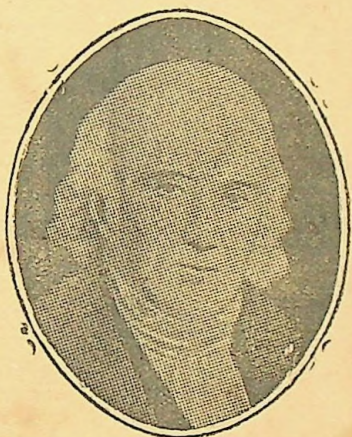


The
HOMŒOPATHIC HERALD

(Journal of Pure Homœopathy)



Vol. XIII.

December, 1952.

No. 9.

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The HOMŒOPATHIC HERALD

EDITOR

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DECEMBER, 1952.

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Editorial

CONTACT AND ASSOCIATIONS AS SOURCES OF
DISEASES.

Certain diseases are transmitted by contact. Exanthematous diseases like measles and small-pox usually spread by contact—either direct or indirect—with some preceding case. All acute infectious diseases are communicable and are carried from one person to another. Sometimes these communicable diseases spread with great rapidity even if rigid isolation is enforced. The contagious diseases such as erysipelas, scarlet fever, measles, small-pox, influenza, whooping cough, scabies run from one person to another, from one house to the neighbouring houses, from one village or town to another village or town—chiefly by means of contact. When there is a case of mumps in a house usually all the children of that house suffer from this contagious disease. This is true of whooping cough and influenza. Gonorrhœa and syphilis also occur in this way. In case of these two diseases the frequent source of contamination is sexual intercourse although they may also be transmitted by means of the vaginal syringe or the use of soiled towels, etc. Plague also spreads by means of contact.

Cinema houses, Schools, Colleges, Public buses, Tram cars, Railway trains, Hotels, Rest-houses, Restaurants, Factories, Workshops, etc. act as the great source of these

communicable and contagious diseases. These human associations help the spread of all such diseases including tuberculosis of lungs. Many persons suffering from pulmonary tuberculosis freely move among healthy individuals spreading the disease among them. Leprosy and phthisis are spreading like wild-fire in this way.

Thus knowingly or unknowingly people frequently come in contact with diseased persons and expose themselves to the contagion. Many boys and girls are reading in our schools and colleges and freely mixing with their friends although they are suffering from tubercular diseases. Their parents know that they are suffering from this dreadful disease, yet they send them to school and colleges. Such patients often work in offices or in factories or sit in cinema houses and bring danger to others who are in health.

N. C. DAS.

—o—

GLEANINGS.

1. Symptoms may be objective or subjective. Objective symptoms are those which are observed and taken note of by the physician or by the attendants of the patient. They could be observed whether the patients were conscious or not. The aid of his intelligence is not invoked in gaining a knowledge of them. They are the colour, texture, temperature of the skin and membranes, the expression of the eyes and features generally; position, motions and attitudes of the body, secretions and excretions of glands and surfaces. In short, objective symptoms comprise every thing which the physician can take cognizance of in the sick man by the aid of his five senses assisted or unassisted. Physical and chemical and microscopic analyses are included in it.

2. Subjective symptoms are those of which we get a knowledge through the medium of the patient's own intelligence and testimony. They comprise the various sensations,

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pains and abnormal feelings, the infinite variety of unwonted thoughts, emotions, sentiments, dreams and visions which diversify the existence of the sick man.

3. The law requires us to compare the aggregate of symptoms presented by the patient with the symptoms produced by drugs that are known to us and to select for the case the drug of which the symptoms are most similar to those of the patient.

N. C. DAS

—o—

THERAPEUTIC NOTES*

Diseases of the Mouth

FRITZ DONNER, M.D.

BERLIN, GERMANY.

[Continued from page 294]

4. DISEASES OF SALIVARY GLANDS.

a. *Inflammation*: In the beginning—painful swelling of glands—give *Belladonna*; if in a few hours there is no relief, then consider *Mercurius biniodatus* or *phytolacca*; best results are obtained from either of the two last named remedies in hourly alternation with belladonna. If suppuration sets in: *Hepar sulphur* or *Sulphur iod.* are often indicated and, after the acute symptoms subside, *silicea*, *calcareo fluorata*, or *lapis album* may be indicated. *Chronic inflammation of salivary glands*: *Iodium*, *calcareo iodata*, *calcareo fluorata*, *baryta iodata*, *sulphur iodatum*, or *mercurius iodatus ruber* may suggest themselves.

In *tuberculous glandular swelling* consult: *Aurum iodatum*, *mercurius auratus*, *arsenicum iodatum*, *calcareo iodata*, *calcareo phosphorica*.

In *actinomycosis* think of *calcareo iodata*, *kali iodatum* and *mercurius biniodatus*.

*From the Journal of the American Institute of Homeopathy, Nov., 1951.

b. *Cysts in floor of mouth (ranula)*: They stem either from grooves representing branchial clefts or from the duct of thyroglossus and are then situated in the median line. They usually are retention cysts of the submaxillary, sublingual, *Blandin-Nuhn* glands and of other small numerous glands in the floor of the mouth. (Kappis). *Weisz* recommends *Thuja* but it has failed me in all potencies. I believe *Mercurius biniodatus* has done some good in *ranula*.

c. *Disturbed salivary gland secretion.*

1. *Ptyalism*: *Mercurius biniodatus*, *iodum*, *Jaborandi*. In severe cases as in paralysis agitans and in post encephalitic symptoms larger doses of *Belladonna* may become necessary.

