not stop him in his pursuit of knowledge, persecution could not prevent him in his search for truth.

As said before Hahnemann and homoeopathy are unique experiments in world affairs. On one side is the humanity surging and swelling with spirit and enthusiasm pushing Hahnemann and his homoeopathy to the forefront while the other side is the stoical state with its stubborn laws declining all that are right-ful dues and insidiously pulling them back from behind. It is

no wonder then that the giant brain and the giant builder that Hahnemann is, is denied a broadcast on his Birthday in our Country, traditionally hospitable to all noble ideas and achievements.

Alone, unaided, scoffed at and persecuted Hahnemann commenced his eventful career but he did not live to see the fulfilment of his mission. He leaves behind a legion of increasing followers, striving hard to secure for homoeopathy its proper place as the Science of Medicine. They are knit in a universal homoeopathic brotherhood working in a common front. We have no doubt that the blessings of Hahnemann are on them and will continue to inspire and encourage them and stir them into activities until the goal is achieved.

Long live Hahnemann : Long live Homoeopathy.

S. D. SIRCAR.

— : —

DR. YUDHVIR SINGH & DR. S. N. CHHADA

In our earlier issue we published the news of the inclusion of Dr. Yudhvir Singh and Dr. S. N. Chhada, as members of reconstituted Homoeopathic Advisory Committee, Government of India. We express our greatest satisfaction on this inclusion and believe that a justice although long delayed has at last been done. Both of them are veteran homoeopaths and well-known figures being actively associated with the All India Homoeopathic Medical Association, undoubtedly the biggest body of homoeopaths upholding the cause of Hahnemannian homoeopathy in our country.

Dr. Yudhvir Singh's abilities as an organiser have been amply verified through his long services in the public front. We cherish the fondest of hopes that his sagacious counsel and masterly virtues will help the committee in rightly shaping the destiny of homoeopathy in India.

We wish them all success in their new field of activities.

—S. D. SIRCAR.

LETTERS OF HAHNEMANN TO A PATIENT

"Man (the delicate human machine) is not constituted for overwork. If he does so from ambition, love of gain, or other praiseworthy or blameworthy motive, he sets himself in opposition to the order of nature, and his body suffers injury or destruction. The more so if his body is already in a weakened condition; then what you cannot accomplish in a week you can do in two weeks. Your customers may not be willing to wait, but they cannot reasonably expect that you will make yourself ill and work, yourself to the grave for their sake, leaving your wife a widow and your children orphans. It is not only the greater bodily exertion that injures you, but even more the attendant strain on the mind; the overwrought mind in its turn affects the body injuriously. If you do not assume an attitude of calm indifference, adopting the principle of living first for yourself and only secondly for others, then there is small chance of your recovery. When you are in your grave, men will still be clothed, perhaps not so tastefully, but still tolerably well.

If you are a philosopher you may become healthy, you may even attain to old age.

If anything annoys you, ignore it; if anything is too much for you, have nothing to do with it; if others seek to drive you, go slowly and laugh at the fools who wish to worry you. What you can do comfortably, that do; what you cannot accomplish do not bother yourself about, for our temporal circumstances are not improved by over-pressure of work. You only spend proportionately more on your domestic affairs, and so nothing is gained. Economy, limitation of superfluities (of which the hard worker has often very few) place us in a position to live with greater comfort—that is to say, more rationally, more intelligently, more in accordance with nature, more cheerfully, more quietly and more healthy. Thus we shall act more commendably, more wisely and more prudently than by working in a breathless hurry, with

LETTERS OF HAHNEMANN TO A PATIENT

our nerves constantly overstrung, to the destruction of the most precious treasures of life, a peaceful mind and good health. Be more prudent, consider yourself first, let everything else be only of secondary importance to you; and should they venture to assert that you are in honour bound to do more than is good for your mental and physical powers, even then do not, for God's sake, allow yourself to be driven to do what is contrary to your own welfare. Remain deaf to the bribery of praise, remain cold and pursue your own course slowly and quietly like a wise and sensible man. To enjoy with tranquil mind and body, that is what man is in the world for, and to do only as much work as will procure him the means of enjoyment—certainly not to let himself be harassed and worn out with work.

The overlasting pushing and striving of short-sighted mortals in order to gain so and so much, to secure some honour or other, to do a service to this or that great personage—this is generally fatal to our welfare, this is a common cause of young people ageing and dying before their time.

The calm cool-headed man who lets things glide softly, attains the same object, lives more tranquilly and healthily, and reaches a good old age; and this leisurely man sometimes lights upon a lucky idea, the fruit of serious original thought, which will give much more profitable impetus to his temporal affairs than can ever be gained by the overwrought man who can never find time to collect his thoughts.

In order to win the race, speed alone will not suffice. Strive to remain a little indifferent to be cool and calm, then you will be what I wish you to be. You will see marvellous things; you will see how healthy you will become by following my advice. Then shall your blood course through your veins calmly and sedately, without effort and without heat. No horrible dreams disturb the sleep of him who lies down to rest with calm nerves, and the man who is free from care wakes in the morning without anxiety about the multifarious occupations of the day. What does he care? The happiness of life concerns him more than anything else. With fresh vigour he sets about his moderate work, and at his meals nothing, no ebullitions of

blood, no cares, no solicitude of mind, hinders him from relishing what the beneficent Preserver of Life sets before him : and so one day follows another in quiet succession, until finally advanced age brings him to the termination of a well-spent life, and he rests serenely in another world, as he has calmly lived in this one.

Is not that more rational, more sensible? Let restless self-destroying men act as irrationally, as injuriously, towards themselves as they please ; let them be fools, but do you be wiser. Do not let me preach this wisdom of life in vain. I mean well by you.

Farewell, follow my advice, and when all goes well with you, remember.

DR. S. HAHNEMANN.

P.S.—Even should you be reduced to your last sixpence, remain cheerful and happy. Providence watches over us, and a lucky chance puts things right again. How much do we need in order to live, to restore our powers by food and drink, to shield ourselves from cold and heat? Little more than courage; when we possess that, we can find the minor essentials without much trouble. The wise man needs but little. Conserved strength does not need to be renewed by medicine.

The patient was an educated working man (a tailor) in Gotha, who, in spite of being delicate, reached the age of ninety-two years and did not die until 1851.

NOTIFICATION

It is hereby notified that this Council will hold T. C. (D.M.S.) Examination in the month of June, 1962. Any Registered Homoeopathic practitioner of this Council may apply for appearing at the said Examination quoting his registration number with examination fee of Rs. 40/- (Forty) on or before 3-5-62. The T. C. (D.M.S.) Syllabus is obtainable from this office on payment of 0.15 nP. for postal charge.

P. Sircar, Registrar (Offg.)
Office of the General & State Faculty
of Homoeopathic Medicine, West Bengal,
1B, Old Post Office Street, Calcutta-1

GOPALGANJ HOMOEOPATHIC CONFERENCE

On 10th April at 4 P.M. in the premises of local Charitable Dispensary, Gopalganj Homoeopathic Conference was held under the Presidentship of Dr. Baijnath Prasad.

While inaugurating the Conference Dr. Shashi Bhushan Pd. Jaiswal, Chairman, D. C., discussed the significant and importance of Homoeopathic System of medicine in the present day.

In the last, Dr. Jaiswal appealed to the audience for their co-operation for the uplift of Homoeopathy.

Several other Homoeopaths spoke on the occasion.

HYPERICUM WITH COMPARISONS IN SURGICAL CASES

(Continued from our last March issue)

PHOSPHORUS VERSUS CHLOROFORM

Lastly, you have to antidote your chloroform, and because there are pains and aches you will get no action from these medicines; you can antidote your chloroform almost instantly by a dose of Phosphorus, because it is the natural antidote of chloroform. Phosphorus will stop that vomiting. Why? Because Phosphorus has just such vomiting as chloroform has, that is all. Phosphorus likes cold things, cold water in the stomach, and vomits as soon as that water has become warm in the stomach. So does chloroform. Why should they not antidote each other? And then you have pains and aches that Phosphorus does not fit. You have rending, tearing pains, and collapse as a result of operations, and you meet those beautifully. You will save life after operations. You will carry through grave operations upon timid subjects, upon feeble subjects, and make your rate excellent.

—The Homoeopathic World. December, 1961.

EYE TROUBLES AND HOMOEOPATHY

BY E. R. MAYHEW

Recently a relative had a retinal hæmorrhage. According to the eye specialist the bleeding had been going on for some time and although he prescribed tablets for the condition, he didn't expect great results, and told his patient it might mean losing his eye. Apart from pains in the eye, the sight became very poor. On the third monthly visit the sight was so bad that the doctor suggested he should see his optician for fresh spectacles. He also said that there was a slight improvement in the eye condition, but the patient was not conscious of this.

A day or two later I called at the relative's home and was asked if homœopathy could do anything for eyes? A week later I called again and suggested that he took a dose of Arnica 30 three times daily, for seven days and when he had finished this treatment he could see much better, and therefore I instructed him to take the Arnica 30 twice a day for another week at the end of which he could read notices in the workshop without reading glasses.

He saw the specialist again the following week and he told my relative that there was no need for him to go and see him again—incidentally he was delighted and amazed at the improvement.

The result—patient cancelled the appointment for new spectacles as he can now see as well as ever!

From the Homœopathic World, March, 1962

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THE PROBLEM OF CURRICULUM OF HOMOEOPATHIC EDUCATION

DR. J. N. KANJILAL, M.B. Cal.

For some years past, controversy is going on, sometimes hot, sometimes cold, as to what should be the curriculum of education for a homœopathic student to bring him upto the standard of a registrable qualification.

The main issue of the controversy is regarding the extent and depth of education in the different non clinical aspects of Medicine viz. Biology, Anatomy, Physiology, Pathology, Hygiene etc. Of course there are also some basic differences in attitude towards the different clinical branches viz.—Practice, Surgery, Obstetrics, Gynaecology etc. Basing on these differences in attitude there is divergence of opinion as to what should be the course of education 3 years, 4 years, 5 years and so on.

In these controversies, while on the one side there is nobody who denies the necessity of some basic workable knowledge in the different sub-branches of Medicine, there are on the extreme end of the other side, esp. in the official circle, dominated as it is by allopaths influential personalities who assert that there should be one uniform standard of education in common institutions (of course in Allopathic line) for all medical students, teaching all the branches of medicine from common platform, and the study of Homœopathy should be relegated to a post-graduate course.

In dealing with these controversies the following facts and views may be taken into consideration :—

1. A general practitioner of any school whatsoever, needs and actually remembers only general ideas and basic outlines of the essential facts of anatomy, physiology, pathology etc. Deeper and detailed knowledge about one or more of these branches is required only by a specialist in any branch.
2. In western countries from where all the modern systems of Medicine originated, and who are ahead of countries like ours,

in any science including Medicine, by a number of decades, the attitude regarding disease, cellular pathology, specialization in different parts of body is lately tending to revert towards generalization, viewing the patient as a whole, instead of confining attention within diseased organs and tissues; or germs. So the multifarious data in these lines are getting debased in their practical significance for a general practitioner.

3. Although the main divergence amongst the different schools of Medicine is on the score of therapeutics (attitude towards diseases and their treatment), with respect to other branches also there are vital differences in approach and utility value. For example.....

(I) PATHOLOGY—A homœopath does not at all deny its importance, as it helps him in various ways, eg.....(a) It helps him to know the sites and nature of the attack of the disease, and thus enable him in understanding and interpreting the meaning and relation of symptoms.

(b) It helps him in understanding and ascertaining the course and prognosis of a case of disease, knowledge of which is essential for any physician.

(c) It helps him to ascertain the infectivity and other features of the case, essential for its management. These features of pathology are of equal importance for any physician of any school. But the following aspects are of special significance for a homœopath only :.....

(d) It helps in assessing the value and significance of new symptom whether they have cropped up in the natural progress of the disease (pathological process) or they are due to the activities of the remedy.

(e) The most vital help rendered by pathology to a homœopath is in the matter of warning him in certain cases (like a destructive lesion in a vital organ, a caseating tubercle or a foreign body in or near a vital organ or big vessel and so on), where he should use any deep acting constitutional remedy (like Silicea, Hepar Sul., Phos etc) with great caution.

Thus pathology is of great help to a homœopath in understanding the real significance of a case of disease, and thus indirectly helping in treatment and management of the case. But, thus far and no further. Whereas in Allopathy the therapeutics is based on pathology, in Homœopathy the therapeutics is not based on Pathology, but on individualizing uncommon symptoms, which has nothing to do with pathology (which is mostly concerned with the common disease symptoms, with little therapeutic value).

Then again, whereas orthodox Allopathy lays main stress on ORGANIC PATHOLOGY or PATHOLOGICAL ANATOMY and hesitates to call a disease (want of case) disease—whatever and however may be the suffering of the patient, until there develops some organic pathological basis. Homœopathy lays more stress on FUNCTIONAL PATHOLOGY—rich in symptoms. Of course in western countries Allopathic veterans are of late showing tendency to turn towards Physio-Pathology.

(II) PRACTICE OF MEDICINE—Here also the approach is different. There is some common ground upto the clinical examinations and diagnosis of the case, but there it ends. Whereas in Allopathy the treatment is based on these alone, in Homœopathy the treatment (diet, remedy etc.) is based on a quite different thing viz. the totality of symptoms governed by uncommon peculiar individualizing symptoms. Case taking in Homœopathy is fundamentally and qualitatively different from that in any other system, and is an exclusive peculiarity of its own. As a matter of fact, this is the most difficult and most vital part of homœopathic practice—regarding the significance of which no other school has any iota of idea.

(III) SURGERY, OPHTHALMOLOGY, DENTISTRY, OBSTETRICS, GYNÆCOLOGY etc. In these branches also Homœopathy has a different approach than Allopathy, most of the cases falling under these categories, requiring operative or mechanical interference in the allopathic system, fall within the range of homœopathic therapeutics that is medicinal treatment.

Only a limited number of cases, directly traceable to any mechanical cause, fall within the scopes of operative interference. But the general practitioner and for the matter of that, the homoeopathic practitioner must, of course, be sufficiently educated to be able to ascertain the category of the case in hand i.e. to ascertain which case falls within the range of therapeutics, which case, at what stage comes under the scope of the other branches and which particular branch, and advise the patients accordingly in due time.

Thus it is clear that the approach and problems of education in Homœopathy are fundamentally different from those in Allopathy, from almost the beginning to the end and the proposal of common institutions for educating both categories of students is absolutely unreasonable, if not malicious.

(4) After all, the crux of the problem in our country—with overwhelmingly vast rural population—menaced by extreme poverty is MASS OUTPUT OF CHEAP DOCTORS equipped with minimum essential knowledge in medicine, efficient enough to treat ordinary cases of disease and able to apprehend in due time, which cases fall beyond their scope and capability. This minimum education—licentiate or diploma course in Homœopathy—should not cover more than 3 years.

(5) Higher Education—degree course—comprising, say 2 more years for limited number of students, selected on the basis of general qualifications, aptitude and proficiency in the diploma course imparting—

(a) Deeper knowledge in Anatomy, Physiology, Physiopathology, Biochemistry, Vital reactions etc.

(b) Drug proving etc. etc.

(c) POST-GRADUATE COURSE—Say 1 year-study in any special branch of medicine, of course from Homœopathic stand point.

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MENTAL PORTRAITS OF REMEDIES FAMILIAR AND UNFAMILIAR*

BY ELIZABETH WRIGHT HUBBARD, M.D.

To the honoured science of medicine Homœopathy adds an especial human artistry, the perception of who the human being to be healed really is and the recognition of his unique individuality in the roster, or may I say Rogues' Gallery of the proven instruments of healing. The similarity between patients and remedy follows the venerable law of correspondences, even the doctrine of signatures. The nature of substances must be apprehended intuitively by the use, not only of our six senses but of other more delicate and deep accords with the human being. There is a special genius which can know human nature, which can enter into the unspoken, which can perceive the process behind the pathology, the functional disharmony which eventuates in organic illness. Medical students use acrostics, often ribald, to fix dull facts in their memory. The homœopath knows the remedy like the friends of his spirit.

What does *Fluoric acid* mean to you? An essential for proper teeth? A question of water supply? A substance which gives an El Greco-ish cast to your skin? A strange light on the avenue? Not so to the homœopath. To him it is Casanova. A charming, fickle butterfly, the man about town who ogles women in the street, the "one-night stand" young man with a yen for variety and a great love of strangers. It is a male remedy, or one for mannish women, debauchee, always trying to prove his manhood through lecherousness and variety. Sudden aversion to his wife and children which he fights against. Elated, buoyant, gay, as only *Phosphorus* or *Tuberculinum* can be, yet more vital than they. All his geese are swans. Compelled to move about energetically, to walk fast, fearless of misfortune, flickering like a fluorescent light. Hasty, craving cold and actually ill from warmth and warm drinks. Hungry to gluttony, relieved by discharges which are thin, foul and acrid. Compulsion for

* A paper read to the 23rd International Homœopathic Congress, Florence, 1959.

long walks to let off steam. His hair is bristly, tousled, dry, his nails have longitudinal furrows and both grow abnormally fast. Telangiectases, naevi, exostoses. Nails too thick, or thin and irregular, brilliant red of the palms of the hands.

What does the substance *Magnesium* mean to you? A ribbon to make a flash of light? A tooth-paste? Or cathartic? Actually it is light, fragile, brilliant, swift to be consumed, a flash in the pan. It cannot resist, it flames and peters out with a faintly sour, metallic odour. If *Sulphur* is the *great unwashed*, *Magnesia carb.* is the *great unloved*, the illegitimate child, the droopy yet tense orphanage kid, anxious, silent, insecure, with twitching face and fingers and reproachful eyes. With sunken neck and temples, always nibbling for comfort, craving meat, a veritable *Oliver Twist*. Marasmus, inanition, unwanted. Magnesium in the human body occurs pre-eminently in the sperm and in the vegetable kingdom, in seeds. The child needing magnesium lacks creativity. It has great trouble with wisdom teeth; for folks who come hard by what wisdom they have. Pity, sickly, sour babies who refuse milk, pitifully sensitive to noise and touch. Children of a tubercular background who are going into a decline. Spare, thin, dark, irritable, exhausted, unattractive children whom nobody loves. Folk who need soothing. Worn-out women who can't even keep house properly, restless, chilly, listless shadow-wives of exigent males. *Magnesia carb.* is for exhausted nerves what *China* is to loss of blood or fluid, a replenisher, a sustainer. Deficient vitality, too tired when sitting, relieved by walking and motion, sudden crumpling up without loss of consciousness. It is the chronic of *Chamomilla*. The thymus gland and the cerebrospinal fluid are rich in magnesium. Magnesium deficiency causes lack of mother-love in animals. *Magnesia* is to chlorophyll as iron is to hæmoglobin. A *magnesia* defect in the diet is said to favour cancer.