2. *Lack of saliva* *Belladonna* in homœopathic doses, *iodatum*, *plumbum iod.*

5. DISEASES OF THE PAROTID GLAND.

a. *Epidemic parotitis (mumps)*: Is usually bilateral, often complicated with metastatic orchitis. Begin treatment with *Belladonna* and then the mainly indicated *Mercurius biniodatus*, which (with *Phytolacca*) is our most important remedy for inflamed glands. *Plumbum iodatum* is also a great remedy in parotitis with orchitis and following testicular atrophy. *Wesselhoeft* (*Allgemeine Homœopathische Zeitung*, 1929, page 440) reports that in 428 cases of mumps treated according to homœopathic symptomatology 28 per cent had a metastatic orchitis, while later in 67 cases *Plumbum aceticum 3x* was given every 3 hours with only one orchitis and no other complication. Such practice is, of course, not individualizing in the strictly classical homœopathic sense, rather "raw homœopathy". But such a "raw homœopathy" surely is closer to a so-called "classical homœopathic remedy selection" than considering unsupported symptoms found in the usual *materia medica* as "remedy indications". (French authors have proved *Wesselhoeft's* recommendations and reported enthusiastically splendid results.) For metastatic orchitis *Clematis* and *Pulsatilla* are recommended.

b. *Transitory bilateral parotid swellings* are at times seen during infectious diseases in children for which (more to satisfy anxious parents) *Mercurius biniodatus* might be given.

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c. *Unilateral parotitis*. Begin treatment with *phytolacca* or *mercurius biniodatus*. If abscess threatens use *hepar sulphur* or *sulphur iodatum*. To aid healing abscess cavity: *Hepar sulphuris*, *calcarea fluorica*, *lapis albus* or *silicea*. In septic conditions use *lachesis*, *echinacea tinct.*, *china arsenic.* or *arsenicum iodatum*.

d. *Intermittent swelling of parotis*. Caused by obstruction with inflammatory closing of duct by concretions, etc.: Removal of obstruction, then use *mercurius biniodatus* or *hepar sulphuris*.

e. *Chronic parotitis*: Think of *mercurius biniodatus*, *calcarea iodata*, *baryta iodata*, *plumbum iodatum*, *plumbum aceticum*, *iodum* and *conium*. Chronic "pus-remedies" may be indicated: *Hepar sulphuris*, *calcarea sulphurica*, *calcarea silicata*, *calcarea fluorica*, *lapis albus*, and *silicea*.

f. *Parotid tumors*: Fibroma, fibrosarcoma, carcinoma, mixed tumors, cysts, hemangioma: Aside from operation and radiation consult: *Arsenicum iodatum*, *calcarea fluorica*, *lapis albus*, *conium*, etc.

6. DISEASES OF THE PALATE.

Palatal ulcers: In *syphilis* especially *kali bichromicum*, *mercurius chromicus*, *mercurius auratus*.

Tuberculosis: *Mercurius auratus*, *aurum iodatum*, *lapis albus*, *calcarea arsenica*, etc.

7. DISEASES OF PHARYNGEAL TONSIL.

a. *Catarrhal sore throat*: Superficial catarrhal inflammation with slight redness of tonsil, and often of the entire pharynx demand in first place *belladonna*. Further remedies to be consulted: *Phytolacca* (deeper red than *belladonna*), *guaiacum*. *Stauffer* recommends gargling with *arnica tincture* (20 drops in glass of water).

b. *Lacunar sore throat*: Begin with a few doses of *belladonna*, later alternate with preparations of *mercurius*: *Mercurius biniodatus ruber*, *mercurius solubilis*, *mercurius corrosivus*. Also choose between *phytolacca*, *kali muriatica*, *hepar sulphuris*. In septic conditions think of *veratrum viride* (in place of *belladonna*), *lachesis*, *echinacea tinct.* and *mercurius cyanatus*.

c. *Phlegmonous sore throat* : Tonsillar abscess : Symptoms from swelling like "when swallowing stitching pain radiating to ear," are of course not leading symptoms for remedy choice. In severe tonsillar swelling (before suppuration in peritonsillar connective tissue) consider indications of remedies like : *Phytolacca*, *guaiacum* (*Irvins* even recommends the tincture here), *mercurius iodatus ruber*. Usually the swelling and fever recede in a few days. Suppuration, generally on one side only, indicates *hepar sulphur calcareum*, *sulphur iodatum*, later *calcareo fluorica* and *silicea*. In severe course : *Lachesis*, *crotalus horridus*, *echinacea* tincture. For gargle use *arnica* tinct., 20 drops in glass of water.

d. *Phlegmonous angina of soft palate* (not of tonsils) : The swelling of mucous membrane extends deeply into submucous tissue, the uvula may become as thick as a finger with severe hyperemia. At times the mucous membrane may be infiltrated with hemorrhages. (Strumpell) One must here think of *phytolacca*, *mercurius biniodatus* and of *hepar* ; furthermore of *apis*, and in hemorrhages of *lachesis* or *crotalus horr.*

e. *Angina of lateral column* (funiculus lateralis) : "Small lymph follicles on anterior palatine arch and pharynx without involvement of tonsil (after tonsilectomy)." (Bey). *Belladonna* in hourly alternation with *mercurius biniodatus* are often indicated, as also *phytolacca*.

f. *Tuberculous angina* : *Mercurius auratus*, and treatment of tuberculosis as such.

g. *Syphilitic angina* : Antiluetic treatment.

h. *Ulcerated angina* (*Plaut-Vincent's angina*) : Attacks at times also the palatine arch, uvula and gums. Differential diagnosis from diphtheria by bacteriological examination. Internally one of the mercur preparations : *Mercurius biniodatus*, *mercurius chromicus*, *mercurius nitrosus*, *mercurius cyanatus* ; also in first place *nitric acid* and *kali bichromicum* may suggest themselves. Supporting the internal treatment with local means like painting tonsils with 2 per cent *salvarsan* solution should not be neglected.

i. *Angina agranulocytica* (malignant angina): "Gray coating of pharyngeal mucous membrane and especially of tonsils with rapid disintegration (Ortner). Blood picture: Severe leucopenia (granulated, i.e. polynuclear and eosinophiles are absent) with predominating lymphocytosis; erythrocytes and thrombocytes are normal." (*Stur.*) Reports about homœopathic treatment of this sickness (only known a few years) are absent. The view expostulated 5 years ago, that every angina agranulocytica is fatal, is not tenable, for several spontaneous cures have been observed.

The treatment so far has been with preparations stimulating formation of leucocytes like *Nucleotrat* of the Nordmark Works (a German pharmaceutical house). Of homœopathic remedies I would recommend—aside from nucleotrat—*mercurius cyanatus* in hourly alternation with *lachesis* or *crotalus horridus*.

l. *Angina monocytolica* (glandular fever): "Acute onset with high fever, fetid breath; glandular swelling, not only on neck, but also in bend of elbow and groin! Spleen and liver much enlarged. Inflammation of pharyngeal tonsil. In blood picture 80 per cent monocytes! (*Stur.*) *Assmann* and *Rall* have reported on the homœopathic treatment. I myself have given in one case *mercurius biniodatus* at first alone, then in alternation with *arsenicum iodatum*. Also indicated may be: *chininum arsenicosum*, *lachesis* and *mercurius cyanatus*.

m. *Acute leucemic angina* and *stomatitis*: Necrotic processes in the tonsils and gums.

1. *Acute lymphadenosis*: Characteristics (according to *Stur*): Rapid swelling of lymph-glands, usually with high fever, hemorrhagic diathesis; stomatitis resembling scorbutus, septic angina. *Blood picture*: Early and pathologic cell-forms; high figures of lymphocytosis into the 100,000's; in septic complications lessening of cells."

Suggested remedies: *Crotalus horridus*, *lachesis*, *mercurius cyanatus*, *mercurius biniodatus*, *china*, *arsenicum iodatum*, *echinacea tinct.*

2. *Acute myelosis* (medullary tumor). According to *Stur*: Somatically it greatly resembles acute lymphadenosis (tissue proliferation underlying the leucemic process), hemorrhagic diathesis in foreground, severe progressive anemia, ulcerous, and gangrenous stomatitis, etc.

Suggested remedies are: *Crotalus horridus*, *lachesis*, *mercurius cyanatus*, *chininum arsenicum*, *echinacea* tinct. and *phosphorus*. *Homœopathic therapy* (or any therapy—S.W.S.) may here be hopeless.

n. *Chronic recurring anginas* and *tonsil abscess*. The treatment must begin from the constitutional side; depending on the patient type one prescribes *calcareo carbonica*, *sulphur*, *silicea*, *graphites* or *pulsatilla*. It is suitable to change the constitutional remedy (every week to four weeks) with *mercurius biniodide*, *phytolacca*, *hepar sulphur*, *sulphur iodatum*, *calcareo iodata*, etc.

I have been very successful with children who suffered every winter from "sore throat" and tonsillar abscess, giving *baryta carbonica* as suggested some years ago in the *Pacific Coast Journal of Homœopathy*.

o. *Adenoid vegetations*: *Calcareo* or *calcareo phosphoricum* and *baryta carbonica*, depending on the type of the child, have always served me well. Furthermore do consider *baryta muriatica*, *baryta iodata*, *calcareo iodata*, *hepar sulphur*, *sulphur iodatum*, *calcareo fluorica*, *lapis albus*, *agraphis nutans* (*Bericke*, *Cartier* and *A. Stiegele*). *Stauffer* recommends *cistus can.*; *kali bichromicum* when condition is chronic with thick, tough mucus.

For the cough so often found in adenoid children with catarrhal condition in pharynx—"foreign body cough of adenoid children," as *Stiegele* calls it, he recommends *corallium rubrum*, which contains so much calcium.

[P.S. To select remedies according to side affected rests on too weak base for serious consideration, hence must be declined by judicious prescribers.]

COPY OF U. P. GAZETTE NOTIFICATION.

August 15, 1952. No. 88-BH/V-1226-52.

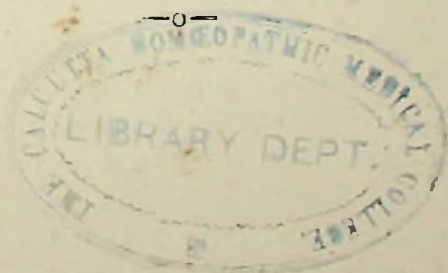
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| (13) Dr. A. P. Arora— | Lucknow. |
| (14) Dr. K. P. Trivedi— | Lucknow. |
| (15) Dr. Srimati Satya Vati Sinha— | Roorkee. |



PECULIAR TYPE OF LEPROSY AFTER VENEREAL DISEASE.