Another defective vitality remedy, sometimes called the mineral opium, appears in molluscs. It is preternaturally calm especially in regard to death, which it loves. Speaks of death with pleasure, though not suicidal, lies with eyes closed as if in

coma, and when questioned, hesitates, repeats the question to gain time and finally slowly gives a rational answer. Brain fag, a "punch drunk" *Nux vomica*. Too weak to bring out an exanthematous rash. Effusion into the ventricles with rolling eyeballs and half open eyes. Starting at noise, jerking in sleep, constant fidgeting the feet, feeling as if she had committed a crime, complaints from fright. Complete inability to sleep. Hangs the head down over the bed. Flushed with the least sip of wine. Energetic during menses. *Zincum* that sovereign remedy in post measles encephalitis.

Almost anyone with blonde daughters recognizes the whimsical, changeable, weepy, flirtatious *Pulsatilla* with their late menses and corpus luteum deficiency, their religious streak in puberty, their jealousy and love of sympathy, their suggestibility, selfishness, self-pity and sanctimoniousness. Sullen, slow, sedentary, self-conscious, always wanting to make good impressions and to blame things on somebody else. Every big family of girls has one. *Anemone Pulsatilla* has been called the tears of venus. It wilts easily, and blows in any wind. Homosexual women, dreading men and averse to marriage, easily discouraged and touchy; unexpectedly stubborn; avaricious. Fears ghosts and the dark. Even the ovum is superficially implanted and doesn't take hold. Aborts easily and early (fifth week).

Many a blonde charmer, however, is of the type of *Cuprum*, the metal of Venus; the hysterical blonde who has never been crossed; a spoiled brat who needs a spanking and craves one. "Off the handle." Loquacious, sullen, headstrong, malicious, morose, with fixed ideas, terror of death, complaints from fright. Tricky and spoiled. Disorderly, changeable, dissatisfied. Maniacal rage; cramps of spirit as well as body. Wild-eyed; mad fits. They stage scenes; bellow like a calf; lie like one dead, blue and alarming and rigid. Ecstasy with quivering. Greed, malice, desire to injure, to run away and scream, to escape. Shrinks from people. Mimicry. Emotional nausea more than any remedy; nervous prostration in the young. Brain metastases; delirium with distorted face ending in sweat. Chorea, convulsions, epilepsy worse before menses—worse at noon *Uræmia*.

Who knows the dried-up old maid of Homœopathy? Spare dry, dark, timorous, staggery, hopelessly depressed. Confused, cannot believe that they have said what they say. Don't think they are themselves. Craving dried food, tea grounds, chalk. Fears insanity. Peevish and puckery. Illusions of being larger, numb, smooth, etc. Suicidal at the sight of a knife or blood. Uses up rolls of paper because of adhesive, soft stool, for which she must strain. Cannot speak for hoarseness. All the sap dried out of her. Do you recognize *Alumina*?

Every now and then a real neurotic will challenge you. Perhaps they came because they cannot meet any engagement, however pleasant, without diarrhoea. She will tell you that all her complaints are worse from mental exertion. There is a lack of balance between the mental and the physical; she is withered by intellect. She is full of whims and superstitions, as, never stepping on a crack, in a sidewalk. She hurries, almost running in the street because she thinks someone is following her; houses seem to crush her in the street. Time goes too slow. She has strange impulses and notions and fears that she will fail at everything. She is the prize rationalizer. Her memory is one of her chief complaints. Predicts the time of death. Dreams of snakes and sex. Fears crowds. She is an exhibitionist and will buck up if someone is keeping an eye on her. She is off balance and inco-ordinated. She makes errors in perception, especially of size. Enlarged sensation. She has fear of high places and is inclined to jump. Fear of fainting and disease. Indisposed to talk which makes her nervous. She goes on sweet binges which aggravate, and escapes to alcohol. She is a prize belcher and enjoys it. She wants the room icy and all her food cold and is aggravated from warmth in any form. Especially worse in the sun. She is a moon child. This is the actors' remedy, so full of hoarseness, painful throat, faltering speech from panic, failure and nerves—"alibi Ike": *Argentum nitricum*.

"If I rest I'll go mad" is the keynote to *Iodium*. Never can stay in bed, even with 105 fever. Must have cold air, always much too hot. Compulsions to violence without cause. Wants to hurt her child. Dark, thin, tawny skinned, shrivelled,

withering; shuns company; melancholy, suspicious, suicidal. Always eating and never full, yet emaciates. The glands enlarge at the expense of the rest of the body. She burns the candle at both ends and is cross and anxious.

Among the bees the Queen is paramount, the drones and workers serve her. *Apis* is a jealous widow, deprived though not depraved, amorous, vain and hard to please. She is bossy and wants to run the world, a breaker of rules; absent minded, apathetic, awkward, drops things and breaks things (whereas *Natrum mur.* stumbles). There is a sting in her gossip; direct malice, not devious. She is impatient, dictatorial, whiny, fidgety, averse to constriction, upset by trifles, irked by small talk, procrastinating, worse after sleep and violently aggravated by anything hot.

If *Rhus tox.* is the human barometer, *Mercurius* is the human thermometer, suited by neither heat nor cold, alternately hot and chilly. Many criminals need *Mercurius*. It may be a brutal, ugly, cruel type, the murderer's remedy. Suicide by shooting. Like the substance mercury it is elusive. Like Mercury, the messenger of the Gods, it is glib, tricky, mischievous, mistrustful. Weary of life. Hasty and ineffective. Quicksilver is called the chameleon mineral and is volatile. The typical mercury patient is chronically ill, disgusted and morose. He may be stupid and slow to answer, or over bright without character. He is averse to company, timid, with feeble will and poor memory, worse from sunset to sunrise. He is bald and slimy, inco-ordinated, tremulous, irregular in his movements. He is embarrassed, homesick, absent minded, even imbecile. He has impulses he fears to follow. *Mercurius* acts on the lymphatic system as *Aconite* on the circulatory. In olden times mercurialization was almost universal, witness the slogan—"salivation is salvation". Mankind has been thoroughly poisoned by this remedy.

What does the stately cedar make you think of? Villa d'Este? Moth Protection? Indeed, the arbor vitae was the secret of Egyptian embalming, dissolving tissue and flushing out the cavities. *Thuja occidentalis* is oval in its shape, in its buds,

HOMOEOPATHIC BULLETIN—APRIL—1962

and those who need it are elliptical, all curves. It is the great remedy for the Japanese people; for drinkers of tea, for those prone to excess. It is the former of tumours, lipomas, cysts, papillomas; warts, dark as the cypress and canalized. It has strange odours of fish-brine, of garlic, of honey. The *Thuja* patient has too much hair. Women with moustaches and coarse, black hair on the limbs. It is waxy and greasy looking and pallid like the buds of the cedar. Extremely sensitive to people, to music which makes it weep. Worse in the moonlight; sensation of being separated from oneself, of floating; dreams of falling, the dead and levitation. Salacious; hasty, yet often slow in speech, mistakes in reading and writing. Fixed ideas; thinks she is pregnant, that the bones are brittle as glass, that something is alive in the abdomen, that the legs are made of wood or elongated. Heavy trunk, short neck and thin limbs. Small bones, short children with irregular teeth which decay early. Pituitary dysfunction; mentally defective children, ugly looking people. Chronic ill effect of animal poisons such as snake bites, serums and especially vaccinations which do not take. Feels he is under the dominion of a superior power, or as if a stranger were at his side. Exhausted and soft. Dissolves tumours. Excess of mucous discharges. The most vesicular remedy.

Such are the fascinating faces of some of our helpful remedies, but as La Fontaine said—"Gardez-vous de juger les gens sur la mein!" *Sulphur* may be clean, *Silica* angry, *Pulsatilla* thirsty and *Arsenicum* left-sided. Especially in acute diseases remember that your familiar types, such as the portraits I have been giving, are not the safe criterion. The physical generals are the best lifeline. Paradox is of the essence!

—*The British Homœopathic Journal, April, 1960.*

HOMOEOPATHY, THE PERFECT PARADOX!

DR. B. S. LUKE

Homœopathy is the perfect paradox for the following reasons.

Firstly, because its tenets and principles are paradoxical.

Homœopathy is based on the fundamental law, *Similia Similibus curentur*. How strange it sounds! Curing a disease

by means of a like disease! Paradoxical, but true, as abundant experience has proved it.

Similia Similibus curentur. Nothing can be simpler than this. But in the greatest simplicity of Homœopathy lies its greatest complexity. Finding the simillimum is not a joke, it is a herculean task. This is another paradox—simple, yet complex.

Homœopathy says, "to get the maximum effect, give the minimum dose." How very paradoxical! But such is the magic of the minimum dose. This truth is tested by time and the massive—dose prescribers are dumb founded.

Here is another paradox. The more a medicine is diluted the more is its power released! Absurd, apparently and the non-believers, used to ridicule the infinitesimal dose saying that there is nothing in it but cold water and faith. But this cold water and faith cures is abundantly proved by experience and the scientificity of it is amply demonstrated by the ultra-projectoscope, the spectroscope and the emanometer.

Babies, animals and insane persons get cured under Homœopathic treatment. But the paradox is, it is still alleged as faith cure.

The paradox with regard to 'dilution' is that, although mathematically $\frac{1}{10} \times \frac{1}{10} = \frac{1}{100}$, the second decimal dilution is something more than the first centesimal dilution. It is more dynamic. Here Homœopathy transcends mathematics. The emanometer has shown that serial dilution with succussions is not a mysterious rite but it is a real process of dynamization discovered by Samuel Hahnemann. Thus the gibe, "throw a pinch of Sulphur in the ocean at New York and collect a Homœopathic potency at the English coast" has recoiled on its author's face, for the laugh is now on the Homœopathy's side.

Next comes the paradoxical teaching of Homœopathy:

It was counted as an epoch-making discovery by the orthodox medical school that microbes are the cause of certain

diseases, and much treatment was done on this basis. But the paradox is that microbes are not the cause but the result of disease and miraculous cures are performed according to this teaching of Homoeopathy and Allopathy is now forced to admit that "virulent microbes live in the human blood and tissues as harmless guests until 'something' happens in the organism which sets them on their rampage." Homoeopathy pointed its finger at this 'something' long before Allopathy was disillusionized.

Homoeopathy went further to make the paradoxical statement that morbidic agents are not material but dynamic. Thus Homoeopathy can treat before the disease is diagnosed, before the part is X-rayed, the blood examined under the microscope, or the urine and stool analysed. Disease is primarily an affection of the invisible, immaterial vital force deranged by a dynamically acting morbidic agent. Diseases are known by their symptoms. Only its gross pathology, the end products are seeable, feelable.

Homoeopathy makes the paradoxical teaching that the organism is diseased before the (so called) disease acquires a local habitation and a name; Homoeopathy teaches that Nature designated no nomenclature for its diseases and every disease is a unique one, and it should be treated as such. We treat sick persons and not diseased parts and since each individual is different from every other, even so every disease is a different one.

The Homoeopathic Materia Medica is another paradox: Its remedies stand before you like living personalities whom you come across in your daily life. They exhibit not only their pathological states but they reveal their in-most sensations and feelings. Thus when you see a patient in your office or on his sick bed, you at once recognize the one you are already acquainted with in the Materia Medica.

Further, the Homoeopathic Materia Medica contains certain paradoxical personality types. A few examples may be cited here. The roaring in the ears of Ignatia is relieved by music, the pain in his piles is less when walking, the hungry feeling in

his stomach is not relieved by eating and so on. To Apis, China and Lachesis, gentle pressure is unbearable but hard pressure is soothing. Camphor covers during heat and uncovers when cold.

The life of the great founder of Homoeopathy is itself a paradox; With all his innumerable attainments, zeal for truth, sympathy for human suffering, self sacrifice for discovering proper means for the attainment of health, Samuel Hahnemann had to change his address 65 times before he could find sanctuary in Paris.

When the reform inaugurated by Hahnemann was the first effectually to open the eyes of the profession to the *vis medicatrix naturae*, to the mischief of giving powerful drugs at random and in heroic doses, and of the reckless use of such dangerous agents as the leech, the lancet, the caутery etc and to the necessity of conserving the powers of the organism, when the greatest Allopaths are veering towards Homoeopathy, orthodoxy still paradoxically calls Hahnemann, a great quack, and maintains that the principles of Homoeopathy are diametrically opposed to the methods and principles of sound, logical, inductive reasoning.

Sir John Weir, a Homoeopath, is physician to the British Queen and the royal family; professor R. Galeazi Lisi, a Homoeopath, is the Pope's doctor; Dr. Saxena, a Homoeopath, is honorary physician to the President of India, and the majority of the ministers, past and present, both of the centre as well as States Govt. speak highly of Homoeopathy. Even Mahatma Gandhi praised Homoeopathy and yet, is it not a paradox that Homoeopathy has still not received the recognition it deserves by the Government in India?

Is it not a paradox that the basic principles of Homoeopathy laughed at by the Orthodox School, are now being gradually absorbed into their general medicine?

Is it not a paradox that in Orissa, Registered Homoeopathic Practitioner have certificatory rights only up to Grade II Officers and not to Grade I, as if diseases of these latter, do not fall within the pale of Homoeopathic treatment?

Is it not a paradox that all the money spent to bury Homoeopathy, all the articles in the press trying to ridicule it, have not been able to make the least dent on the foundations on which it is built? On the other hand it is spreading and spreading, in India, by the efforts mostly of lay practitioners who have many miraculous cures to their credit.

Thus we see that Homoeopathy is every whit a paradox—the perfect paradox!

NEWS & VIEWS

HAHNEMANN BIRTH ANNIVERSARY

CALCUTTA :—

The 207th Birthday Anniversary of Samuel Hahnemann, Founder of Homœopathy was observed by various Homœopathic Organisations in various parts of city on 10th April '62 under the auspices of the German Cultural Institute, Hahnemann Society, International Hahnemannian Society of India, Indian Homoeopathic Association, Homoeopathic Medical Rotary Club, All India Homoeopathic Medical Association (W. B. Branch) in a befitting manner. Among those prominent who paid tributes to the Master were the Maharani Adhirani of Burdwan, Deputy Minister, Sri R. N. Majumdar, Mayor of Calcutta, Sri Vivekananda Mukherjee, Editor, Jugantar, Dr. I. B. Sanyal, Dr. Gottfried Fischer, Vice-Consul, Consulate General of the Federal Republic of Germany, Dr. B. K. Sarkar, Dr. M. Das, Dr. J. N. Sarkar, Dr. N. K. Banerjee, Dr. J. C. Banerjee, Dr. K. L. Ray, Dr. A. B. Dutt, Dr. K. Pyne, Dr. R. Roychoudhury, Dr. S. Bagchi, Dr. J. N. Kanjilal, Dr. P. C. Bhur, Councillor, Calcutta Corporation.

HAHNEMANN BIRTHDAY ANNIVERSARY
CELEBRATION COMMITTEE, 1962.

The functions are being solemnised under the auspices of Dr. N. M. C. Memorial Committee and Hahnemann Birthday Celebration Committee jointly, with Sri Tusbar Kanti Ghosh and Sri H. Bhattacharyya respectively as Presidents and Dr. D. K. Choudhuri as the Secretary, at Mahajati Sadan, Calcutta.

NEWS & VIEWS

NAGPUR :—

The 207th Birthday Celebration of Dr. C. F. SAMUEL HAHNEMANN, founder of the Homoeopathic System of Medicine was conducted by Dr. D. L. Rajabhoj, the Vice President of the Nagpur Homoeopathic Medical Association, under the Presidentship of Dr. A. W. Pendhorkar on the 10th April 1962 at 9 p.m.

Meeting commenced by garlanding the Photo of Dr. Hahnemann by Dr. A. W. Pendhorkar, Dr. D. L. Rajabhoj, Dr. Indurkar and Dr. Girjopure. Dr. A. W. Pendhorkar in his presidential address paid tributes to the founder of Homoeopathy, throwing light on Dr. Hahnemann's rule of health and life.

Dr. Girjopure while giving thanks to those present read out the life-sketch of Dr. Hahnemann in short.

Prominent Homoeo. Physicians and other admirers of the system of Homoeopathy attended the function.

MADURAI :

Dr. Hahnemann's 207th Birth-day celebration committee performed Hahnemann day Celebration at Sourashtra Secondary School, Madurai, at 6 p. m. on 10th April, 1962. Sri R. Lakshmann, B. A. B. L., District & Session Judge, Madurai presided. Sri T. T. Sundaram, B. A., B. T. Presiding Magistrate, Bench Court, Madurai unveiled the bust of Dr. Hahnemann on the occasion.

ANDHRA ;—

THE ANDHRA PRADESH HOMOEOPATHIC ASSOCIATION (Regd) RAYALASEEMA ZONE

The 207th Birthday of Dr. Samuel Hahnemann (Founder of Homoeopathy) was celebrated on Tuesday, the 10th April, 1962, at the Silver Jubilee Hall, Dist. Co-op Central Bank Ltd., Anantapur. Sri B. Joogappa, M. A., I. A. S., (Retd. Dt. Collector) presided over the function.

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The Homœopathic Bulletin

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MARCH, 1962

No. 10

DR. SANAT GHOSH PASSES AWAY

Dr. Sanat Kumar Ghosh, an elite in the field of medicine of Bengal passed away in his residence in Calcutta in the early morning hours on Wednesday, the 28th of February last. Having graduated from the R. G. Kar Medical College & Hospital (then Carmichael Medical College & Hospital) he got his first lessons in Homœopathy from his father, who was a judge, but nevertheless occupied his leisure in treating his neighbours by homœopathic medicines. The young Dr. Ghosh, got fascinated with the ways of homœopathy and devoted himself in practising in this branch of medicine. Shortly in his new career he came in touch with Dr. D. N. De, the founder of Dunham College (now D. N. De Homeopathic Medical College & Hospital) and Dr. B. B. Mukherjee and other prominent homœopaths of Calcutta. These contacts worked a deep impression in his mind about the widest of possibilities of homœopathy, and all through his medical career he worked hard to find out the way or ways by which homœopathic prescriptions may be made readily, with an accuracy and thoroughness, so that it may stand in open competition with the modern medicine in controlling epidemics and acutest of diseases. His prescriptions have been frequently found to be touching at the depth of the problem that disease is, and the results derived have been immediate and impressive. His understanding of the physiological and pathological processes transcended all traditional limits and centred on the point where science and philosophy find themselves merged in a harmonious whole; his studies of drugs were alike fundamental and all these have undoubtedly helped him in grasping the disease in the position it presented itself. The homœopathic nosodes were matters

of peculiar interest to him and he would use them frequently with an alacrity and thoroughness as are rarely met with elsewhere. The study and use of the nosodes appear to be his original contributions and his booklet "Clinical Experience with some Rare Nosodes" at once caught the attention of the leaders in the profession, here and abroad and was highly appreciated as one of the most valuable and original contributions to homœopathy.