Miss Golapi, aged 19 years, of Kalimpong, was suffering from Leprosy. When she was in Calcutta enough was done for her by an eminent skin-disease-specialist (Allopath); and others applied ointments and injections but to no effect; day by day the disease went on from bad to worse.

At last when she came to Kalimpong one of her friends advised her to get the disease examined by me. On the 16th April, 1952 finding no other alternative she had to surrender herself under my treatment with the following symptoms:—

- (1) Forgetfulness, can scarcely think.
- (2) Great anxiety, dizziness.
- (3) Rush of blood, vertigo.
- (4) Tearing pain in glands of throat.
- (5) Eyes: redness of the white of the eye.
- (6) Face pale and bloated.
- (7) Taste sour, tongue coated white.
- (8) Foul odor used to come from her mouth and gums.
- (9) No appetite.
- (10) Periodical gastralgia.
- (11) Cough on deep inspiration.
- (12) Dreams vivid and frightful.
- (13) Violent itching and burning with eruptions of leprosy on the fingers and other parts of the body, from which oozed a watery, sticky fluid.
- (14) Foul odor of decomposition from the eruptions.
- (15) Burning sensation in making water.

Hemidesmus Indica, Sulphur, Ars., Alumina, Petroleum, Psor. and Merc. S. failed to give any satisfactory result. The tendency of decomposition began to increase much. I tried to the best of my knowledge and efforts to find out the fundamental causes of non-recovery. At last I began to suspect that there must be some hidden cause behind it. The redness of her eyes disclosed everything, she could not escape

from my cross-examination. Previously she suffered much from venereal disease (hereditary). At once I ordered Kali-Iodatum 200 and Graphites 200 alternately every 4 hours. Here I wish to draw attention to one cardinal point that she had temperature in addition to other symptoms. The Surgeon of the place told her that there was no super-medicine that could cure her ; and that she would have to take the help of surgery. But what a prodigious thing happened—simply a drop of medicine saved her from the grasp of surgery.

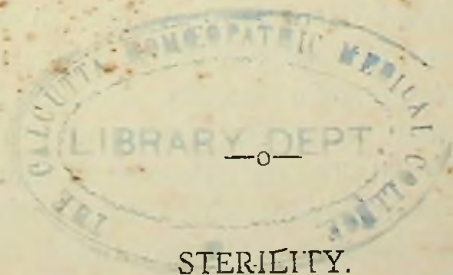
Kali-Iodatum 200 and Graphites 200 cured her within twelve days. In return Miss Golapi congratulated me with the following lines :—

Dr. J. K. Niyogi.

My dear Doctor Babu,

I shall remain ever grateful to you. I had no faith in homœopathic medicine, but now I have become a true worshipper of homœopathy which saved my hands from surgical performance. Now I can say openly—there is also other alternatives which can save man from operation and decomposition. No complain, perfectly cured. Your treatment is of exceptional character.

Sincerely yours,
Sd/-Golapi.
Kalimpong.



STERILITY.

The question of sterility is an interesting subject for the hospitals as well as for the patients. Sterility may be natural and acquired. Again the natural ones may be absolute or relative. It has been noticed that the patients treated in the hospital with proper care and competent medical aid almost get cured unless there is

any major defect. Though generally it is decided that within 3 years of marriage if a woman does not bring forth a living child she is sterile, still we see that 5 to 7% of so-called sterile women bear children after that time even. In most cases the causes are dyspareunia or vaginismus, maldevelopment, inflammatory conditions, displacements, etc. While dealing with a case of sterility we should not forget to examine the male partner as well.

Now for ascertaining the causes of sterility we can easily make a chart that may help the practitioners to win over the difficulties easily. So let us first consider about the male one. The male genital organs should be examined carefully for the presence of any maldevelopment and a thorough history of coitus is to be taken. Premature ejaculation is another cause and it may occur before the penis has penetrated into the vagina. In other cases male may be impotent, so that coitus can not be performed normally. Again the male may be capable of coitus but ejaculation may not contain any spermatozoa. Azoospermia or spermatozoa with less motility, oligospermia, necrospermia, teratozoospermia are the different kinds of abnormalities of the seminal fluid. So after 4 days of abstention a fresh specimen of semen is to be collected by masturbation in a dry test-tube or glass pot at atmospheric temp. and should be examined within 6 hours. The normal PH of seminal fluid should be 7.8. Sixty million sperms per cubic centimetre of semen is usually regarded as the minimum for sterility and the number of deformed heads and non-motile sperms must not exceed 20 per cent of the total. The normal quantity should be 4 cc. Besides these we are to look for other causes, such as history of any infectious disease, any constitutional disease, any testicular disease which might have damaged the testicular function. Often the dietetic errors, obesity, endocrine disturbances also count for sterility. Common minor mental illness like neurasthenia is one of the causes where sexual impotence, premature ejaculation, etc. occur in men.