Dr. Ghosh's was a mind broad enough to receive, assimilate and manufacture something which is above par, in all matters he got himself interested in. His great organising abilities have been reflected in his supplementing the Dunham College with an Indoor Hospital and transforming the institution from a private to a public one and introducing many things into its syllabus of studies, which have not been earlier there but which are necessary for the students in grasping the subject of medicine.

Dr. Ghosh was one of the Founder members of Indian Homœopathic Medical Association, a body registered under Act XXI of 1860 and died as the President of the Association.

His social inclination to religion and religious ways of thinking and habits associated him with Sri Aurobinda's Ashram at Pandicharry, Bharat Sevashram Sangha and many others, which have last in him a true devotee and upholder.

Disinclined to publicity Dr Ghosh was an adept in dramatical and allied subjects and was a noted director in the Calcutta Medical Club in their theatrical performances. Many of his contemporaries allude to his rare, abilities in this line and we understand that the celebrated Sisir Kumar Bhaduri was one of his admirers.

It is not known to many we suppose that Dr. Ghosh organised some sort of a proving society and proved a number of Indian Drugs, some of which it is learnt have been published in the Homœopathic Bulletin.

He would frequently contribute to our issues by case records which have always been interesting and instructive.

The Indian homœopathic Medical Association observed their condolence on the 17th instance under the Chairmanship of Sri G. Basu, M. P. where glowing tributes were paid to his memory.

We believe homœopathy in Bengal suffers a heavy loss by his death. We join with others in paying our respectful homage to the Great Departed, who has been associated with us for pretty long years.

May his soul rest in peace.

S. D. SIRCAR.

HYPERICUM WITH COMPARISONS IN SURGICAL CASES

By JAMES T. KENT, A.M., M.D., CHICAGO

Reprinted from Medical Advance—1903

One who makes a study of the proving of Hypericum will be reminded of a class of injuries involving sentient nerves, and it is not surprising that this remedy has come into use for the results of such injuries. The surgery of homœopathy largely involves the use of Arnica, Rhus tox, Ledum, Staphysagria, Calcarea and Hypericum. These remedies are used in almost a routine way when a physician runs into semi-surgical conditions, or the results of injuries. For the bruised, "black-and-blue," sore and pounded appearance and sensation Arnica comes into use; it corresponds especially to the acute stage until the soreness and bruised condition have disappeared from the parts injured or from the whole body; but for the strains of muscles and tendons Arnica proves insufficient and a thorough study of Rhus will show that that remedy is suitable for the resultant weakness of tendons and muscles, and the bruised, rheumatic feelings that come on in every storm and often wear off on continued motion. For the final weakness that persists even after Rhus we have Calcarea carb.

In these three remedies we have a series, but to distinguish these from Hypericum is the important thing. Hypericum is only a minor remedy for bruises and strained tendons and muscles; it goes into a different class of complaints. Hypericum and

Ledum run close together, and they have to be compared. Ledum has much of the sore bruised feeling of Arnica and will often take its place; but Hypericum and Ledum come together for consideration when an injury to a nerve has taken on some sort of inflammatory action. Instead of the muscles and bones and blood vessels, as in Arnica, Rhus and Calcarea, the nerves are the sphere for these two remedies. When the finger ends or toes have been bruised or lacerated, or a nail has been torn off, or when a nerve has become pinched between a hammer and the bone in a blow, and that nerve becomes inflamed and you can trace the pain up along the nerve, and it is gradually extending toward the body from the injured part with stitching, darting pains, coming and going, or shooting up from the region of the injury toward the body, a dangerous condition is coming on! In this condition Hypericum is above all remedies the medicine to be thought of and hardly any other medicine is likely to come in.

THE PREVENTION OF LOCK-JAW

Sometimes a vicious dog will take hold of an individual through the thumb, or through the hand or the wrist and run one of his great teeth through the radial nerve or some of its branches in the hand, causing a lacerated wound. You may not find in the earlier stages the symptoms of Hypericum, but they will develop gradually and you will have them to treat. Do not cut the arm off but cure it. We cure all these injuries with medicines—punctured, incised, contused and lacerated wounds, painful wounds.

A wound sometimes will yawn, swell up, no tendency to heal, look dry and shiny on its edges; red, inflamed; burning, stinging, tearing pains; no healing process. That wound needs Hypericum. It prevents tetanus. Every practitioner knows that lock-jaw may develop after an injury to sentient nerves. The old school doctor is frightened by these shooting pains up the arms after an injury. A shoemaker may stick his finger with a brass tack and he does not think much of it, but the next night shooting pains commence extending up the arm with great violence. The allopathic physician looks upon that as a serious matter, for he sees lock-jaw or tetanus ahead. When these pains

come on hypericum will stop them, and from this stage to advanced states of tetanus with opisthotonos and lock-jaw Hypericum is the remedy. It is full of just such symptoms as are found in tetanus and such symptoms as lead to tetanus and it is full of all the manifestations of an ascending neuritis.

Then you may have an old scar, and it comes in contact with something and is injured, bruised, torn internally, smashed, and stinging, tearing pains set in in that cicatrix, and it burns and smarts and stings, and there is no relief, and the pain runs toward the body along the course of nerves. A painful cicatrix with pain shooting up toward the centre of the body following up the nerves. Hypericum is the medicine for that.

Now there are other remedies—all know about Arnica, but be sure you keep it in place. The first stage of an injury, where much bruising has been done, and there are none of these pains that I have described, for the first hours for bruised conditions and concussions and shocks Arnica is routine, because it produces states upon the human body like as it had been bruised. But you will find Arnica only fits into that one place. Arnica should never be used for wounds the way the lay people use it, because if it is used in full strength it may bring on erysipelas.

Again bruises of the bone and bruises of cartilages, bruises of tendons, of the insertion of tendons, and bruises about cartilages and about joints, Ruta is better than any other medicine; and if we study the proving of Ruta we will not be surprised, because it produces such things. Lingering, sore, bruised places on bones, in joints and upon cartilages. But Ledum comes in very often as a preventive medicine. It is a preventive medicine when an accident happens to the ends of the fingers. If somebody steps on a nail or tack or sticks a splinter under a finger-nail or into the foot. If a horse picks up a nail, pull it out and give him a dose of Ledum; there will never be trouble, he will not go into lock-jaw. These punctured wounds, rat bites, cat bites, etc., are all Ledum; *i.e.*, Ledum prevents the shooting pains that naturally come and the nerves will never be involved. We will have no trouble at all if we can give it right on the spot. Again, if the pain is dull, aching in the part that was injured, in the

wound, *Ledum* is still the remedy; if it shoots from the wound up the nerve of the arm it is more like *Hypericum*.

A sensitive, nervous woman steps on a tack during the day, and she feels all the day where the tack went in, lies down in bed and it aches so violently she cannot keep it still. *Ledum* will prevent any further trouble, but if that goes on until the morning the pains will be shooting up the leg, calling for *Hypericum*. I mentioned the use of *Ledum* when a horse picks up a nail. Now, if a nail goes through the thin part of the hoof and strikes the coffin bone that horse is almost sure to die with tetanus; the veterinarians know nothing for it; though they poultice it and put on liniments, ect., that horse will die with tetanus; but if a dose of *Ledum* is given before the tetanus comes on it will save the animal from tetanus; after the jerking comes on *Ledum* will not do, but *Hypericum* will. *Hypericum* belongs to lacerated wounds and when there is laceration of parts that are full of small nerves, sentient nerves, give it at once. Do not fool with *Arnica* because there is soreness, for the soreness is of much less importance than the danger from nerves in lacerated wounds. In punctured wounds give *Ledum* at once. Whatever sequences come on, of course they have to be met in accordance with the state and symptoms of the case.

HYPERICUM IN INJURIES OF THE SPINE

Injuries of the spine give us another class of troubles requiring *Hypericum*. I remember a case as has been met with quite a good many times and such as we read of and hear about, one, however, that was not saved. A sudden lurch of the car caused a man who was standing on the rear end of the car to be hurled back on his coccyx. He did not think much of it, went home, had pains in the head and various parts of the body. Several physicians were called; nobody could find out what was the matter with him, and at the end of ten days he died. They turned him over and found that his coccyx was black and abscesses were threatening in the muscular region. If it had been known *Hypericum* would have saved his life. Many times have I seen *Hypericum* cure like magic. Injuries of the coccyx are among the most serious and troublesome injuries that the physician comes in contact with; injuries just like that, falling back and

striking a stone, or something that bruises the coccyx. Very little is found immediately in the coccyx; close examination reveals nothing more than soreness upon pressure, but many times we do have the description of pains shooting up the spine and down the extremities, shooting pains over the body and often convulsive movements. When such things are present any physician ought to be sharp enough to find out an injury, but even very astute physicians are blinded over injuries of the coccyx. Many a woman sustains an injury of the coccyx during labor, and however slight, soreness remains for years afterwards, and she is always in trouble, always hysterical and nervous, from this injury of the coccyx. Such injuries, if taken early, can be cured by *Hypericum*. It is in the remedy. Slight inflammation or irritation of the lower part of the cord; it feels lacerated, and sore, and aches dreadfully and never gives over until the results of the injury right in the spot have been removed. These injuries have been cured in after years by *Carbo animalis*, *Silica*, and other remedies as indicated.

It is related also to injuries of the spine higher up. It is not an uncommon thing for a man, while going downstairs, to fall backward, his feet slip out from under him and he strikes his back upon one of the steps and undergoes a sharp injury. Some will at once give *Rhus tox.*; I have known others to give *Arnica*. *Hypericum* is to be given at once to prevent the kind of inflammation that may come from such an injury. Then there will be other tendencies, such as drawings and rheumatic symptoms that will come on, calling for *Rhus* and finally *Calcarea*. Old weakness of the back, with painfulness on rising from a seat, are often cured by *Rhus*, followed by *Calcarea*, but *Hypericum* must first of all take care of the condition of the fibres of the cord and meninges. Meningeal troubles are common from injuries of that class with drawings of the muscles of the back, a feeling of contraction or tightening. Stitching, shooting pains in the back in various directions; they shoot down the limbs. Injuries of the back are not so likely to end in tetanus as the injuries of the sensory nerves: but they are sometimes even more troublesome, because they linger so long.

STAPHYSAGRIA AND STRONTIUM

Persons who have been injured in the spine or about the coccyx linger along for years with symptoms that would lead to almost every other remedy. We find in the provings such things as occur after these injuries, and of course this remedy will cure anything that its proving justifies. Its action is upon the nerve sheaths and meninges, with stitching, tearing, rending pains along the nerves, wherever there are injuries. Now, there is another remedy that we want to know. If you have a clearcut or incised wound made with a sharp instrument, or if you have made such an opening with your knife while practicing surgery, if you have opened the abdominal cavity and the walls of the abdomen take on an unhealthy look, and there are stinging, burning pains, Staphysagria is the remedy that will make granulation come immediately. Staphysagria is also a wonderfully useful remedy where the sphincter-stretchers have been. Staphysagria is the natural antidote to stretching. When the urethra of a woman has been stretched, when it has been necessary to stretch it, for instance, for stone in the bladder, Staphysagria is useful. I remember a case of stretching of the urethra; after the operation the patient was in great distress, screaming and crying, bathed in a cold sweat, head hot and body in cold sweat. Staphysagria 45M was given to her, and in about twenty minutes she went to sleep. She had been six hours in that suffering before I got to her bedside, without any relief whatever. Where coldness, congestion of the head, and rending, tearing pains occur from stretching sphincters, or from tearing parts, for the purpose of operation, death is likely to occur, and Staphysagria is closely related to that tearing lacerating and stretching of fibres which cause such suffering.

After a surgical operation where there has been a good deal of cutting and slashing, a great state of prostration, coldness, oozing of blood, almost cold breath, of course the materia medica man, if there is one around, will say, "Why, give him Carbo veg. of course." Yes, you will, but it will not help him. It may disappoint you. But, if you are a surgeon, know your surgical therapeutics better than a materia medica man, you will say, "No, Strontium carb. is what I want." It relieves that congestion all over the body; he gets warm, and has a comfortable night. Strontium carb. is the Carbo veg. of the surgeon. —Continued

THE NOSODES IN HOMOEOTHERAPEUTICS

(Continued from our last February issue)

Far more potent is the action of *Bacillinum* in non-tuberculous pulmonary conditions and other affections of the respiratory tract. Catarrhal dyspnea and hypersecretion of mucus responds quickly to *Bacillinum*. Idiosyncrasy to colds, sinus infections and, in fact, a low resistance to respiratory infections and influenza yield dramatically to a course of treatment with *Bacillinum*.

It is evident from the experience of the early workers in the treatment of tuberculosis by employing Tuberculin that the results were very discouraging. This was due to the very intensive treatment of this disease by injecting a most potent agent in the most heroic dosage. Even to the present day, the handling of this disease has shown no improvement with respect to specific treatment despite the ever decreasing doses of Tuberculin employed. In this regard Park and Williams⁴ say:

Tuberculin is not a cure for tuberculosis. It should be used as an addition to, not as a substitute for, the recognized methods of treatment. It is a two-edged weapon and should be employed only by those who have a thorough understanding of its possibilities for good, and unfortunately, for harm. The treatment is without value in advanced tuberculosis.

It might be interesting to note what results the homœopathic school has had with this same substance over a period of eighty years. First, it is still used by homœopaths, although if given promiscuously, some dangers may follow its use; on the whole, however, its employment has yielded brilliant results not only in tuberculosis but in many kindred diseases. Koch's Tuberculin may be the only remedy which will save a severe, moribund case of pneumonia or influenza, incipient and chronic cases of tuberculosis and influenza when given as an intercurrent remedy. In this regard Jousset⁵ quotes Dr. Arnulphy.

I make bold to state that no single remedy in our materia medica not excepting *Ipecac*, *Iodine*, *Tartar Emetic* and even

Phos., approaches the singular efficacy in that affection (Broncho-pneumonia), be it in the child, the adult or the aged. Its rapidity of action in some cases is little short of wonderful, and all who have used it in this line are unanimous in their unbounded praise of its working.

Clinically, *Tuberculinum* produces pneumonia, broncho-pneumonia and congestion of the lungs in tuberculous patients. Hence, it is Homoeopathic in those affections. *Tuberculinum* also produces, in the healthy organism, inflammatory changes in the heart and aorta. Injections into animals produces parenchymatous and interstitial nephritis and albuminuria.

The nosodes have had the distinction of being introduced and proven by the most outstanding figures in homoeopathic medicine for over one hundred years. The following chronology will illustrate:

1830. Hering proposed use of the saliva of rabid dogs (*Hydrophobinum*) as a remedy for hydrophobia. Fifty-two years later Pasteur published his first communication on rabies.
1831. Hering issued a small monograph on the nosodes, followed in 1833 by similar work on these remedies by a veterinarian in Leipsic name Lux, who advocated these remedies as Isopathic. Hering, however, proved these remedies according to the tenets laid down by Hahneman.
1833. *Lyssin*, potentized and proved, was introduced by Hering.
1833. *Psorinum* introduced by Hering. Hahnemann preceded him in its use but his results were not published.
1836. *Anthracinum* was introduced by G. A. Weber in cattle plague. He cured every case in animals and in many men who had contracted it. The bacillus producing the disease was not discovered until 1863 by Davaine.
1862. *Malaria officinalis* was brought out by G. W. Bowen of Ft. Wayne, Ind. It was prepared from material collected from the stagnant pools in the malarial

section of Ft. Wayne. It has succeeded in cases of malaria where other indicated remedies have failed.

1871. *Variolinum* came into use.
1873. *Vaccininum* came into use.
1875. *Medorrhinum* was introduced by Biegler of Rochester, N. Y.
Medorrhinum was introduced by Swan. The gonococcus was discovered by Neisser in 1879.
1879. *Syphilitinum* was used and in 1880 the proving was published.
Treponema Pallidum was discovered by Schaudin in 1905.
1879. *Tuberculinum* was introduced by Swan. H. C. Allen devoted thirty pages in his *Materia Medica of the Nosodes* to the symptoms of this remedy.
It was three years later, or in March 1882, that Koch discovered the bacillus tuberculosis and not until 1891 did he introduce his Tuberculin lymph or O. T. It is interesting to note here that J. Compton Burnett used *Tuberculinum* or *Bacillinum* five years before Koch, and that Swan of New York even advocated and used it for many years before Burnett. Later Koch brought out other tuberculins hoping to minimize reactions he obtained from the various preparations which he had introduced.
1880. *Pyrogen* was prepared by Drysdale in England by exposing macerated raw beef in cold water to the sun's rays for several weeks. About five years previous, Prof. Burdon Sanderson, a physiologist, advanced the theory that decomposing organic matter, when introduced into the body, was capable of causing fever. Drysdale, being a homoeopath, applied this principle and gave us a new remedy, which he called *Pyrogen*. Swan's *Pyrogen* or *Septicaemin* was made from a septic abscess. A monograph was published in 1888 in which Burnett, the English homoeopath, cited the marvellous results obtained with this remedy.

1897. Tuberculin residue appeared, also known as New Tuberculin, N. T. or T. R. The bacillary emulsion or B. E. appeared in 1901. The total number of tuberculin bacilli preparations or their products brought out by the non-homoeopathic school to date total over fifty. The number of similar preparations employed by the homoeopaths to date total five, and the number designates, not changes in method of preparation, as with Koch's tuberculins, but simply a different variety as human, avian, bovine, *Bacillinum* and Koch's tuberculin. No changes have been made in these preparations from the time of their introduction.

Diphtherinum introduced by Lux and used by Swan.

1906. *Pertussin* was brought out by Clarke of England in the same year in which *Pertussis bacillus* was discovered by Bordet-Gengou.

1908. BCG, a living culture from bovine tuberculosis, was isolated and attenuated by frequent reculture on ox-bile. It was first used orally, later intramuscularly and subcutaneously. It seemed to increase the resistance to tuberculosis in infants in France and later in this country, especially in New York City, but the results were not too encouraging.