Now let us consider about the female one. If the general appearance suggests any chronic disease, etc. then examine

the secondary sex character which may reveal the imbalance endocrine system and help to up-root the cause. If hypothyroidism be present 1 gr. of thyroid extract should be given daily at bed-time keeping watch on pulse rate. Next take history of menstrual disturbances since all discharges per vagina require careful investigation. Inordinate sexual intercourse may be another cause of barrenness as there is every chance of spermatozoa remaining immature and thereby account for the cause of sterility. It is recommended in such cases that in order to insure conception, coitus be indulged in only once during ten days. In several cases I have found this recommendation to be followed by pregnancy. Then find out if there is any history of dyspareunia. Do not forget to note the acidity of vagina which is normally 4.5, if it is high it will require correction, and in that condition half-an-hour before coitus sodi-bicarb 5% douche should be applied. Examination of vaginal discharges is also essential to know viscosity and this gives us an idea whether there is any frank pus or excessive mucous secretion from the cervix which favours sterility. The trichomonas infection should be investigated. Leucorrhœa of flora vaginalis type as in chlorosis requires large doses of iron. Further proceed to have or bimanual examination of vulva, vagina, urethra, uterus and its appendages to ascertain the deformities such as uterus didymous, pin-os, uterus septus, hypoplasia genitalis, vaginal aplasia, etc. and also the mal-position of the uterus, such as acute anti-flexion and retroversion, etc. Again examination by speculum is done to see the condition of vagina and cervix. Diagnostic scrape is done to note whether the patient is ovulating or not. Rubini's insufflation test for knowing patency of fallopian tube is so much an essential measure as the hystero-salpingography. At the time of treating a case of sterility we should not forget to administer Vit. E. Similarly endocrine preparations, like stilbcestrol, progesterone, etc. should be given. Lastly D. C. is tried, if all other treatments have failed. If it is not repugnant to the party artificial insemination may also be adopted; and because it wins over the difficulties like

high acidity, increased viscosity and inability of sexual intercourse, so none of them can be a bar. Other factors of sterility which cannot be omitted are obesity, change of climate, psychical causes, diet and want of exercise, etc. Obesity is the condition considered popularly to be the cause of sterility. There are many instances where a woman has had one or two children and then suddenly became increased in size resulting in barrenness. These women also were found to bear children again when they became lean in sequence of any illness or other causes. Change of climate is as much a factor of sterility as of productivity. I think its cause to be due to the change in the condition of reproductive organs with the change of climate.

Psychical causes like extreme difference of age, constitution and temperament also results in sterility as we see when a very old man is married to a very young wife or vice versa, or when a cold and phlegmatic husband possesses a wife of a very ardent temperament. Similarly frigidity and erotism play a great role for sterility. Diet and want of exercise also have effect upon our problem. If the diet of women is composed of articles in which fatty or carboniferous constituents abound such as sugar, sweetmeats, nuts and all the rich delicacies which are found on the tables of rich and luxurious people, they will become plethoric, adipose and sterile and if there is lack of exercise we have the two causes combined.

There are many other causes of sterility that are accountable to habits of life and conduct which cannot be counted as disease.

They are so vitally important that to omit mention of them would greatly lessen the practical value of this article. In the first place it is the improprieties in dresses of the ladies that draw our attention. And really it is unnecessary for the sake of increasing the beauty to contract the body at the waist by belts and chest by tight-supports. So the dresses should be loose and comfortable, not hampering the natural function of the system. Next there should not be any improper position during coitus and copulation should be pleasurable and successful. Again some women

with the motive of cleanliness arise and bathe themselves about the genitals immediately after coitus. This is a bad practice, because if a woman arises and walks about or sits down to bathe the genitals immediately after coitus the seminal fluid escapes from the vagina or relaxes the os over much and conception does not take place. For this reason if a fruitful coitus is desired the intercourse should take place just before the hour of sleep.

DR. MISS SHANTA LAHA.

Soorajmal Nagarmal Prasuti Griha
Ghusuri, Howrah.

—c—

DEFICIENCY OF VITAMINS & MINERALS.

BY R. S. RASTOGI, B.A., M.D.H.

Health cannot be maintained without the intake of a suitable well-balanced diet capable of supplying the different and varying needs of the body and thus maintaining the Vital Force at the highest level of perfection. While the proteins are indispensable for carrying on the regeneration, repair and replacement of tissues to meet the constant wear and tear going on in the human machine, and the Carbohydrates and Fats are essential for providing energy not only for the work a man has to do but also for the invisible work going on automatically inside the human body, there are certain other ingredients of food, the *Vitamins*, *Minerals* and water which are essential for regulating the Vital physiological functions. If only the Vitamins are excluded from the diet, and all the remaining ingredients are provided in abundance in the form of Casseinogen, starch, sugar, salts, lard and water, animals become ill, cease to grow and finally die unless a natural diet containing Vitamins in suitable quantities is resumed when they again start growing properly and gaining weight. The Vitamins are essential organic substances found in extremely small traces practically in all fresh foods, which act as indispensable catalysts for the occurrence of certain

metabolic functions, keeping the growth processes and normal bodily activities in a healthy harmonious vital operation.

What diseases are caused by the deficiencies of the different vitamins and minerals will be noticed in the following sections. A knowledge of these is essential from the point of view of homœopaths, as, according to Hahnemann, all obstacles to recovery must be removed while we proceed to apply the homœopathically indicated remedy. Obviously, when sickness results from malnutrition due to deficiency of one or more of the essential ingredients in food *rather than from a lack of power of assimilation*, homœotherapy cannot take the place of a corrective of the dietetic deficiencies. But where the deficiency symptoms are due to lack of powers of assimilation, homœotherapy must be invoked as a corrective measure.

Medical science now-a-days utilizes Chemical Vitamin preparations in massive doses for the treatment of numerous illnesses. Homœopathy here adopts a different view. To assess the therapeutic value of the vitamins, we must make their "provings" and use them according to the law of similars. They are capable of *producing* symptoms and curing the same in potencies.

VITAMIN A.

Deficiency of this vitamin tends to give rise to atrophy, keratinization and desquamation of epithelial cells, giving rise to conditions favourable for the growth of micro-organisms which cause a low grade inflammation in the devitalised epithelial layer. Thus there is a lowered resistance to infection. All epithelial surfaces are liable to be affected, but particular mention may be made of the cornea, the skin and the urinary tract. Its deficiency inhibits the regeneration of visual purple in the retina and is the cause of defective vision in dim light (nyctalopia). Its requirement in normal health is about 4000 to 5000 international units for adults, whereas in the presence of infection or diseases caused by its deficiency as much as 600,000 international units may be called for. In infancy and childhood 1500 to 4500 I.U. and in pregnancy and lactation 6000 and 8000 I.U. respectively are required. Its absorption is greatly aided by the

intake of sufficient fat. Carotene, the precursor and source of much vitamin A in the diet requires for its adequate absorption the presence of bile in the intestine. Liquid paraffin should be avoided by patients of Vitamin A deficiency as it dissolves and carries away carotene in the fæces.

SOURCES OF VITAMIN A: Whole milk, curds, cheese, butter, pure *ghee*, red palm oil, egg yolk, liver, liver oil of certain fish e.g. cod, halibut, the shark and the sawfish, are rich in Vitamin A content. The shark and the sawfish abound in Indian coastal waters and their liver oil is richer in Vitamin A than cod-liver oil though not as rich as halibut liver oil.

While *vegetable foods* do not contain Vitamin A as such, they contain *Carotene*, its precursor or "pro-vitamin A" as it is called. This fulfils the physiological functions of Vitamin A. Sources rich in carotene are: leafy vegetables such as spinach, lettuce, cabbage, amaranth leaves, coriander leaves, drumstick leaves, celery leaves, and ripe fruits such as mangoes, papaya, tomatoes, oranges etc.; also carrots. Roughly speaking, the greener and fresher the vegetables, the greater is their carotene content. Milk and milk-products from cows and buffaloes fed on green grass are richer in Vitamin A content than those from the animals fed at home on *bhusa* etc. It is very difficult to be sure about the Vitamin A content of *ghee*, but it is known that buffaloes' *ghee* has less of this vitamin than cows' *ghee* whose Vitamin A content is between 28,400 and 71,000 international units per ounce. "Vegetable *ghee*" does not contain any Vitamin A. One teaspoonful of cod-liver oil is roughly equivalent to about 4000 international units of this vitamin.

Ordinary cooking does not destroy the carotene present in the vegetables. But prolonged heating of *ghee* in an open pan considerably destroys Vitamin A.

VITAMIN B COMPLEX.

This is a group containing at least nine separate factors each of which appears to play a distinctive role in metabolism.

Vitamin B₁ deficiency causes Beriberi, a disease in which there is neuritis and degeneration of the nerves leading to partial or complete paralysis of the limbs, accompanied often by dropsy and by weakness of the heart muscle leading to heart failure. Its deficiency also gives rise to habitual constipation. Its requirements are increased by the presence of *diabetes*, by heavy work or strenuous exercises and also during pregnancy and lactation. Its deficiency should be guarded against when the patient is on special diets for *diabetes*, obesity, gastric or duodenal ulcer, sprue or cœliac disease. In India its deficiency is commonest in areas where highly milled (polished) *raw* rice is consumed as the main ingredient of diet. Rice which has been boiled and dried before the removal of the pericarp, called parboiled rice, contains enough of this vitamin to prevent beriberi.

The minimum daily adult requirement is about 1 mg. or 333 international units while infants and children require comparatively more, say 100 to 300 I.U. In pregnancy and lactation the requirement is increased to two to four times.

Yeast and the outer layers of cereals removed on milling such as wheat and rice-bran, as also wheat germ, peas, beans, liver and kidney are rich in vitamin B₁. Its richest sources among the ordinary foods are whole (unmilled) cereals, pulses and nuts. Foods poor in this vitamin are meat, fish, eggs, vegetables, fruits and milk. It is destroyed by *prolonged heating*, but ordinary cooking leaves enough of it to meet the requirements of the body. Serious wastage of this vitamin is caused by washing and cooking of rice, and milling and removing the outer covering of the cereals and pulses. Yeast tablets or marmite may be used when there is marked deficiency of vitamin B₁.

Now about the other factors of Vitamin B Complex group. These also are of great importance in human nutrition. Their deficiency may give rise to Pellagra, dermatitis, pigmentation, dryness and scaliness of the skin, fissures at the angles of the mouth and soreness of the tongue. The best sources of this group are yeast, milk and milk-products

(especially butter-milk), lean meat, liver, eggs, whole cereals and pulses.

Addiction to alcohol gives rise to deficiency of the B group of vitamins.

VITAMIN C.

A deficiency of this vitamin gives rise to loss of appetite and weight, retards healing of wounds and fractures, some forms of gingivitis, sub-periosteal hæmorrhages, intra-ocular hæmorrhages, and, in cases of marked deprivation, *scurvy*. Its deficiency should be guarded against in infants and children fed on dried milk.