Summary of the Indications for the Use of the Nosodes

BACILLINUM—TUBERCULINUM: There is a familial history or tendency to tuberculosis. Patient takes cold easily. Loss of weight in the absence of anorexia. Short and hacking cough, slight expectoration. Tall, slim patient with flat chest. History of frequent colds. Influenza, especially of the 1918 variety. Post influenza asthenia. History of pneumonia *Bacillinum* was used by Burnett as a favorite remedy for ringworm. Also a valuable remedy is *euthanasia*. Kent said of *Tuberculinum*:

If *Tuberculinum* be given in 10M, 50M, CM and MM potencies, two doses of each potency at long intervals, all children and young people who have inherited tuberculosis may be immuned from their inheritance and their resiliency would be restored.

Allen in his *Keynotes of Leading Remedies* says:

The potencies of Fincke and Swan were prepared from a drop of pus obtained from a pulmonary tubercular abscess or sputa. Those of Health from a tuberculosis lung from which the bacillus tuberculosis has been found microscopically, hence the former was called *Tuberculinum* and the latter *Bacillinum*. Both preparations are reliable and effective.

A definite indication for *Tuberculinum* is that the symptoms are ever changing. This is a cardinal feature of the remedy. Not only do the symptoms change but the patient wants to roam around and seek change of scenery to the point of restlessness.

KOCH'S TUBERCULIN: Delayed resolution in pneumonias and influenzas.

TUBERCULINUM (SWAN'S): For glandular manifestations.

TUBERCULINUM AVIARE: Acts on apices of lungs. Its sphere of action is in post-influenzal bronchitis in which field it excels. It relieves the teasing, exhausting cough. History of influenza or grippe is an important indication.

TUBERCULINUM BOVINUM: Is said to have an affinity for the intestinal tract. Some use it upon indications similar to *Tuberculinum aviare*.

BACILLINUM: Frequency of colds leading to bronchial irritation. Sudden and deep seated cough. Low resistance to upper respiratory infection. MacAdam^o wrote:

The bacillus tuberculosis is present in a very large proportion of all cases of so called idiopathic pleurisy. The exudate is usually sterile on cover slips or in culture, but when a large amount of the exudate is used for inoculation purposes, the result proves more than half of the cases tuberculous. The reason for giving *Bacillinum* is a suspected tubercular diathesis. And the suspicion is based not on the physical findings, nor upon the family history, nor upon the x-ray, but upon what we know of the pathology and early clinical history of countless unfortunates. I urge that the time to cure tuberculosis is before it can be diagnosed; before there are any physical signs; before tubercle bacilli appear in the sputum; before you can do more than suspect the danger. I urge accusation rather than proof. After the case is

proven tubercular, *Bacillinum* may still be used, but its most brilliant work has been done for me on suspicion.

ANTHRACINUM : Anthrax, although rarely seen now, is easily overlooked because of its infrequency. Useful in severe sepsis, malignant carbuncle. Terrible burning is the keynote.

PYROGEN : Sepsis following ruptured appendix. Peritonitis, puerperal infections carbuncle. Pulse and temperature out of all proportion to each other. Tongue smooth and red ; skin pale and cold. Bed feels hard ; intolerable aching, feels as if lying on a pile of rocks. Sherbino calls *Pyrogen* "a grand nosode, one of the greatest monuments to Hahnemann and to Homœopathy, as it covers a very wide range of action, and fills a place of its own that no other can fill."

H C. Allen says, "When the patient says she has never been well since septic fever, or abortion, or a bad confinement"; and Drysdale called *Pyrogen* "the *Aconite* of the typhous or typhoid quality of pyrexia."

VARIOLINUM : Allen says this nosode bears the same relation to smallpox that antitoxin does to diphtheria. Indicated in smallpox prophylactically and therapeutically, and for the pitting and other scars resulting therefrom. May be useful for the residual pains following Herpes Zoster.

PSORINUM : When well-selected remedy or *Sulphur* fails to act. For the psoric patient. Patient worse cold, worse lying with head low. Sensitive to cold, frequent quinsy ; hay fever and asthma with psoric or eczematous history. Foulness of body discharges. The patient is dirty, itchy and has a gloomy outlook on things. Poor reaction. He is much colder than *Sulphur* and is averse to uncovering and especially wants the head covered even when the weather is warm. Skin, hair and scalp unclean in appearance ; body odor is offensive as well as all excretions. Aggravated by bathing like *Sulphur*.

MALANDRINUM : An effective prophylactic against small-pox. Cooper^o used it as an intercurrent remedy in his cancer cases.

SYPHILINUM : Pains worse from sunset to sun-rise, every-thing worse at night. Children or adults with syphilitic taint. Useful in chronic syphilitic headaches. Patient constantly

washing hands. The aggravations come on slowly and disappear slowly. Leucorrhœa profuse, soaking through the napkin and running down to the feet. Chronic headaches, which are periodic and associated with alopecia, are marked in this remedy. Bone pains worse at night.

MEDORRHINUM : Pains worse from sunrise to sunset ; better at seashore and in damp weather. For old, neglected or mistreated cases of gonorrhœa ; arthritis of gonorrhœal origin. Pelvic diseases in women. Dwarfed children with nocturnal enuresis. Obstinate cases of arthritis and rheumatism. Patient, especially a child, assumes the knee-chest position in sleeping. Better in open air, great sensitiveness and craving for sweets.

PAROTIDINUM, STREPTOCOCCIN, SCARLETINUM, MORBILLINUM, INFLUENZINUM and PNEUMOCOCCIN : Dr. Margaret Tyler of London, England, reports a series of cases cured with these nosodes in *Homœopathy*^o, the former publication of the British Homœopathic Association, and in her volume *Homœopathic Drug Pictures*¹¹. Never been well since mumps, scarlet fever or measles. By prescribing the specific nosode, the patients made rapid improvement. Sometimes another remedy would be necessary to make a complete cure. Many American prescribers have been able to confirm these observations. Many strains of Influenza are available, some dating back to the two year pandemic of 1888-89 when it was called La Grippe. The never Influenzins date back to 1918 and 1919 and the latest, and much more ubiquitous, that of 1957. This last strain, the Asian variety, was more unique in its manifestations than the two previous strains. Stearns says of the Influenzins :

The disease factor is best met by the nosode—the constitutional factor, by the constitutional remedy. In intuitive prescribing, however, the only guide to the follow up remedies after *Influenzin* has finished, lies in the symptoms as they develop. It is like a house of mystery ; *Influenzin* is the key which opens the front door but each room has a secret combination lock of its own. When seeking the follow-up remedies, remember that the prodromal symptoms contain the keynote of the remedy. Get all the details of the original attack. If you find a remedy

which covers the original picture, the cure will be furthered..... If the simillimum for the acute attack be found it will bring improvement and after that we must go farther back, even to childhood, and seek evidence for the basic constitutional remedy. Of course, the foregoing is a generalization which applies to every chronic case.

Influenza is very frequently associated with tuberculosis and often stirs up latent tubercular infections. Because of this, *Influenzin* usually is indicated when we begin the treatment of tuberculosis and, on the other hand, *Tuberculinum* saves the most desperate cases of influenza.

DISTEMPERINUM: I have used this nosode personally in a great number of cases for the prophylaxis of distemper in puppies and also in association with a Cincinnati veterinarian.

HYDROPHOBINUM or **LYSSIN**: This nosode has been used in the prophylaxis and treatment of Hydrophobia.

DIPHThERINUM: For general diphtheria prophylaxis. Severe infection. May be indicated in postdiphtheritic paralysis or residual paralysis. May also be of use in diphtheria carriers.

CHOLSTERINUM: This remedy and nosode was contributed to our homoeopathic pharmacy by Ameke. Mostly used in cases of cancer of the liver especially when there is hepatic enlargement. The patient is cachectic, skin is tawny and the sclera are yellow. Patient holds his hands over the liver region because of the great pain on walking. Dr. Burnett and Dr. E. Schlegel cured many cases of liver enlargement with this remedy. Swan called it a specific for gallstone colic.

CARCINOSIN: A nosode made from the extract of cancerous tissue and used extensively by LeHunte Cooper,^o of which he says:

I would lay it down as a maxim that there is no case of carcinoma that *Carcinosin* will not benefit at some period of its existence, so much so, that I could suggest the proverb, 'When in doubt give *Carcinosin*.'

THE INTESTINAL NOSODES OF BACH: Dr. Edward Bach of London has done a great amount of work on intestinal toxemias and, with Dr. Wheeler, had brought out in 1927 seven intestinal

nosodes made from non-lectose fermenting intestinal bacilli in the colon. These bacilli are non-pathogenic and are thought to be morphologically related to some of the more virulent types present in the colon. Because of their passive relation to the intestinal flora, they are generally ignored, as only occasionally do they ever become a clinical entity in colon disease. Bach performed many remarkable cures. These nosodes should be considered in patients suffering from the effects of toxemias resulting from colonic absorption, gallbladder disease, colitis and sick headache. Also when the colon can be suspected as a focus of infection. Several cases where headache, constipation and colon pathology were demonstrated have responded nicely to these remedies in my experience. Bach lists six main nosodes and a combination of all six, Polyvalent, consisting of all the original. The six he named Gaertner, Morgan, *Coli mutabile*, Dysentery Compound, *Protens* and *Faecalis alkaligenes*. Several other intestinal nosodes have been added by other British workers, notably Paterson of Glasgow, Scotland.

In closing, the following quotation from J. H. Clarke, who contributed so much to this group of remedies, is appropriate. He said:

Here I may remark that the use of nosodes in no way excludes the use of other homoeopathic remedies. Nosodes form a splendid addition to our armamentarium; but if we don't know how to supplement them with other remedies we are just as badly off as if we didn't know how to supplement other remedies by the use of the nosodes. I give it to show that the Law of similars is as applicable in all respects to the use of the nosodes as it is to the use of other homoeopathic remedies. The nosodes of a disease will not cure, or even help, all cases of the disease from which it is derived; but on the other hand, it will cure cases of great variety.^o

—*Journal of the American Institute of Homoeopathy, July-Aug., '61*

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CLINICAL RECORD

A Case of Mental Disease

DR. M. L. SIRCAR

A boy was brought to me on the 25th April, 1869 with the following symptoms: costiveness, no stool for 8 days; disposed to drowsiness; has not spoken a word for 5 days. Suspecting all this was probably due to the action of opium which the boy might have taken in some shape or other I prescribed *nux v.* 6.

26th April. Had a stool this morning and seems to be more active.

In a day or two he became all right. He remained well till the 10th May.

11th May. As bad as when he was first brought to me. The bowels were not constipated this time; but he would not utter a word. I could not satisfactorily trace the cause of the relapse. All that I could gather from the guardian was that he had been in the sun yesterday, flying kite. I therefore prescribed *Carlo v.* 30.

13th. No change for the better. I resumed *nux v.* which had done so much good.

15th. No better. *Camphor* three times a day.

16th. No signs of improvement. He remains quite dumb and apathetic. Great difficulty in making him eat. *Puls.* 6 thrice daily.

17th. Seems more rational.

In a day or two he was all right and has continued so. Has become a various eater.

Remarks

This case speaks for itself. Homoeopathy has proved as much a boon to the unfortunate sufferers from disease of the mind as the non-restraint system introduced by the great Pinel.

— : —

A Case of Rheumatism

DR. M. L. SIRCAR

10th August 1869.—Baboo M. Chakravarti aged 18 was under Allopathic treatment for 12 days for rheumatism. Iodide of

Potassium was pushed to the extent of 60 grs. a day, but without the slightest impression upon the disease. The following were the prominent symptoms when he placed himself under Homœopathic treatment: considerable inflammatory swelling of the knee, ankle, elbow and wrist joints, and of some of the small joints of the feet and hands, great pain, fever, sleeplessness, obstinate constipation, and inability to move. *Bryo.* 3. $\frac{1}{2}$ drop thrice daily.

11th. No change. *Lach.* 6. $\frac{1}{2}$ drop thrice daily.

12th. Had one clear stool yester-afternoon, after which he felt considerably relieved. Swelling reduced to nearly half. *Lach.* only one dose.

In the evening pain and swelling much less; fever very slight; able to walk with the help of a stick.

13th. Slept well last night. Swelling and pain of right leg and left hand have disappeared. *Lach.* $\frac{1}{4}$ drop only once. Much better in the evening; pain in the left leg less; no fever.

14th. Had eaten more food than he could digest last night, in consequence of which he felt somewhat uneasy in stomach in the morning, which disappeared by evening. Had only one dose of medicine. One clear stool; slept well; no fever.

15th. Very slight pain in one toe and two fingers of the right hand. *Lach.* one dose. One stool; quite easy in the evening; no fever; slept well.

16th. Doing well. No medicine.

17th. To prevent a relapse and to complete the cure as it is called, a dose of *sulphur.* 12 was given in the morning. Unfortunately a false step was made in the afternoon in consequence of which the right foot was sprained, which swelled a little and became painful. There was slight fever in the night.

18th. *Rhus Tox.* 3. to be taken thrice. *Rhus* lotion to be applied to the painful part. By evening the pain was less, and there was no fever.

19th. *Rhus* twice internally; the lotion was repeated.

20th. For the slight pain remaining, *lach.* was resumed and continued till the 24th, after which he was quite well.

—Calcutta Journal of Medicine, 1869.

SOME OF THE RESOLUTIONS OF THE WEST
BENGAL STATE HOMŒOPATHIC PRACTITIONERS'
CONFERENCE, PURULIA, 1961.

The following resolutions are passed in the open sessions of the West Bengal State Homœopathic Practitioners Conference held at Purulia on 25th December, 1961 under the Presidentship of Dr. Yudhvir Singh of Delhi arranged by Purulia Homœopathic Medical Association.

These official resolutions are moved by the Secretary of the Conference Committee and unanimously accepted by the members.

1. Dr. D. N. Chatterjee and Dr. D. N. Roy of Calcutta who were one of the pioneers and enthusiastic co-worker of this convention.

This convention is highly indebted to the ceaseless effort of Late Dr. Chatterjee, who took special interest for the success of this conference upto the last breath. The premature death of Dr. Chatterjee and Dr. Roy is an irreparable loss to Homœopathic world at large and there is no language to console.

Let us pray God for the peace of the souls and let the spirit of service for the upliftment of Homœopathy rendered by the deceased physicians are to be taken as the motto of this convention.

It is further resolved that the copy of the Resolution be sent to the family members of the deceased physicians.

2. With a view to make all round improvement in all respects of Homœopathy, a strong co-ordination committee be constituted. The said committee will be called as "West Bengal Homœopathic co-ordination Committee." This committee will form a platform of all the Homœopaths of West Bengal. For this purpose, a provisional committee with the representatives of participant Associations and others be constituted: present strength will be 27 persons powers to co-opt ten other members only, and further resolved that Dr. Mukti Pada Chakraborty, Secretary, West Bengal State Homœopathic Practitioners, Conference Committee will be the Convenor of the

HOMŒOPATHIC CONFERENCE

West Bengal Homœopathic Co-ordination Committee and with direction to convene the Second West Bengal Homœopathic State Conference within December, 1962.

3. As there are lots of Homœopathic Practitioners who have not been able to be registered with the General Council and State Faculty of Homœopathic Medicine, West Bengal, due to various reasons and as inspite of all proper attempts the said Council could not register these non-registered practitioners due to indifferent attitude of our State and Union Government, this Conference seriously deplores the attitude of our State Government and urges upon them to take immediate steps for registration of these practitioners.

4. As it appears that due to the step-motherly attitude of the State and Union Government, Homœopathy is unable to advance satisfactorily it be resolved that the Government be urged to take all measures for the advancement of Homœopathy in all respects.

5. This Conference of the Homœopaths of West Bengal unanimously urges upon the Government of West Bengal and the General Council and State Faculty of Homœopathic Medicine to introduce immediately a three year's licentiate course to turn out pure Homœopathic practitioners.

6. This Conference empowers the Co-ordination Committee to prepare General ethical rules to be followed by all the Homœopathic Practitioners with a view to maintain the integrity of the profession.

7. As there is scarcity of medical aid in the remote villages, be it resolved that all the Homœopathic Associations be good enough to extend their helping hand to them and urges upon the Central and State Governments and all other local bodies to extend financial help to those Associations that will be engaged in giving medical aid to the poor people.

8. As it appears that a number of Homœopathic Medicines are being included in the Homœopathic Materia Medica without proper provings, this Conference condemns such introduction and urges that any medicine before introduction must be proved according to the Hahnemannian Principle.

9. As it has come to light that all the Charitable Homœopathic Dispensaries and subsidised dispensaries in the rural areas that came into being in the district of Manbhum due to financial assistance from the Government of Bihar through the Manbhum District Board are now facing Extinction due to refusal of such financial assistance from the Government of West Bengal to the Purulia District Board, be it resolved that the Government of West Bengal be good enough to continue the necessary financial assistance to these dispensaries to the cause of public health.

10. The Co-ordination committee is further empowered by this conference to implement the resolutions till the formation of definite committee.

NEWS & VIEWS

THE WORLD IS SHORT OF DOCTORS

1,500,000 doctors for 3,000,000,000 people. According to the latest figures published by the World Health Organisation, ISRAEL with 420 inhabitants per doctor is still the country best provided. Next come the USSR (550 inhabitants per doctor), Czechoslovakia (590) and Austria (620). The figure for the USA is 790, for Scotland 870 and for France 930. In India, by contrast, there are 5,000 inhabitants per doctor and at the far end of the recorded figures come Afghanistan with 58,000 and Mali with 80,000 inhabitants per doctor.

— : : —

HOMOEOPATHIC ADVISORY COMMITTEE

It is learnt that Dr. Yudhvir Singh, Vice-President, All India Homœopathic Medical Association (Delhi) and President of the Delhi State Board of Homœopathy and the Founder-Editor of the Homœopathic Sandesh (Delhi) and Dr. S. N. Chhada of Allahabad, Ex-Vice-President of the All India Homœopathic Medical Association, have been nominated as members of the newly reconstituted Homœopathic Advisory Committee by the Central Health Ministry, Govt. of India. We extend herewith our heartiest congratulations to them and wish them grand success.

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The Homœopathic Bulletin

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FEBRUARY, 1962

No. 9

THE REFRESHER COURSE

It is happy to learn that the West Bengal State Homœopathic Faculty are making arrangements for a Refresher Course of studies. It is intended for those who are already practising in Homœopathy without having much of institutional training. The idea, obviously, is to equip them with some knowledge of fundamentals in relation to the preclinical and clinical subjects, so that they may become more capable and realistic of the problems of the sick and the scopes and limitation of treatment. After the completion of the course, the Faculty would hold, it is believed, an examination, the success in which would entitle the candidate to get a certificate of st ch, as different from the Diploma, and to registration.