This vitamin is found in fresh fruits and vegetables, especially in citrous fruits, black currants and tomatoes. *Uncooked* potato-juice and *sprouted* vegetables, pulses and cereals are fairly rich in this vitamin. *Amla* or *nellikai* which grows abundantly in India and is very cheap, is probably the *richest natural source* of Vitamin C. The fresh juice contains nearly twenty times as much Vitamin C as the same amount of orange-juice, and a single fruit is thus equivalent to one or two oranges. Cooking destroys this vitamin to some extent which is not considerable in ordinary cooking. But over-cooking of vegetables should certainly be avoided. *Amla* is little affected by cooking on account of its juice being strongly acid. The water in which the vegetables are cooked should be made use of and not wasted, as in the cooking process much of this vitamin passes into the liquid. Tinned fruits retain the vitamin C content.

The daily adult requirement is 75 mg. of the vitamin (ascorbic acid) which is provided roughly by about two and a half oranges or two *amlas*. In infancy and childhood 30 to 75 mg. is required; during the period of active growth and during pregnancy 100 mg. may be considered sufficient while for nursing mothers 150 mg. may be called for.

Alcoholism gives rise to a marked deficiency of this vitamin.

NOTE: The method of sprouting cereals and pulses described in Sir Robert Mc Carrison's "FOOD" is as follows:—

"Dhal, gram, wheat, unsplit peas or any other grain is first soaked in water for 54 hours and is then spread out on damp earth or on a damp blanket and covered over with a moist cloth or sack (gunny bag) which is kept moist by sprinkling water upon it from time to time. After two or three days the grains will have sprouted and be ready for use."

"The sprouted grains should be eaten raw or after cooking for not more than two minutes."

VITAMIN D.

This vitamin prevents rickets, osteoporosis and osteomalacia, regulates calcium and phosphorus absorption, deposition and retention, and thus ensures a healthy development of the body in general and the bones in particular. As there is a great demand for calcium in the body during pregnancy, calcium reserves of the body become depleted and osteomalacia may start during this period, the earliest sign being bone-pains. If a diet rich in calcium and vitamin D is provided, it will not only save the mother from osteomalacia but also ensure a healthy development of the foetus, (See the section on Calcium). Vitamin D ensures the formation of strong regular teeth in children.

The requirement in infancy, childhood, during the periods of pregnancy and lactation is about 800 international units daily. Premature infants may require about double of that quantity.

SOURCES: It is found in liver, liver oils, egg yolk, and in milk, butter and ghee obtained from animals which are fed on green pastures and are exposed to sun-light. Fish-liver-oil is its richest natural source. It is also formed by the action of sun-light or ultra-violet irradiation on the skin by the transformation of a substance (precursor) normally present there. But exposure to sun with this object should not be carried to excess and should be carefully regulated to avoid exhaustion and "sun-burn".

NOTE: Some infants and children seem to show an idiosyncrasy to concentrated vitamin D preparations. Dr. N. Morris reports a case in which even a drop of a concentrate was enough to produce a violent attack of vomiting. There is also a view that high dosage of this vitamin may produce *calcinosis* affecting especially the kidneys. There is, however, no risk of overdosage from natural sources.

M I N E R A L S.

The chief minerals whose insufficiency should be guarded against are CALCIUM, PHOSPHORUS, and IRON. In addition to these, there are other minerals needed by the body, but for all practical purposes it may be safely assumed that a generally well-balanced diet will provide enough of the latter.

CALCIUM: It is found abundantly in milk, skimmed milk, butter-milk, cheese and green leafy vegetables. Amaranth, fenugreek and drumstick leaves are rich in calcium. In the section on vitamin D, it was noticed that a deficiency of calcium in the diet might lead to rickets in children and to osteomalacia in expectant mothers. Accordingly, their diet should include plenty of milk and cheese. Normally smaller children should have at least a pint or 10 chhataks of milk daily, while the older ones, and expectant and nursing mothers should be provided with at least two pints or its equivalent. In actual deficient conditions, the amount may have to be doubled or its equivalent provided from cheese or other sources. Milk has the advantage of supplying vitamins A and D in addition, while its calcium is more easily assimilable.

The normal daily requirement is about 0.7 gm. for adults and 1 gm. for children.

PHOSPHORUS: If a diet contains sufficient *calcium*, its phosphorus content may be taken to be satisfactory. Cereals in the raw state are fairly rich in phosphorus, but

cooking destroys it considerably. Sprouted cereals and pulses consumed uncooked may afford the double advantage of supplying vitamin C and phosphorus at the same time. Milk is rich in phosphorus as well as in calcium and vitamins A and D. Foods rich in phosphorus are milk, butter-milk, eggs, soya-bean, pulses, nuts, wheat, oats, barley, cholam, ragi, water-cress, spinach, radish, cucumber, carrot, cauliflower, brussels-sprouts, meat and fish.

The daily adult requirement is at least 1 gm.

IRON: It is an essential constituent of the molecules of hæmoglobin, the red pigment of blood, and plays an important part in blood formation. Its requirement is increased in pregnancy and in conditions involving destruction or loss of blood-corpuscles as in anæmia, hook-worm infection and malaria. Foods containing iron are liver, red meat, eggs, pulses, whole cereal grains, spinach, leeks, lettuce, onions, radish, strawberries, artichoke, water-melons, asparagus, celery, cucumber, dandelion, turnip leaves and tomatoes.

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PROGRESS OF HEALTH IN WEST BENGAL.

By DR. B. C. ROY.

It has become the aim of all right-thinking people throughout the world to-day, to work hard for evolving measures to ensure positive health for the people of their country. Mere conquest of disease has ceased to be the object of scientific researches. These are being carried on in the present day to devise ways and means by which people can acquire that condition of health which would easily defeat all the evil forces of nature attempting to upset the normal course of a healthy life. It has become the accepted

opinion of all that unless there is a definite reserve on the credit side of health, no individual can resist the adverse factors which are continuously at work to spread infection to the human body.