The approach is good and it is welcome, although belated. In fact we have been holding such views for years past. There are certainly a number of practitioners in rural areas, and may be in urban areas too, who hold a practice and contribute to the well-being of the people. There might have been many factors which deprived them of a regular course of training; this as is realised, is a handicap in their career, but the very fact they survive in their practice is an acknowledgement of their abilities and acumen in serving the sick. We find no justification in denying them all proper rights and previlages and it would be in the fitness of circumstances that they are given recognition in the way the Faculty contemplate.

In giving effect to the scheme of the above course certain matters need consideration ; the first is to frame up a Syllabus which should be, on one hand, concise and comprehensive with a view to the practical requirements as also some theoretical knowledge, to make the instructions interesting and impressive and to indicate the line of thinking that stands at the back of understanding in life and its phenomena. On the other hand it should be sufficiently flexible to suit the scope of these practitioners, for whom it may be difficult to remain isolated from their fields of activities for any prolonged periods. Secondly, the intended course, if it is to serve any purpose, must be conducted in institutions which have the necessary demonstration facilities. The time of conducting the course may be made to coincide with the Dissection Session of medical institutions which begins in December to end in March. Giving proper allowance for the difficulties of procuring dead bodies and the advent of the hot season, the course may be made to cover a period of three months beginning from the middle of January. This would help the candidates profiting by the practical demonstrations in the Dissection and thus acquire a first hand knowledge of the human system with its structure and mechanism, and would, admittedly be a far more impressive and interesting and practical way, than when carried on through models and charts alone. Further, this part of the year i.e. winter, offers an added opportunity to the candidates, in as much as the season is characterised by a relative fall in the disease graph and by the corresponding rise in the Chart of individual and community health requiring a minimum of medical interference.

It goes without saying that the teaching should be organised in a manner to be imparted through the help of those who have established a teaching experience in the line and the fees should be so adjusted as to do justice to the candidates and the institutions as also the Faculty which volunteer their services for the cause and suffer the responsibilities attendant on such.

It should be always kept in mind that the intended Refresher course should be of a type which helps to create a confidence in the minds of the candidates in the matter of tackling the sick.

and would uncover wider channels of thinking and studies ; it should also be sufficiently convincing to the people and the Government that there is a genuine endeavour on the part of the Faculty and the trainees to teach and learn in right earnest and the registration by the Faculty is no mockery and show.

We have no doubt, the Faculty is alert to these problems of the unregistered practitioners and their setting up a Syllabus Committee for drawing up a plan, speaks of the proper way they are proceeding in the matter.

—S. D. SIRCAR

Address delivered

BY

Dr. N. M. Jaisoorya M. D, (Berlin)

CHAIRMAN, SCIENTIFIC SESSION OF

THE 5TH ANDHRA PRADESH HOMOEOPATHIC CONFERENCE.

Colleagues,

At this present session, we are supposed to discuss scientific papers and the scientific aspect of Homœopathy. You will find the word "Research" frequently being mentioned and learnedly bandied about by people who know nothing or very little, if at all, as to the scope and meaning of the word "Research" as applied to the phenomena of Life. You will especially find the Health Ministry at Delhi, perhaps the stupidest and most reactionary of all Health Ministries to be found anywhere on the face of this earth, solemnly insisting that Homœopathy, Ayurveda and Unani should undertake research in their sciences. It sounds so very wonderful, so learned, so serious and so solemn. Actually they would say, no one should have any objection to such a laudable idea. They even offer to give any homœopathic institution the magnificent sum of Rs. 20,000 to undertake research work. There are some institutions that have actually drawn up elaborate schemes of "research" and there are even institutions, that

don't exist except on paper, that have presented learned experimental programmes and taken the money and asked for more.

In the minds of the allopathically oriented Health Ministry they imagine that experiments will be carried on rats, cats, guinea pigs, canaries, monkeys and even pigs, any animal they can catch hold of. So every year hundreds and thousands of animals are slaughtered and lessons are drawn from what they observe there and then they try to draw conclusions as regards man and his biological responses. What the learned, but highly ignorant medical experts of the Health Ministries have failed to tell their Ministers is that Human tuberculosis, that comes in the clinic, is totally different from animal experimental tuberculosis; that Human leprosy is not the same as rat leprosy, or even Human meningitis is not the same as that created experimentally in animals. Nor is human diabetes equal to Hussays animals, or Claude Bernard's sugar puncture. In fact these gentlemen in India are still clinging to 19th Century concepts because their British masters are about the most backward exponents of Medicine in Europe. Even little Denmark and Holland is superior. Now let us examine, when is research absolutely necessary and in what directions and for what and in what. First, is it not surprising that the so called "Modern Medicine" of the Allopaths has still no law to cover their vast knowledge. It is not I who am making this accusation. This comes from their own top men who are world authorities in Allopathy, unlike our medical benias here who practice medicine as a lucrative profession and call themselves members of the Scientific Medical profession. Only yesterday Nehru and Radha Krishnan, inaugurating the Academy of Indian Medicine and the 25th anniversary of the Indian Council of Medical Research deplored the fact that Indian Medical men have contributed almost nothing to the science of medicine on an international standard. This is nothing new or surprising. We have been saying that for the past 25 years and no one listened to it and today even less. Because they are out today to save their skins in the forthcoming elections and not one of them has any time either to look at realities or do anything constructive. Granted that Ministers are lay people and

should be guided by their experts, the tragedy in this country is that their so-called experts are to a major extent career-hunters and money makers and not scientists taking stock of the vast changing problems of medicine in a rapidly changing socio-economic environment. The tragedy is that Ministers have to listen and sometimes run like frightened children to listen to the counsels of the career-hunter 'scientists.' I think the time has come to openly call spades-spades. I shall presently give you a few examples that should suffice to support my accusations against this corrupt and conscienceless medical officialdom. No doubt I am in a temper. I have every right to get enraged when I witness daylight robbery and fraud and perjury.

You will remember that less than a year ago the Central Government formed a body of "Experts" to inquire into the causes of the frequent outbreak of Cholera and Small pox in India. The learned body duly sat and gave its learned opinion. What? Inoculate and vaccinate man, woman, and child and all the wice and anything and everything coming within their sight. As a sardonic reply Mother Nature let loose the most serious epidemics of Cholera and Small pox, almost simultaneously at far-separated places like Allahabad and Patna, Bihar Sheriff and Calcutta, Nagpur and Gujarat. Within living memory there never was such a raging epidemic and outbreak. As usual, and typical of Indian mentality, the stable door was ostentatiously closed after the horse had bolted and V. I. Ps. sent their condolences after the corpses were turned to dust. Did our learned frauds draw any lesson from that? Don't you believe it. There was a sudden epidemic of Polio-myelitis in Coastal Andhra recently. Quite a few babies died or got paralysis as a result of that. The brilliant Director of Medical Services of this Andhra Pradesh, according to Press reports, blindly said that Polio-myelitis was a disease due to poverty. On the contrary the world authority, Rene Dobos, of the Rockefeller Medical Research Centre, New York, has definitely stated that Polio-myelitis effects mainly over-protected children of the wealthier classes. But our local Director talked a lot of rot and got away with it because he has the protection of V. I. Ps at the Centre,

and almost complete immunity here. The fact is "The world is obsessed, naturally so by the fact that polio—myelitis can kill and claim several thousand unfortunate victims every year. But more extraordinary, though less dramatic is the fact that million upon millions of young people become infected by polio-myelitis all over the world, yet suffer no harm from that infection (Dubos, P. 64).

With regard to Cholera, the same authority says :

"There is still Mystery concerning the circumstances which transform Cholera from a minor nuisance of the Bazaar into a raging pestilence or concerning the factors which bring about the spontaneous termination of catastrophic outbreaks. Cholera can be treated successfully merely by replacing lost fluid and electrolyte, without any serum or anti microbial drug to combat the infection. Thus the mechanisms which increase permeability of the gut might be regarded as the real cause of the disease since they account for the symptomatology and since treatment of the effects usually results in cure" P. 91.

With regard to small-pox epidemics the Govt. of India's own reports Vol. 19, long ago had started that these epidemics come and go, have their own cycle of intensity, and ten years of intensive small-pox inoculations had practically no effect on the course of the epidemic.

See page 209

RESOLUTIONS

PASSED UNANIMOUSLY AT THE 5TH ANDHRA
PRADESH HOMOEOPATHIC MEDICAL CONFERENCE,

Held at Rajahmundry, on 25.12.1961

1. This Association places on record its deep sence of sorrow at the sudden demise of Dr. D. N. Chatterje, a pioneer Homoeopath of Calcutta and prays God to grant peace to the departed soul.
2. This association regrets to place on record, the deliberate ambiguous attitude to the Government of Andhra Pradesh or its officials which it has consistently noticed in matters relating to

RESOLUTIONS

Homoeopathy or advancement of the Cause of Homoeopathy in general. Funds allotted to Homoeopathy are allowed to lapse year after year. Proposals submitted by the Association at the Government's own request for opening up new Homoeopathic Hospitals and dispensaries are shelved, and not implemented. For instance, a 10 bedded Homoeopathic Hospital at Hyderabad, which has long been accepted by the Government and for which purchases of equipment for Hospital have already been made, has been shelved for reasons un-known. Times do not appear to move at all in matters pertaining to Homoeopathy. This state of affairs is most unsatisfactory and places the Homoeopathic system at a disadvantage as compared with Unani, Ayurvedic and Allopathic systems of medicine. The Government are, therefore, requested to lay down their policy relating to Homoeopathy frankly and without any reservations before the general public.

3. With regard to the registration of Practitioners, it was resolved to request the Government to place in 'A' class category all the institutionally trained Homoeopaths and those non-institutionally trained ones who have got a standing practice of 10 years and other existing practitioners in 'B' class, with a provision for promotion from 'B' Class to 'A' Class practitioner after passing an examination conducted by the Board.

4. Resolved to request the Government to accord the Homoeopathic Registered Practitioners the privileges that are given to the Registered Medical Practitioners of the modern system of medicine.

5. Resolved to request the Government to extend the time of registration of the existing practitioners till 31.3.1965, by which time, it is hoped that an adequate minimum number of institutionally trained Homoeopathic doctors are available.

6. The old Andhra Pradesh Homoeopathic Act is thoroughly unsatisfactory because of the existence of certain anomalies as between the various regions of Andhra Pradesh. A revised Act is, therefore, considered necessary. The Government is requested therefore, to amend the Act suitably including the salient features of the rules prevailing formerly in Telangana and other Andhra

Pradesh Regions. This Association recommends that there should be a provision in the Act facilitating 'B' class registered Homœopaths to upgrade themselves to 'A' Class by passing Government Examinations specified for such purpose or by undergoing a provisional short time course specified for the same.

7. The Government is also requested to expend the present Homœopathic Board by nominating at least 3 members of the Andhra Pradesh Homœopathic Association.

8. Resolved that the Government of Andhra Pradesh be requested to adopt the following courses of studies for Homœopathy :

- (i) Rural Practitioners' Course—2 years.
- (ii) Diploma Course and Elements of Surgery—3 years.
- (iii) Post-Diploma Course for 1½ years more (Corresponding to a Degree Course in Homœopathy).

9. This Conference is of the opinion that the Rules, Regulations, Syllabus, and curriculum of all State Homœopathic Boards in India should be uniform.

10. Resolved to request the Government of Andhra Pradesh and the Board of Homœopathy, to please give 4 more centres for examination for the provisionally registered 'B' Class Homœopaths at Rajahmundry, Vizagapatam, Bezwada and Guntakal.

11. Resolved to request the Government and the Board of Homœopathy, to register all the applications of those who have got other professions, without insisting them to produce "No objection" certificates from their employers as it is not mentioned in the Act. After getting themselves registered, they will obtain them from their employers, if necessary, to practise this system of medicine as a profession or as a hobby, in confirmation with the Service and Conduct Rules of their respective services. This can be done by deleting the clauses No. 2 and No. 4 of the application form for registration.

12. This Conference notes with appreciation the good work that Sri G. Subbaraju has done with regard to homœopathic provings of Penicillium Notatum and recommends that the generous public and the Government come forward to assist him financially in the matter of research which he has been conducting for the last few years.

CARDIO-VASCULAR DISEASE*

GARTH W. BOERICKE, M. D.

Philadelphia, Pennsylvania

The heart, possibly more than any other organ, is the object of so-called direct medication and yet the organic lesions amenable to such measures are not nearly so frequent as other symptom syndromes.

Symptoms relating to the precordial region usually send the patient scurrying to his physician who may have the good judgment to evaluate them properly and, if this is so, but rarely does he resort to a true cardiac drug, by which we mean one which has a tissue proclivity for this organ. The numerous extraneous factors which may temporarily make one heart conscious need to be considered and, if we treat properly by endeavoring to remove the cause, we treat not the heart but all of these factors. This is particularly true of private practice where such cases are seen much sooner than in the hospital wards and hence homœopathic medication is more applicable, as it is in all cases where frank decompensation is not the rule. It is such a conception that justifies the homœopathic treatment of heart diseases. It is really an indirect or constitutional approach to the cardiac trouble. It accounts also for the rather formidable list of homœopathic drugs that relate to this field and further answers the pharmacological objection that but few of our homœopathic drugs really affect the heart. They may not affect the heart itself directly, but they accomplish their end by other physiological adjustments. This is especially true of the senile heart.

To plunge immediately into our subject, we might ask first what is myocarditis, or better yet, "chronic myocarditis"? There is no more common diagnosis and to our mind it conveys little. In the first place "itis" conveys the idea of inflammation, as this

* Prepared for the Bureau of Clinical Medicine, 116th Anniversary Meeting, A.I.H., Skytop, Pa., July 1, 1960.

syllable does on any medical term. But whereas nephritis, arthritis, neuritis, etc., are true inflammations with varying degrees of the classical dolor, rubor, tumor and calor, no such conception is justifiable when applied to the myocardium. There is no inflammation. There is very slight fibrosis or fatty change demonstrable at the autopsy table in cases dying of this diagnosis. The facts are that what we mean by myocarditis is simply myocardial exhaustion and differs little from exhaustion anywhere else, no matter what the tissue.

Recently, it has become fashionable to speak of a "myocardosis" to convey what we mean by a chronic myocarditis. The condition of myocardosis results from the effect of prolonged toxemia, syphilis, diphtheria and chronic streptococcic infection on the muscle fibers of the heart leading to their degeneration and infiltration. This term is analagous to nephrosis, the term used to signify a degeneration in contradistinction to an inflammatory lesion of the kidneys.

A heart fails when it is dynamically unable to nourish itself and remove waste products. The contractions become more and more feeble as it is less able to remove CO₂ and lactic acid and finally it fails. If one follows the case clinically and at the autopsy table, one is constantly impressed at the rareness with which physical signs are borne out by the postmortem findings and vice versa. All this seems to justify a broad view of cardiac therapeutics and agents, such as our homoeopathic drugs, which effect adjustment when adjustment is needed, may be the best remedial tools.

By the time that dyspnoea and edema make their appearance there is usually ample physical evidence of heart disease and in these cases, in our opinion, Homoeopathy plays a relatively minor part. Before these signs become manifest, however, we may look for the cause in any or all of four main factors.

First, there is the heart itself, which may be so handicapped by valvular lesions that its reserve power is non-existent.

The peripheral resistance is next and here we mean only the capillary system. Large arteries even though thoroughly calcified exert slight strain on the heart and the radial artery is no

guide to this state. It is an arteriolosclerosis, not an arteriosclerosis. The arteries in the brain, portal system, and kidneys are the worst offenders, as resistance goes up according to the inverse square of the tubes' diameter. This is the formal cause of hypertension—capillary spasm—but just what causes this condition to exist in an individual no one has discovered, although, as usual, theories abound.

The third factor of cardiac failure is the viscosity of the blood, since in certain conditions, such as increase of CO₂, it is much increased and obviously a heavy fluid takes more power to push than a light one. We draw the conclusion that, if we can lessen this viscosity by constitutional medication, this would be the rational way to treat a heart so embarrassed. Drugs like *Sulphur*, *Lycopodium* and *Calcarea* may bring this change about if prescribed carefully on constitutional grounds. Hence the rational use of O₂.

The last factor is likewise extra cardiac: the return or venous circulation may be impeded. Long-standing emphysema, old T. B. lesions, chronic bronchitis, all these retard the action of the accessory muscles of respiration and hence prevent an adequate amount of blood being delivered to the heart. Obviously, a heart cannot pump blood which it does not get. And so homoeopathically, we may best aid the heart by trying to modify the pulmonary process. In other words, it may not be a cardiac drug at all we use, but one such as *Phosphorus*, *Antimonium arsenicosum*, *Carbo vegetabilis* or *Grindelia robusta*.

Rest, diet, and physiological unloading are indicated, but I have found that after such measures there are often annoying subjective symptoms which are properly controlled by a homoeopathic prescription. One such case was that of a butcher with a typical hypertensive decompensating heart with extensive edema. Following his unloading, he still complained of a shocking sensation at night and on waking up. *Lachesis* removed this last of his complaints and he was discharged until such time as he would decompensate himself again.

The moderately decompensated hearts without disturbance of the cardiac rhythm and usually with subjective symptoms of pain, palpitation, etc. are true homoeopathic candidates.

SYMPTOMATIC INDICATIONS

Antimonium arsenicosum—To be used where the clinician feels that the patient's complaints come more from an emphysema and pulmonary sclerosis than from myocardial disease. Weakness and strangling cough are often marked; senile cases.

Arnica—Chiefly to aid in promoting fibrosis following an infarction; also following infections whose toxins have injured the myocardium. Stasis and relaxed blood vessels. Symptomatically the patient often complains of sore, bruised feeling, particularly over the precordium. Pain referred especially to the elbow and left arm. Anemia, debility, sweat, and occasional temperature. Skin is apt to be dry and scaly, a tubercular diathesis with cardiac complications best expresses its field. Junkerman—: "best in essential hypertension."

Baryta carbonica—General degenerative processes, particularly affecting the cerebral and cardiovascular syndrome, often accompanied by enlarged prostate; intensive sweating, particularly the feet. Distension of blood vessels, aneurism with threatened sequelae of rupture follow. Causes contraction of the blood vessels and hence is suitable to hypertension. *Secale, Hydrastis, Cactus* and *Plumbum*.

Cactus—The cactina pellets provide accurate dosage as one pellet equals one grain. Mentally, the *Cactus* patient is rather sad and melancholy. The coronary syndrome is marked with constriction and localized pain. Senile cardiacs of this type do well under the drug for long periods of time and it can be advantageously alternated with maintenance doses of digitalis.

Carbo vegetabilis—A chronic anoxæmic state is pictured by this drug. Suits particularly the obese cardiac whose veins are dilated and circulation poor. People who have never fully recovered from the effects of some previous infection, usually of the respiratory tract. Respiratory and cardiac symptoms are mixed, but the voice fails on the slightest exertion, the usual symptoms of cardiac decompensation are present. The *Carbo* patient needs air and is apt to be found fanning himself.

CARDIO-VASCULAR DISEASE

Carduus marianus—Suitable to cases of either cardiac or hepatic cirrhosis. Dilatation of the veins is prominent; varicosities; chronic engorgement. It is not the heart so much in this drug as the lack of returned blood supply. Varicose ulcers are usually present. Liver is usually sensitive and enlarged.

Crataegus—One of the most useful of our homoeopathic drugs for the heart. It is used in tincture and often combined with *Cactus* for long-time cardiac therapy. Experimentally, it has been shown to lower blood pressure and is suitable to the early stages where the blood pressure is still fluctuating. Drug contains large quantities of Vitamin C. The effects are on the muscle and not on the endocardium. Senile heart with dyspnoea on slight exertion. Following infections patients are benefitted by this drug. Increased dyspnoea without necessarily increased pulse rate rather indicate *Crataegus* clinically. Flabby or monotone heart sounds; weak but not irregular pulse is present. As a rule there is no anginoid pain with *Crataegus*.

Iberis—One of our best homoeopathic cardiac drugs. State of nervous excitement, easy palpitation, marked consciousness of heart action. Dizziness; choking; stitching pains in the precordial region. The usual sensations are weight and pressure and occasional sharp pains. Suits the thyroid type of cardiac case. Drug seems particularly helpful for asthenia following an infection such as influenza. Early symptoms of left ventricular failure where we ordinarily give *Digitalis* have been benefitted by *Iberis*.

Plumbum metallicum—Presents a picture of general arteriosclerosis, often with paresis of single muscles such as those of the extremities and legs. Patient is apt to be definitely anemic and mentally exhibits slow perception and cerebral anemia. Essential hypotension in the early decompensated stage with marked frequency of urination especially at night. The cardiac field is one of degeneration usually seen in these patients.

Lilium tigrinum—Might be described as a *Sepia* patient with *Cactus* heart symptoms in that it has a sensation as if the heart were grasped in a vice, feeling of fullness and pulsation together with palpitation and rather constant pain in the cardiac region.

Special symptoms, such as a feeling of coldness around the precordia and a rather profound depression mentally, characterize this drug.

Kalmia Latifolia—This drug is quite toxic to lower animals such as frogs, mice, and rabbits. On dogs, injection of the extract produces a marked fall of blood pressure with cardiac slowing. Changes of conductivity were first evident progressively in the P-R intervals followed by partial heart block. It seems to have a direct effect on the smooth muscles. In our provings it is remarkable how many rheumatic pains seem to be experienced by the provers. These are felt especially in the shoulder, elbow and wrist, and that it seems homoeopathic to rheumatic fever is evidenced from the experiments on animals and provings. Precordial pain of *Kalmia* is rather constant and dull, rather than sharp and intermittent as under *Spigelia*.

Spigelia—This comes to us from Hahnemann and is, therefore, one of our best-proved cardiac drugs and has stood the test of time. Among the symptoms are persistent headaches, usually frontal in nature, and invariably aggravated by stooping. The presence of fine needle-like pains are a keynote, may be felt in any part of the body and are usually more left-sided over the precordial region and distribution of the fifth nerve. Overaction of the heart as evidenced by palpitation is also seen. I have had most success with this drug in straight coronary syndrome with the usual modalities of aggravation from cold, eating, motion, and exercise. The potency used has been the 3X.

Grindelia—This drug, though not properly a cardiac drug, often helps symptoms due to pulmonary sclerosis: wheezing cough, strangling respiration, and symptoms that resemble left ventricular failure, but are due to extra cardiac causes.

Lastly remember the great vitality of the heart in old people. A heart which has lasted for 70 or 80 years must be good—so do not burn it out with physiological medication or be panicked by temporary irregularities or dyspnea attacks.

—*Journal of the American Institute of Homœopathy*

THE NOSODES IN HOMOEOTHERAPEUTICS*

BENJAMIN GOLDBERG, M. D.

Cincinnati, Ohio

It may be aptly said of the nosodes that they have the unusual distinction of being the most abused, unused and misused of all the remedies in the homoeopathic materia medica. Some physicians use them routinely, others use them rarely or not at all. Whether one practices Homoeopathy or Isopathy by employing these remedies is beside the point; for all practical purposes they are one and the same thing.

This paper will concern itself with a short history of the various nosodes, their early use by homoeopaths and their relationship to the modern use of vaccines, sera and other similar measures used in general therapeutics and prophylaxis.

This very interesting and very useful class of remedies is defined by Deway as "a morbid product of disease, when employed as remedies." The word "nosode" comes from the Greek word "nosos," which means disease. Some insist that the nosodes be prescribed on definite indications only, like any other remedy, regardless of pathology, etiology or circumstance. Others plead that they have a definite field of usefulness in prophylaxis, as can be seen in some case reports of the old prescribers. H. C. Allen in his *Keynotes* says of *Diphtherinum*, "the author has used *Diphtherinum* for 25 years as a prophylactic in diphtheria and has never known a second case to occur in the family after it had been administered. The profession is asked to put it to the test and publish the failure to the world." In this latter respect they approach in theory the use of vaccines as employed by the non-homoeopathic school. In this branch of therapy, the schools of medicine approach each other closer than in any other respect and meet on common ground.

Nosodes may be of vegetable, animal or human origin. They have a long and interesting history. In 1830 Hering proposed

* Read before the Bureau of Public Health, Social Hygiene, Preventive and Industrial Medicine 116th Anniversary Meeting, A.I.H., Skytop, Pa., June 27, 1960.

the use of saliva of a rabid dog as a remedy for hydrophobia. He also used the variolus pustule from smallpox which subsequently came into general use by vaccination. In 1882 Pasteur published his first communication on rabies, Four years previous to Koch's work on *Tuberculin*; Hering, Swan and Biegler used *Bacillinum* and *Tuberculinum*. *Bacillinum* is a trituration of a tubercular lung; *Tuberculinum* is a trituration from the sputum of tubercular patients.

Dr. J. Compton Burnett² published *A Cure for Consumption* several years before Koch's experiment with *Tuberculin* and observed results following the use of a preparation which he called *Bacillinum*. Koch used a lymph, which was an extract in glycerine of dead tubercular bacilli. In this connection, in regard to the *Tuberculin*, Park and Williams³ have the following to say, "The Tuberculins have not fulfilled the hope that Koch had for them. However, the diagnostic use of *Tuberculin* is of very great value." It can be safely said that the above quotation does not apply to our own *Tuberculinum* as brought out by Swan in 1879. This fact may be explained possibly by the vast difference in their forms or preparation. *Bacillinum* is a compound natural infection, our *Tuberculinum* is a trituration from a tubercular abscess, while *Tuberculin*, (Koch's lymph), is a product of laboratory experiment. The presence of Koch's bacillus in both specimens of *Tuberculin* and *Tuberculinum* gives no excuse for confounding them. In my opinion there are, from a homoeopathic point of view, distinct differences among the *Bacillinum* of Heath and Burnett, Koch's lymph and the *Tuberculinum* of Swan.

The original Koch's lymph has had an interesting clinical history. While Koch attempted to cure tuberculosis with his lymph, with disastrous results, the homoeopath has achieved remarkable cures with the same preparation in another great scourge, namely, pneumonia. Within a few weeks after Koch's reports on the use of O.T. the most enthusiastic and encouraging reports came from scores of prominent physicians and large hospitals and within a few months volumes had been written on this subject. A new journal, devoted exclusively to the treatment

by the great Koch and his many eminent admirers and devoted followers. It was not long, however, before the glowing accounts of the results of the new treatment of tuberculosis came at longer intervals and in a more moderate tone. Later, case reports were inserted from different parts of the world in which it proved a complete failure, and in a not inconsiderable number of cases it was charged with having caused a speedy and fatal termination of the patient. Then came the timely warning of the veteran pathologist, Virchow, who showed by numerous post mortem examinations of patients who died under this treatment that death was caused by dissemination of the disease from a local focus, acted upon by the lymph. Soon medical societies acted to condemn its use and some local governments were moved to restrain its further application by legal enactments. Enough time has now elapsed to judge the merits of the treatment of tuberculosis by Koch's lymph or, as it was later called, *Tuberculin* or O. T. It has been put to test in the treatment of all forms of tuberculosis and the result: a dismal failure. But to this day, the *Tuberculin* of Koch is used by homoeopaths in pneumonias, and in pulmonary congestion in tuberculous patients.

Continued

Continued from page 198

Things have not changed a whit despite learned meeting of learned Government experts, and next time these Gentlemen want to say anything, they should tell their yarns to the poodles and the Great Danes and the Marines. We have absolutely no use for the experts of the Govt. of India.

So what can they teach us about research, these very people that have as yet no guiding law of therapeutics. Their own top man Speransky, the most eminent researcher in Pathology of diseases says:

"Medicine as yet has no theory. The genuinely scientific study of medical theory began only recently. It must be frankly admitted that contemporary medicine does not owe its successes in the sphere of treatment to science alone. Several of

its methods and procedures rest on empiricism or even on chance. Only in the sphere of infection, of mechanical therapy and of hygienic are its achievements connected with a really scientific analysis of the phenomena. For the rest anarchy prevails, here and there connected by separate facts and partial comparisons. We have an infinite number of medical theories, but we have not had and do not have a theory of medicine, a theory capable of embracing all the data and directing them into channels where they can be most actively utilised."

"The position of medicine, aiming actively at interfering in the course of pathological processes and directing them in a channel determined on before hand, seems to have been rendered very difficult."

"Nevertheless we know that medicine does treat, and frequently treats very well, diseases about which it not only does not know everything, but hardly knows anything at all. Such for instance, rheumatism, many skin diseases, nervous diseases, so called "constitutional illness etc."

And to add to it all, "Despite frantic efforts, the cause of cancer, arterio-sclerosis, of mental disorders and of other great medical problems of our times remain undiscovered." (Dubos)

"It is generally assumed that these failures are due to technical difficulties and that the cause of all diseases can be found in due time by bringing the big guns to bear on the problems. In reality, however, search for the cause may be a hopeless pursuit, because most of the disease states are the indirect outcome of a constellation of circumstances rather than the direct outcome of single determinant factors".

(Betrallanffy, Buytendiejk Woodger, Dingler, Haldane, V. Hansemar, V. Bergmann, Bier, Gold-scheider, Koetschau etc.)

I can go on for hours telling you about the lack of science in Allopathy and their arrogant ignorance. Suffice it to say, that we have the right to go our own way, to decide what we shall consider as scientific research and what we shall think of doing. It certainly is not going to be what the stupid Government Health Ministries want us to do. We are neither sycophants nor beggars, and much less do we carry favours of Government Departments.

What then is our concept of the scientific?

Hahnemann has given us a theory of medicine. It is known as Homoeopathic Philosophy. Right or wrong, it has been the sheet anchor of all homoeopathic practice for over 150 years. For 150 years homoeopaths have been highly successful applying the laws laid down by Hahnemann and Hering and therefore we must assume that Homoeopathy has certain definite laws of therapeutic action which the allopaths still have not got as recently admitted by their great authority Dubos, when he wrote "Even today, there is still no really valid scientific theory of drug action in modern medicine. This surely is very disappointing when we consider that so called Modern Medicine has had a hundred and fifty years of pharmacology, has produced over a million patent drugs and preparations with complex formulae and constitutions, not one of which is entirely efficacious for any of the diseases beginning with 'A' and ending up with 'Z' as any text book will show. Even their much vaunted anti-biotics are grave dangers, since "Treatment with anti-biotics not uncommonly creates a new disease while curing the one for which it is intended." And finally for the much vaunted scientific modern medicine "In practice the drugs discovered either by accident or through a semi-rational approach must be tested by trial and error in order to establish their therapeutic value. **This clumsy and costly way will remain the only one available until a really scientific and valid theory of drug Action becomes available** (Dubos, P. 132)

Imagine a science without basic general laws. Imagine a pharmacology without a single law of drug action. The strange part is that allopaths themselves have discovered certain laws governing drug action. We have the Arodtschul rule, the Sueppe Law, the Danielopolu-Wildor Law, the Rentz-Koetschau law of phasic effects, all related to pharmacology all discovered by allopaths and not by homoeopaths, and yet the allopaths dare not accept them because they vindicate and substantiate homoeopathic laws of drug action and it would bring the mighty allopathic edifice tumbling down like a house of sand and nothing would be left of the gigantic manufacturing firms with a millions invested to produce multi-coloured drugs. Indeed the

situation in bacteriology is so chaotic that long ago the Nestors of Bacteriology, Lehmann, and Naumann wrote in the introduction to their famous Atlas of Bacteriology that it was no longer possible to classify bacteria, but if they did not do so they would not know how to teach. The point is that we have a Hahnemannian law proved correct by modern allopathic pharmacologists themselves and the allopaths dare not accept their own scientists and therefore must wander in the dark keeping the rest of the world also in the dark.

Secondly any scientist must take into consideration the economic condition of his country and his people. Not only the conscienceless officials but also this Government has never paid attention to the fact that India as well as the other underdeveloped colonial and semi-colonial countries must learn to evolve ways and means by which they achieve at the cost of one rupee that which wealthier countries achieve at the cost of seven rupees. Thus the rotting bureaucracy, brought up as they were as stooges and bootlickers of the British, even if a few among them are men of great integrity and moral worth, can never be able to do and this country will have to suffer for the stupidity of this present Government in being unable to face economic realities and facts. That is why the Plans have been such a colossal failure, no matter how much Nehru may praise them. He often does not know what he is talking even if Nehru indiscriminately praises them, as observed by professor Bermal. The only good thing about Nehru is that he is sincere and his instincts are correct, but his logic and knowledge of facts are not. For instance he recognised long ago the need for a shorter course of medical training to produce more medical men to go into the villages, but the crusty old birds at the Universities fell upon him like a pack of wild wolves to tear him to pieces although very recently a notable expert like Sanjeevi has advocated a three and half year course for Allopathy. Such is the state of our intellectuals in this country.

Well, if research has to be done, we had better do research in developing and finding cheaper and cheaper drugs, because it is obvious that starving people cannot bring up a high standard of life nor the money nor the expenses for expensive drugs

and treatment which is the *sine que non* of Allopathy and Modern Medicine. We had better study ways and means to reach effectively and cheaply the poverty stricken masses which now our Governments admit, cannot be reached so easily by their organisations. There are hospitals and dispensaries without doctors, and there are qualified doctors starving in the towns because they are useless in the villages. The method of their training has made them useless for the village. Now let the Government, do some research in that, namely, why their graduates are useless for the villages and can and will never go to the villages.

So let us not waste our time talking about further research. We shall be more and more scientific the more deeply and devotedly we study our more than adequate pharmacopoea and correctly understand Hahnemann's philosophy. Anything, however, wonderful it may be, is no used to me if it is not cheap and meant for the masses. For a long to come none of these expensive things can reach the villages and are therefore as good as non-existent as far as I am concerned. We shall be scientific if we succeed in effectively serving the masses with the cheapest of drugs and curing them better than the expensive allopaths with all the facilities they have which we have been consistently denied.

So my friends, we have plenty to think over, even if we can hardly expect our useless Government to consider the points I have raised. May be another Government, near to the problems of the people, if it ever comes to power, may agree to go along with us. (Reproduced)

NEWS & VIEWS

OFFICE OF THE GENERAL COUNCIL & STATE
FACULTY OF HOMOEOPATHIC MEDICINE, WEST BENGAL
1B, Old Post Office Street, Calcutta-1

NOTIFICATION

It is hereby notified that this Council will hold another T. C. (D.M.S.) Examination in the month of June, 1962. Any registered

Homœopathic practitioner of this Council may apply for appearing at the said examination quoting his registered number on or before 31. 3. 62.

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ANDHRA PRADESH HOMOEOPATHIC ASSOCIATION

The following resolution has been passed from the Chair to commemorate the memory of late Dr. D. N. Chatterjee, a well known Homœopath of Calcutta.

“Resolved to co-operate with the General Council and State Faculty of Homœopathic Medicine, West Bengal, to commemorate the memorial of Late Dr. D. N. Chatterjee on an All India level”

Moved by Dr. N. M. Jaisoorya, M.D. *President*
Seconded by Dr. B. V. Raman. *General Secretary*

—:—

M. P. GOVT. URGED TO START HOMOEOPATHIC HOSPITAL

Dr. Yudhvair Singh's Convocation Address

The Madhya Pradesh Chief Minister, Dr. K. N. Katju, today advised young homœopaths to take their profession in a spirit of service. That would bring them prosperity as also lead to the welfare of the society.

Dr. Katju, who was presiding over the Convocation of the Madhya Pradesh Board of Homœopathic and Biochemic Medicine described the medical profession as a noble and intellectual one and said that those who had passed out would do well if they were true to the profession.

23 students including six girls were awarded diplomas on the occasion. Mr. Shyama Charan Choubey was awarded the Dr. Sen medal for having obtained the first place in order of merit.

Dr. Yudhvair Singh, Chairmrn of the State Homœopathic Board Delhi, delivering the Convocation address, told the recep-

ents of diplomas to take to their profession in a missionary spirit.

Dr. Singh asked the State Government to start a Homœopathic hospital at a suitable place in Madhya Pradesh so that students of Homœopathy could get practical training under experienced doctors.

—:—

LATE DR. N. N. DAS

Dr. N. N. Das, M. Sc., M. B. B. S. a notable Neurologist of Calcutta suddenly died at Benares of Thrombosis on 23rd. January '62 at the age of 66. He was a great lover of Homœopathy. It may be stated here that Dr. J. Fallex and Madame Fallex of Paris who visited Calcutta were the honoured guests of Dr. Das. We pray to God to rest the departed noble soul in peace.

LATE DR. SAILENDRANTH GHOSH

Dr. Sailendranath Ghosh a Homœopath and a well known Journalist who was a Sub-Editor of Daily LOK-SEVAK, a vernacular daily of Calcutta, died at his residence in Calcutta on thursday the 8th February 1962. He was Sixty at the time of his death. He took keen interest for the cause of Homœopathy in our country. He was associated with the International Hahnemannian Society of India for a pretty long time. We mourn his death and pray to God to rest his noble soul in peace.

TRIBUTE

TO

Dr. D. N. CHATTERJEE, M.D.C.H.

(In memory of the virtues inherent in his name and actions)

by

Dr. P. S. Kamthan, H.M.B.S., D.Sc., F.N.F.U., Mainpuri U.P.

- D—dedicated to the development of the doctrine.
- N—never neglected new notions.
- C—created conditions to co-opt and co-operate.
- H—honoured homœopathy by heralding hymns of healing.
- A—asserted attainment by authority and argument.
- T—turned the task of thorny tests into trifles.
- T—traced and tracked the therapy of the time to treat temperamentally.
- E—exhibited, explained and exhorted the empty-minded his experiences and experiments.
- R—rose to the rank of rise and reputation.
- J—justified and journalised a juvenile, if just.
- E—exposed and eradicated evils and errors.
- E—established emporium and expired as educationist.

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FOUNDER-EDITOR : DR. D. N. CHATTERJEE

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PRESIDENTIAL SPEECH

of Dr. Yudhvir Singh,

Chairman, Board of Homœopathic System of Medicine, Delhi
 at the Homœopathic Conference, Purulia (West Bengal).

How strange and tragic it is that the great personality in deference to the wishes of whom I accepted this great honour you have bestowed upon me, is not with us to-day. Dr. D. N. Chatterjee was a pillar of Homœopathy not only in Bengal, but all over India. I was his admirer since about 1932-33, but after 1956 when I came in personal contact with him, I began to adore him on account of his Godly qualities. Those who came in his close contact, will agree with me when I say that he was a 'Deota'. Friend of all, servant of the poor and an ardent lover of his country, this great Homœopath was not only loved by thousands of his grateful patients cured of their serious and so-called incurable diseases, but also by those with whom he worked or those who worked under him. It is only seldom that so many qualities are imbibed in one man. Dr. Chatterjee's loss is not only his family's loss, but a great loss to the Homœopathic world as well as thousands of his admirers and friends. I never thought for a moment that last month my meeting with him would be the last of my life.

2. Gentlemen: To-day we are gathering in this Conference under the shadow of this great and irreparable loss of ours. But what can not be cured has to be endured. No doubt, Dr. Chatterjee's absence to-day has shocked us all and we are simply confused and puzzled, but this very fact has enhanced our responsibility and put on our shoulders the great burden which

Dr. Chatterjee's strong shoulders could have borne all alone. However, we all should put our hands and heads together and find out solution of the different problems which are facing us and our science of Homoeopathy in Bengal as well as all over India. Nothing will please the soul of the departed except our joining hands and gathering under one banner to serve the cause of Homoeopathy.

3. Friends: I thank you from the bottom of my heart for this great honour which you have bestowed upon me by electing me the President of this Conference. I cannot say whether I shall be able to do justice to my job and vindicate the confidence you have reposed in me. In fact, far from Bengal, I am little acquainted with your local problems and this least suited me for this task.

4. Bengal is the Indian cradle of Homoeopathy. Shri Rajendra Lal Dutt, Dr. M. L. Sarkar, Dr. Bhaduri, Dr. Yunan and so many stalwarts of Homoeopathy made Bengal a place of pilgrimage for the Indian homoeopaths. I too have come to you as a pilgrim. You, Homoeopaths of Bengal, have the legacy of the great pioneers of Homoeopathy who shall ever remain immortal in the history of the development of Homoeopathy in India. You inherit a sound and deeper knowledge of this great science of Hahnemann. All the Indian homoeopaths look to you for guidance and lead and I hope you will not only here deal with your problems, but will also give a right lead to your brother-homoeopaths of this great country.

5. Friends: history of homoeopathy in India is of constant struggle, but ultimate victory. It started in the teeth of opposition, it was ridiculed and jeered at, nick-named and condemned but ultimately it converted the very persons who ridiculed and jeered at it. It has now at its credit thousands of lives saved, millions of ailments cured and thousands of millions of the sick relieved. But do you know how all this happened? Did the Government help Homoeopathy? No; it rather opposed it. Was financial help sought and received from the Western countries for the propagation of this Science just as it is received by

the Christian missionaries? Positively not, no such help was ever received.

You will find an Ishwar Chandra Vidyasagar here and a Rajendra Lal Dutt there having a few books and a chest of homoeopathic medicines, distributing medicines to the ailing poor. Gradually, they won the hearts of their poor patients on account of their selfless service. On the witness of those poor patients without any publicity or propaganda, the richest people of the society consulted these lay practitioners and got relief in their chronic ailments. Not only this but many of these lay homoeopaths were instrumental in converting many a highly qualified allopaths like Dr. Mohindra Lal Sarkar etc. The selfless service of the ailing patients was the real basis which won the battle for homoeopathy. Thus, we find that the success, inspite of opposition and lack of support from the Government, was chiefly due to the selfless of the earlier Homoeopaths.

Now times have changed, our country has won independence after a prolonged struggle and the Governments, provincial and central, have also changed. Most of the States have recognised Homoeopathy. Hospitals are run by State Governments like Bombay, U. P., Madhya Pradesh, Kerala etc. Recurring and non-recurring grants are given by governments and local bodies to the homoeopathic institutions. Now it is for us to make the best use of improved conditions, lose no opportunities and prove by our skill and spirit of service the efficacy, utility and advantage of our this new Art of Healing.

We are not against any medical science. Allopathy, Ayurved, Unani, Natureopathy all aim at the eradication of diseases. But all are not receiving the same patronage as Allopathy. We do not grudge that too, but we shall, of course, insist that equal opportunities should be provided to all these sciences for free growth and development and full advantage should be derived of the specialities of these different systems of medicines. It is said that Ayurved has the best treatment of 'Sprue'. I would like that opportunities should be provided to Vaidis to treat such cases admitted in the Government hospitals. Similarly, Homoeopaths Hakims Natureopaths should be appointed as Honorary

or paid specialists to treat particular medical cases in the present hospitals. Any prejudices against any medical science, what so ever, should not be allowed to stand in the way of referring any patient to a particular system of treatment.

Homoeopathy has stood the test of time. In this atomic age, it is not difficult to understand its scientific working. Above all the proof of the pudding is in its eating. Try and be convinced. Take a patient of Malaria. It is said that only quinine or its different preparations can cure it, but when with a dose of ARSENIC, LYCOPODIUM or NATRUM MUR, selected according to symptoms, a malaria patient is cured, why should one not be convinced of the dynamic power of the homoeopathic remedies. An allopath friend of mine once told me that though he had no faith in Homoeopathy, yet he had found one homoeopathic remedy useful and that was THUJA, for a dose of THUJA 1000 had cured persistent warts of his wife. There are so many THUJAS in Homoeopathy, but one has to try.

One may ask us why are we after Homoeopathy. Medical aid is being provided by Government hospitals and dispensaries. Why are we particularly pressing for Homoeopathy. The answer to it is very simple. In spite of the new inventions of Sulpha drugs, Anti-Biotics etc., and upto-date methods of diagnosis and treatment, the man-kind is suffering from diseases far more than ever. Why so? It is mainly due to the injudicious use of newly invented magic remedies, suppression of diseases, over-medication, loss of inherent resistance power in the patients due to paliative treatment and unnatural living. It is therefore in the interest of the suffering humanity that Homoeopathy should be brought in the fore-front for treatment of all the medical cases, because it neither suppressed diseases nor over-medicates nor tries paliatives and advocates natural living.

Thus, Homoeopathy has become the necessity for the good of the man-kind and its development has become desirable for the radical eradication of the diseases. Development of Homoeopathy requires efforts from the Homoeopaths themselves as well as patronage from the Governments. Though, the policy of the

Governments, as announced from time to time, is to patronise and encourage all the different systems of treatment, yet, in practice, still we find that there is great indifference towards other system of medicines except, allopathy. We do not grudge this patronage but at least equal opportunities should be provided to other systems also and the Health Departments of the governments manned prominently by allopaths should not grudge financial aid to the Homœopathic and Ayurvedic institutions. Even one tenth of what is spent on allopathy will give far better results, if provided for Homoeopathic and other systems of medicines. There should be no differential treatment in this respect and in respect of the status rights and privileges of qualified physicians of any system, whatsoever.

In this connection, I am extremely pained to draw your attention to a sinister move on behalf of some of our over-enthusiastic friends of the old school. Being jealous of the Homœopaths or Vaidis called as Doctors, they have urged that the use of the words "Doctor, Physician, Surgeon or even "Medical Practitioner" should be "restricted only to the allopaths who have recognised medical qualifications specified in the Indian Medical Council Act, 1950 and are registered with any State Medical Council. The Punjab Government last year introduced a bill to amend the Indian Medical Degrees Act, 1916 to enforce the above proposed restrictions. How ridiculous does it seem even to think of restricting the use of common words of a language like "Doctor, medical practitioner, etc" to some privileged class, but we find that there are certain top-most men who honestly believe that such a ban is justified. This is nothing but simple intoxication of power. No comments are needed against this selfish move. It is understood that the Central Government has also moved in this matter and is considering to make such amendments in the Act as to introduce these restrictions. I may only advise the Central and State Governments not to be misguided by the interested class of persons. Such discriminatory bans are of no consequence and can serve no useful purpose but to bring the Government into disrepute. No country in the world has ever thought imposing such restriction

against the use of common of dictionary. The Punjab Government has deferred consideration of this above mentioned bill and I hope better counsel will prevail and the idea will be abandoned altogether.

Friends, so much for the Government and I hope that the Governments will be well-advised to help to develop the science of Homoeopathy side by side with allopathy. But, please remember that Homoeopathy can make no real progress if we depend only on the government help. Much has to be done at our own level. I may remind you that the progress which Homoeopathy has so far made was due to a simple fact that homoeopaths did not take their practice as a profession or vocation, but they took it as a mission—a pure mission to heal the diseased and to cure the ailments. This missionary spirit of the earlier homoeopaths brought them success and reputation. Let us, therefore, be up and take up our work as a mission. At the very first, we shall have to organise ourselves as missionaries to heal the sick and quote the Master "curing the patients permanently, rapidly and gently by restoring their health". The medical aid has become so costly in our poor country that even the middle class people are deprived of it. We should organise ourselves not only for putting up our demands and first with the Government for them, but our organisation should be mainly aimed at serving the needy and the poor and to refresh our knowledge of the homoeopathic medical science by establishing research institutions, so that we may be better equipped to give a fight to the diseases with which human beings are suffering from. Our late lamented Dr. Chatterjee was trying to establish such a Research Centre and we shall be paying a real homage to him if we establish such an institution on an All India basis. We should have one Association on District level, one at the State level and one at the All India level. Every district association should have at least one dispensary to provide free homoeopathic treatment to the public and every State association should have at least one good Homoeopathic hospital. The India Homoeopathic Medical Association with which the names of Dr. Majumdar, Dr. Yunan and Dr. Chatterjee etc, are associated, should be

strengthened and every State should have a branch of it. We should not have many associations. Of course, we can have different departments of one and the same Association. If we thus unite and organise ourselves under one leadership to serve the sick, we shall find that our strength will be increased and our organisations will be well-respected not only by the public, but also by the Government. Through these organisations we should also arrange for better training for the 'would-be' homoeopaths, for that is an important item which we cannot overlook.

There has been much controversy about the period of training for Homoeopathy, but I think a four years' course after the High School Examination is quite sufficient for a homoeopathic physician to enable him to practise efficiently.

I shall like to draw your attention towards the most valuable words of our Master: "Physician is likewise a preserver of health, if he knows the things that deranged health and caused diseases." So we are preservers of health. We have not only to treat diseases, but prevent diseases. Prevention is said to be always better than cure. We should make organised efforts through our association to educate the public and prevent the occurrence of so many diseases most of which are the result of overmedication, injudicious use of drugs and our uncontrolled and unplanned mode of living, eating and sleeping etc.

Thus, friends! we have to play our own part well before asking others to play theirs. No one can debar us from serving the ailing poor countrymen of ours and this service and relief from diseases will not only make us and our science popular, but will also compel any authority, whatsoever, to shake off all the prejudices and take full advantage of this Art of Healing in their plans of medical relief. I, in the end, therefore, appeal to all the lovers of homoeopathy to stand united, face the difficulties put in our way, agitate for our legitimate rights, and also unite to serve the sick by establishing hospitals and dispensaries and training institutions for the 'would-be' homoeopaths. The oft-quoted saying that God helps those who help themselves is perfectly true. Help from the Government and the public

will not be lacking if we, with our united efforts, cure the poor and the rich alike of their ailments.

In the end, I thank you all for giving me a patient hearing and pray God that He may give us the necessary strength to faithfully serve the ailing humanity through this New Art of Healing.

Let Heavens might be our guide!

A TRIBUTE

By

DR. N.M. JAISOORYA M. D. (Berlin)
Hyderabad

I come home to get the most shocking and sudden news. I thought when I get home I should dictate a long letter telling Dr. Chatterjee all about my long illness and that my eyes are in a bad condition. Now I find that he has departed from us all with great suddenness. He was so indispensable and necessary for all of us. In Bengal he was my greatest friend. He was distantly related to my late Grandfather, Aghorenath Chattopadhyaya. I am unable to say anything much with my shattered health and my half-blind eyes. All I know is that we shall have to carry and struggle for Homoeopathy in the grand and courageous tradition that he always put before us. We shall not have an easy time. God only knows that I have escaped death during my long recent illness. It was probably because some of us must live to fulfil the work he has left behind so suddenly.

I am still an invalid—I still cannot work. But I cannot be prevented from going to Rajahmundry tonight, although I have just returned home, because Dr. Chatterjee's portrait is to be unveiled there on Sunday, tomorrow.

I cannot afford to be absent on such an occasion to do homage to our late great friend.

IF THE APPARENTLY SIMILAR REMEDY HAS FAILED, DOES IT INDICATE A FAILURE OF THE LAW OF SIMILARS?*

HORACE E. REED, M. D.

DOVER, OHIO

How many times have I sat back in my office chair at the end of a strenuous, full day and felt the wave of deep discouragement engulf me. Here I am, a firm believer in the efficacy of the Law of Similars, trained from youth up to make myself more efficient in the application of the Law. Yet, as I look back over the work of the day, it seems to me that the Law has apparently failed me so many times.

So many times a case presents itself that, on first glance, should be comparatively simple to work out and to relieve. But the patient returns time after time with the same sad story: no improvement! A not sufficient improvement to be worth nothing. Sometimes it seems strange to me that the patient is patient enough to return when results are so unrequiting. I try harder the next time, but apparently with little or no success. Is the Law of Similars really failing me or am I the failure?

After nearly forty years of this sort of experience, I have, through careful analysis of myself and of my work, and the work of others, come to one positive point: the homoeopathic Law of Similars has not failed. True, we have not obtained the results many times that we had hoped for, but the failure is not on the part of Homoeopathy. Where, then, lies the failure?

Let us study a little and see if we can determine some of the real causes of the failures. Let us first look to ourselves and see whether we might not be the real cause. In many cases this is true. I think that one of our great stumbling blocks is the desire for too quick results. The case looks clear, why take the trouble to go into a long and tiring process of taking the case?

* Prepared for The Bureau of Homoeopathic Philosophy, 116th Anniversary Meeting, A. I. H., Skytop, Pa., June 30, 1960.

Why worry about a careful repertory analysis? Here are the key-notes. Let us prescribe on them and then get on to the next patient. Alas, how often do the key-notes let us down. Why? Because they fail to give us the constitutional disease condition which has been lying in the patient's system for years. Perhaps this condition is one of heredity and we have overlooked it entirely. To prescribe for a patient on key-note symptoms is a pure gamble.

If we are dealing with a person who is fortunate enough to be free of chronic underlying disease or hereditary miasms, acute key-note symptoms might serve us well. But what a small percentage of our patients fall into this category. And so we fail.

So, I feel that our first failure consists of incomplete and careless case-taking. A corollary to this is our lack of knowledge of how to repertorize a case once it has been taken. How many of us are willing to take the time to study the repertory and also to seek instruction in its use? We are in too great a hurry. That method takes too long! And so we fail.

Next, we must consider that many times the failure of the Law to work lies not in us but with the patient himself. Perhaps we are confronted with a type of person who is not completely co-operative. He is not going to divulge all that he knows about himself. Perhaps he is ashamed to let the physician know some of the things he has done that have served to break down his system. He is ashamed to admit that his forebears had deteriorated their bodies and minds by certain unwholesome practices. Or perhaps the patient is innocently ignorant of facts that might throw light on the condition for which he has consulted the physician. Perhaps, due to lack of mental acumen on the patient's part, the physician is unable to get through to him or her and develop facts that would help him. Language barriers often place a stumbling block.

Here is the type of patient who has let the imagination run. She must work to impress the physician with how bad she feels and, as a consequence, builds up her case in flowery, impressive language. She is very garrulous and knows so much about her-

self that isn't so. Truly it takes a genius to bring out a genuine and clear symptom picture. This is often the reason for failure.

Next, we have another type of patient. He or she has long been under non-homœopathic care with its massive medications. The true picture has been suppressed by four, five, or six poisonous wonder drugs given at once. It is very difficult in most of these cases, even impossible in some, to unlock the suppressed conditions and allow the true condition to take shape. And, it is very difficult to keep the uninitiated patient from becoming fearful and apprehensive when he or she sees old symptoms recurring which they thought had been eliminated by previous treatment. It takes a careful and observant doctor to carry this patient through this process of unwinding. Here, too, we must take stock of a few facts on our own part. Often we are prone to be careless in following the laws of cure. When a suppressed case is being unlocked and unwound, we are tempted too often to repeat the dose of a remedy when the previous dose has not completed its action and, thereby, interrupting its activity and in so doing pinning the malady on the patient and making it incurable. We are not careful enough in matching a change in the symptom picture with a change in the remedy. All of these are causes of frequent failure in our prescribing.

Next, we are faced with the patient afflicted with an incurable malady. Here we have our heads against a brick wall. Homœopathy, like anything else, has its limitations. It cannot cure everything. However, even though we fail in curing such a case, it is often a great satisfaction to realize that the Law can bring untold relief in many cases. Thus far it has not failed.

Now, for another cause of apparent failure. We have carefully taken the case, we have carefully repertorized to the best of our ability. But, we fail to come up with a similimum. We have only a "Similar" to work with and, in a given case, this may not be enough. We have an armamentarium at our command of many hundreds of substances which have been more or less adequately proven. But there is still an unknown store of substances or elements which we have yet to prove. Perhaps;

the remedy which is the similimum for the given case has yet to be proven. We are far from the end of our task of testing new substances and of this fact we must not lose sight. Another fact we must not lose sight of is the origin of our past-proven remedies. We must realize that the alkaloids of our vegetable remedies may vary somewhat according to the soil from which they grow. The vitamin and mineral content of the soil may vary greatly and that variation will be reflected in the plant produced. Mineral elements may vary slightly dependent upon their location and atmospheric conditions. This necessitates the re-proving of elements from all sources in order to get a more complete picture. Our work is far from completed.

There are many other things that have a bearing on our failure to get the results we hope for. I have tried to give just a few ideas that have come to me over the years. I hope they will encourage some who might fall by the wayside because of the feeling that Homœopathy is a failure. With our finite minds it is often hard to realize that the immutable laws of nature do not fail. Homœopathy is just such a law of nature. It is only man's lack of ability that has brought about the many failures. The longer I practice the more I see of the soundness of the natural laws and the more do I realize how little I really grasp them and how far we still have to travel on the road to perfection.

Summary

Apparent failures in using the Law of Similars are brought about by ;

- 1st—Incomplete taking of the case
 - a. Too much dependence on key-note symptoms in prescribing
- 2nd—Lack of knowledge or ability to repertorize our cases properly
- 3rd—Lack of care in following the laws of cure
 - a. Repetition of remedy too soon before the previous dose has exhausted its action
- 4th—Uncooperative patients
 - a. Patients not mentally competent
 - b. Patients not giving full story

TOTALITY AND INDIVIDUALITY

- c. Patients too garrulous and saying too much that isn't so
- 5th—Patients loaded with heavy and poisonous drugs
- 6th—The incurable patient
- 7th—The similimum has not yet been discovered or proven
- 8th—Variation of the action of remedies depending upon their source
- 9th—The greatest factor, in my belief, contributing to our failures is embodied in the one word "Haste"!

Journal of the American Institute of Homœopathy, July-August, '61

TOTALITY AND INDIVIDUALITY

VERIFICATIONS

BY J. T. KENT, M. D.

Case 1—Thuya. A lady who suffered from sycotic excrescences became reduced from repeated hemorrhages. When she would go for some time without the loss of much blood her totality of symptoms was similar to Thuya, but an exhaustive flow would add several symptoms to the original picture and mask the individuality of the true chronic disorder. One symptom in particular was a cold feeling in the left side of the head: another, cold damp feet. These would make a young man most naturally think of Calcarea, but a closer study must result in a conclusion that Calcarea could only result in a failure to cure until Thuya had removed the sycotic nature of the disorder. The cold sensation is not found under Thuya, but the case made a good recovery, because it was similar to the ruling features of the case. Now because Thuya removed the individuality of a case with the cold left side of the head, it is no sign it will even remove that symptom. It only shows that the individuality of a disease must be known; such information is best acquired by observation in the wilderness of symptomatology. The pathologist

might score this as a victory for himself, but he only has learned it from a careful individualization of symptoms.

When the evidence of a chronic miasm is suppressed by acute symptoms, the acute symptoms should be removed by a remedy corresponding to the acute or last appearing symptoms, after which the individuality of the chronic miasm will be manifested by its true expressions or symptoms. These little things were well known to the great Hahnemann, and are taught in the *Organon* and *Chronic diseases*.

No homœopathist can make a truly homœopathic prescription when the individuality of a disease is unknown, or only partly known. The individuality can only be known by observing and knowing all the symptoms. When a woman calls for treatment with a pessary in her vagina, she will most likely fail to obtain a correct remedy because her symptoms are masked or changed so that totality does not express the individuality of the disease. The pessary should be removed, and the disease permitted to express itself in the language so well known to every true homœopathist. After a week the symptoms will most likely express the individuality, in its totality of symptoms, and then an appropriate remedy can be found. There is no other way known. These things were all known to the great Hahnemann. The ignorant pretenders use supporters and smile at the *Organon*, and go on with their failures; they seem to glory in their ignorance of the true healing art.

The physician who does not individualize uses Morphine to stop pain and reports his ignorance to the society, having the audacity to ask what remedy he should have used. The question asked, no less than the failure, shows that he is not acquainted with the teachings of the *Organon*. Each case must be studied with a view of its own individuality. The physician who is not competent to direct the appropriate remedy is not acquainted with the individuality of his case; and with such ignorance of his case, how can even a more competent physician inform him what an appropriate remedy might be? The questioner could prescribe for his own case as a general thing if he would individualize correctly. These are the ones who are wise enough to

direct remedies on their knowledge of pathology, only to fail, and and then have the audacity to ask for the right remedy to be pointed out.

Case 2—Murex Pur: Mrs. K.—aged forty, a midwife. She complained of the abdomen; she believed she had a tumor. Severe knife-cutting in region of uterus running up to left mamma; pains, undefined, running up and through the pelvis, worse lying down; aching in the sacrum, dragging down in the uterine region as if the uterus would escape. Empty, "all-gone" feeling in the stomach. Greenish-yellow leucorrhœa, with itching in labia and mons veneris; intense sexual desire. The os uteri was said to be ulcerated and eroded, and it was sensitive to touch. The contact of the finger with the cervix brought on the sharp pain that she described as running to the left mamma. The uterus was enlarged and indurated. She had been the mother of several children; had had several abortions, and was accustomed to hard work. She had been treated locally by a specialist of acknowledged ability, and she had taken many remedies of his selection as well as from her own medicine case. all very low. Her catamenia quite normal.

To take up the important and guiding features of this case we must compare several remedies, but principally *Murex* and *Sepia*.

The cutting pain in the uterus has been found under *Curare*, *Murex* and *Sepia*, but *Murex* is the only one producing a cutting pain in the uterus going to the left mamma.

The "all gone" empty feeling in the stomach is characteristic of both *Murex*, *Phos.* and *Sepia*.

Throbbing in the uterus, belongs only to *Murex*. The dragging down is common to both *Murex* and *Sepia*, but the sexual teasing only to *Murex*. Both have a yellowish green leucorrhœa. Pain in sacrum is common to *Murex*, *Sepia* and many others. "Enlargement of bowels" is found in *Allen* under *Murex*, not mentioned in *Minton's Uterine Therapeutics*. The pains in *Murex* go upward and through, worse while lying down. In *Sepia* the patient is better lying down, and the pains go around

Murex 200, one dose was given. She was much worse for several days. Then improvement went on for two weeks. The remedy was again repeated. One year later she complained of a return of her symptoms. One dose was followed by relief, since which time she has made no complaint, but praises the individualizing method.

Case 3—Silicea: Frank H—, a compositor in the *Globe-Democrat* office, St. Louis, came to my office to have a tumor removed by the knife. It had been removed twice and was called a *recurrent fibroid*. It was the size of a hen's egg, and very hard, located in the left side of the neck, not connected with the parotid, though growing a little below it. I advised him to give me time to prepare him for removal. I took his symptoms and found that he was better by wrapping up even the head. He was timid in going into a new enterprise, though abundantly able to perform the task. *He lacked confidence in his own ability, yet when he had began he would do well.*

He took Silicea, 5m., 1st April, 1883. Six weeks later he called, and the tumor was reduced one half. Sil 72m. dry, one dose. Six weeks later almost gone. 23rd January, 1884, Sil 72m., one dose. The tumor has disappeared. This prescribing has been commented on by a large number of friends, who think the one dose business a mystery. He got no Sac. Lac., as I had his confidence. I did not prescribe for the tumor, but the patient. My prescription could not have been different had the tumor not been present.

The tumor was not included in the totality of symptoms as it was not a symptom; it furnished no part of the guide to a remedy. The symptoms expressive of the whole state existed prior to the tumor, and it was the language of this pre-existing state that I must read, as out of this pre-existing state grew the tumor. I must interpret the language or expressions of *cause*, not *effect*. The man who is guided by pathology can use the knife. To use the knife is but to acknowledge one's ignorance of a method, by which he can avoid cutting.

Case 4—Phosphorus: Mrs G—, widow, forty-two years of age, was afflicted with periodical attacks of Choreic Spasms. I called

at the house one day and removed a tumor from the hand of her mother, and the excitement brought on the most intense spasmodic jerking of the whole body. *Whenever a thunder storm is raging she has these attacks*, said her mother. They last two or three hours. I administered Phos. 5m. dry, one dose. Thunder does not affect her now. She never had another attack. Her whole constitution and mental state have changed. She considered herself an invalid and expected no relief.

Case 5—Sepia: Mrs. K—, a married woman, twenty-eight years old, came to me from the country, with what a gynæcologist had called a prolapsus. She was a tall, slim woman, otherwise in good health. She was wearing a Hodge pessary. She could not walk or stand long without her "ring." She came to the office in a carriage. I removed the ring and gave her Sac. lac. At the end of a week I had noted the following symptoms:

The urine passed slowly, and she must wait a long time for it to start. Sepia., Lycop., Arn., Hepar, Zinc, Cann., ind. She was greatly constipated, and always felt a lump in the rectum, even after stool, Sepia. She complained of a hungry, empty feeling in the stomach, Sepia, Murex, Ign., Hydrastis and many others.

She always had a bearing down in the pelvis, as if the uterus would issue from the vagina, Sepia, Murex, Lillium tig, Nux, Natr., Puls. etc. She must press on the valva with a napkin for relief, Sepia, Murex, Lillium. She often crosses her limbs to prevent the uterus from escaping, Sepia. Tall slim and sallow, Sepia. She got Sepia C.M. (Fincke), one dose dry and Sac. lac. It is three years since this case called, and she has never needed a physician since: she was an invalid before. The one dose cured her.

Case 6—Lillium Tig: The above lady went home and sent me a similar case. She called it "a case just like mine." She was a short stout woman, dark hair and eyes. She had worn a Hodge pessary for a year. She was unable to be about at housework, without the pessary. I removed the pessary and informed her that she would need to visit my office every day for a week or so. She was given Sac. lac. and every day I noted symptoms, until

at the end of a week I believed I had the symptoms that expressed the individuality of the disease. The most marked feature was her mental state. The remedy that would cure this case must have mental symptoms of prominence in its picture. She complained of a wild feeling in the head, and feared she would lose her reason, Lillium. Bearing down in the pelvis as if the uterus would protrude, Sepia, Lillium, Murex, Natr., m., Nux., v., Puls, Pod, and others. She must press on the vulva with the hand to prevent the parts from protruding, Lillium, Sepia, Murex. There were some flying pains going through the pelvis and down the thigh like those found in Lillium. She took Lillum tig, 30, for a day in water, and then Sac. Lac one week. She had then improved so much that she had walked over the Zoological garden, which she had not undertaken even with the pessary *in situ*. She was sent home with a few powders of Lillium 200, to use as per instructions, viz., to be used when she felt a return of the difficulty. One year later she wrote to me that she had taken one of the powders, and was keeping the others with great care. For this last case I was presented with a cheque of \$50, over and after the full payment for my services. The husband said it was the cheapest doctor bill he had been called to pay. One gynæcologist had receipted a bill for \$200, and his was but a small part of the "sick expenses." It may not pay as well to practice pure homœopathy, but it is the honest way

—*The Homœopathic World, October, 1961*

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COMPARISON OF TABACUM AND LOBELIA DISCUSSION

(Continued from our last December, '61 issue)

DR. D. T. PULFORD: It is probably quite obvious that we are a little better acquainted with *Tabacum* than with *Lobelia*. In my premedic days, it bore out very well through the modalities of the relief from open air and from acetic acid or apple. We used to open the window in the chapel, light a cigar and eat an apple. We never smoked except under those conditions. When we did that, we always remained well.

In my own experience, there is one modality which may be peculiar to me alone, but I notice it works, that is the amelioration from eating. If I smoke too many cigars or get sick from a pipe, I eat a little bit of something—it doesn't make any difference what it is—and I notice amelioration. The peculiar thing about it is that after the condition is ameliorated, the desire to smoke is likely to come back.

It is very difficult to add anything more on *Lobelia*. I remember reading about a woman who swallowed a piece of lamb bone. She was given *Lobelia*. I was wondering how much of that was due to expulsive power that resembled *Silica*, and how much to nauseating effect.

DR. G. STEVENS: Several years ago, I had quite a remarkable bit of success with a case of seasickness. A French woman told me that she was very violently ill, always, in crossing the ocean, and she had to cross it twice every summer. Her description of it was the prettiest picture of tobacco poisoning that one could have. I remember especially her only relief was from the very cold open air, and *Tabacum* relieved her almost entirely. She could hardly believe it. The doctors who tried to treat her before could hardly believe that she could get so much relief from this.

DR. C. L. CLDS: I recall, a number of years ago, having a case of hay asthma, of which I now only recall two of the

symptoms. One of them was this increased saliva dripping from the corners of the mouth, and with that a sensation of rope about the diaphragm. Probably there were a good many other symptoms. One dose of *Lobelia* stopped this asthma, and there was no more of it during the entire season.

DR. B. C. WOODBURY: What potency?

DR. C. L. OLDS: I do not remember. Probably it was 1M, or something of that sort.

DR. B. C. WOODBURY: I can testify to the antidotal effects of *Ipecac* in mild nicotine poisoning. I am not very much on smoking. I was practising for some theatricals one time and it was required that I smoke a pipe. I had never smoked a pipe very much, so I had to do some experimenting. I tried all the different kinds of tobacco I could find. The only one mild enough was Prince Albert. In experimenting with the stronger tobacco I found that a dose of *Ipecac* immediately relieved the nausea.

DR. P. L. BENTHACK: It is my experience that tobacco affects the heart more than any other part of the human body. When a man comes into my office and says he doesn't think anything is the matter with him but he is dizzy, I have found no other remedy as good as *Tabacum*, if he has been using much tobacco.

CHAIRMAN A. H. GRIMMER: What potency?

DR. P. L. BENTHACK: From the 30th up.

DR. C. L. OLDS: I can quite agree with the doctor. Formerly I used a great deal of tobacco. Occasionally I would get a very sharp pain in the region of the heart which almost took my breath away. I found by taking a dose of *Tabacum* 3M I would be free from that symptom for a number of months.

DR. D. T. PULFORD: There is one thing I would like to add. I notice that sometimes you experience a sense of empty well being from the effects of tobacco, after a good night's sleep and after the nausea has gone. The stomach feels quite hollow, but the general condition feels fine. It is a queer combination.

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NOTES FROM CASE FILES

DR. S. D. SIRCAR

Capsicum—

Drugs have tissue affinities as also Zonal or regional affinities. There are many drugs that affect bones, but probably none so decidedly as *Capsicum* acts on the petrous bones. In a recent case of impending mastoid abscess in a confirmed Diabetic it helped to remove the troubles in 72 hours. The intense pain and supersensitiveness were suggestive of *Hip. Sulph.*

Thuja—It appears that *Thuja* is just becoming the remedy of choice in the matter of removing therapeutic blocks; earlier, it was Sulphur. Probably the changes in the habits and customs, as also dietetics push *Thuja* to the fore. Too much indulgence in tea, the state laws in relation to vaccination; the antibiotics that are extensively used in medicine and artificial manures in the production of food staff, tend to create a favourable ground for *Thuja* Cases. The too many of the tonsils, enlarged and indurated, appear frequently to require *Thuja*, either as a curative or as a Corrective; this seems also true in multiple allergies, that are steadily on the increase. Many of the Skin cases, and even mental dementia are seen to be corrected by *Thuja*. In the case of a girl with the latter affection *Thuja* has rendered a singular service. Among other things the girl has the peculiar tendency to put the letters in wrong places, while writing.

Kent says—*Thuja* provings have been confusing and most of them have been wasted. Whether the confusion is in the defect of the proving or in the nature of the drug itself is more than I can say. But it is a fact that *Thuja* cures many confusing cases.

Lachesis—In Sinuses and fistulae, we find frequently an accurate portrait of *Lachesis*. A period of full followed by the local swelling tenderness and pain, which mature to form an abscess or a boil with relief after establishment of the discharge. In the case of a middle aged gentleman, with a sinus in the left but took persisting for a long time, which had been advised to be operated on failure of medicines, a single dose of *Lachesis* completely

cured the condition. In another case of anal fistula, it was given with violent aggravation for which the patient changed hands. Probably a more moderate dose was needed in that case.

COMMITTEE SET UP TO PERPETUATE MEMORY

Dr. D. N. CHATTERJEE'S DEATH WAS MOURNED at a meeting held at Dhakuria Club Campus, southern end of the city, on the 23rd December last.

Speakers, including the Mayor, Sri Rajendra Nath Majumdar paid tributes to the memory of Dr. Chatterjee, former Principal of D. N. De Homoeopathic College and Hospital.

Dr Chatterjee, who started his political activities as an associate of "Jugantar Group" became a Gandhiaite and served the Congress in the capacity of Secretary, 24-Parganas D. C. C., a member of the P. C. C. and A. I. C. C.

A keen lover of sports, Dr. Chatterjee was also connected with the East Bengal Club.

To perpetuate his memory, a committee has been set up with Sri Rajendra Nath Majumdar, the Mayor, as its chairman.

NEWS

Sri M. P. Bhargava of New Delhi, a distinguished member of the Parliament, who moved for State Recognition of Homoeopathy on 5th Sept '61 in the Indian Parliament, paid a visit to the D. N. De Homoeopathic Medical College and Hospital at Upper Circular Road, Calcutta-9 on the 3rd Jan, at 4 p. m.

He was introduced there by Dr. Das to the Principal and Professor of the College. Sri Bhargava, M. P. was much pleased to see the activities of the Institution. Among those prominent were Dr. N. K. Chakravarty (Principal), Dr. J. N. Kaujjilal, Dr. A. B. Dutt, Dr. D. Pramanik, Dr. S. D. Sarkar (Secretary),

Dr. K. Mukherjee. A light refreshment was served to those present by the members of the Indian Homoeopathic Medical Association.

HOMOEOPATHIC ADVISOR

It is learnt here that the Central Health Ministry, Govt. of India, has decided to appoint a Homoeopathic Advisor for the development of Homoeopathy.

HOMOEOPATHIC PHARMACOPOEIA COMMITTEE

Homoeopathic Advisory Committee under the patronage of the Central Health Ministry met in last week of December '61 at New Delhi and recommended to set up an Indian Homoeopathic Pharmacopoeia Committee immediately in the cause of further development of Homoeopathy in India.

Dr. J Fallex. M. D. Paris, a notable Homoeopath of France and the Vice-President of the council of Homoeopaths, France and Madame Fallex, who are on a study tour for Homoeopathy in India, were the honoured guests of Dr. N. Das, a notable Physiologist of Calcutta.

Dr Fallex and Mdme. Fallex were felicitated in a meeting of Homoeopaths held on 13th January 1962 at 4 p. m. in the D. N. De Homoeopathic Medical College & Hospital under the auspices of the Indian Homoeopathic Medical Association where he delivered a thought-provoking lecture on Homoeopathy which was highly appreciated.

On the 15th January, Dr. Fallex and Madame Fallex were entertained in luncheon party at the Grand Hotel, Calcutta at 1 p. m. by the International Hahnemannian Society of India and on the same evening at 6 p. m. Dr. Fallex gave a very interesting lecture on Hindu Philosophy at the Theosophical Hall, College Sq. Calcutta. They left Calcutta on 17.1.61 for Benaras enroute New Delhi.

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