Modern trend of medicine has thus concentrated not only on curative measures but on the preventive aspects as well. The two branches have been linked together and are simultaneously run and health personnel are being trained with this object in view.

Our country which has just emerged as a free republic is not lagging behind others in shaping its health planning. Due to various factors our people have become subjected to privations from many of their basic requirements. Illiteracy, ignorance, superstition and poverty giving rise to malnutrition are factors, to a great extent responsible for the ill-health of our people.

Basic requirements for a healthy living is the improvement of environmental sanitation. To spread this knowledge amongst the people, active co-operation of all right-thinking persons who can awaken civic or sanitary consciousness amongst them is needed.

To bring about complete reorientation in the outlook of life, new schemes have been taken in hand to educate the masses in a healthy mode of living by propaganda machinery all over the State. Although medical relief facilities are on the increase, measures for the prevention of diseases have also been given due importance in our scheme of health planning.

HEALTH SCHEMES TAKEN UP

Various schemes to develop the country-side where the greater bulk of our people live, have been taken in hand on a five-year-planning system. In spite of the great strain on the economy of the State on account of the ever increasing infiltration of refugees, their relief and permanent rehabilitation, about 20 lakhs of rupees are spent every year for rural water supply. Besides, urban water supply measures are also augmented with Government grant of about 10 lakhs of

rupees. In order to control the menacing incidence of malaria, two districts, viz. Bankura and Birbhum were taken up for intensive anti-malarial work and results so far achieved have been very encouraging. Two more districts namely—Hooghly and Nadia have been taken up this year. It has been proposed to take up all the 14 districts within the next 5 years. To tackle the increase of T. B. this State so far has provided 1767 beds for the patients. Steps have been taken to increase these beds. Domiciliary treatment facilities for these cases have also been taken up in close co-operation with the Tuberculosis Association. Poor patients are supplied with free antibiotic and other special drugs by the State. Mass B. C. G. vaccination scheme has been introduced in the province and 6,10,000 persons have been examined and nearly 2 lakhs of them have been vaccinated so far.

To provide the entire State with health Centres. Government have taken up on themselves the responsibility of starting one centre in each Union Board area. Besides, provision has been made for beds at the thana headquarters. Sub-Divisional and District hospitals have been provincialised and measures for their further improvement have also been taken up. At present, 121 rural health centres are functioning and 76 more are likely to be started in course of the year. Pending construction of buildings for these centres, as a preliminary step 67 centres with out-door treatment facilities have been started very recently. We have at present one bed for about 1390 persons, one doctor for 2010 persons, one mid-wife for 8683 persons whereas in the whole of India the corresponding figures come to about 4000, 6030, 4300 and 60,000. Per capita expenditure on medical and Public Health Services was Rs. 2-3-0 in 1950, although this figure in 1931 was only annas -/3/- and in 1946, Rs. 1-2-0.

There are 16,961 beds for the people in this State. For T. B. patients there are 1767 beds besides 8 clinics. There are 8490 beds for Leprosy patients. There are 121 Auxiliary General Hospitals, 11 Famine Relief Emergency Hospitals, 220 Mobile Medical Units, and 3 Travelling Eye Dispensaries

in the province now operating. In 1951-52 Rs. 232,41,676 were spent on medical relief; Rs. 24,53,980 were made over to various non-official hospitals in the province to augment their resources for relief to the patients. Besides these Rs. 44,94,000 were spent on Public Health measures in 1951-52.

We are passing through a difficult time no doubt, but if a dispassionate view is taken of what little we could do during the last four years, it can be said that we have just laid a foundation on which will grow up a full realisation of our desire to serve our people in greater details and to equip them with such health as would enable them to take their stand amongst the healthy people of the world. We hope that in our various development projects we will get the fullest co-operation of all of our countrymen as with their co-operation we want to create a society of absolute health and happiness in our country.

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INDIGESTION.

PRABIR KUMAR.

ABIES CAN.

Craving for meat, pickles and other coarse food; a gnawing, hungry faint feeling at the epigastrium.

Tendency to eat far beyond capacity for digestion. Burning and distention of stomach and abdomen with palpitation. Flatulence disturbs the heart's action. Pain in right shoulder-blade and constipation, with burning in rectum. Chilly sensations. Cold-water-feeling between shoulders. Wants to lie down all the time. Women with uterine displacement. Debility.

ABIES NIG.

In dyspeptic troubles of the aged, with functional heart symptoms; also after tea or tobacco. Pain in stomach always comes on after eating. Sensation of a lump that hurts as if

a hard boiled egg had lodged in the cardiac end of stomach. Continual distressing constriction just above the pit of the stomach, as if everything were knotted up. Total loss of appetite in morning but great craving for food at noon and at night. Exceedingly hungry and wakeful at night. Belching and acid eructations, frequent vomiting. Constipation. "Chewing the gum frequently produces the sensation of an undigested hard boiled egg in the stomach." Dyspepsia resulting from the use of tea and tobacco.

ABROTANUM.

Indigestion, with vomiting of large quantities of offensive fluid. Stomach feels as if swimming in water; feels cold. Appetite good, but emaciation. Food passes undigested. Abdomen distended. Alternate diarrhoea and constipation. Sensation as if bowels were sinking down. Cutting pain in stomach, worse at night. Craves bread boiled in milk.

AGARICUS.

Tongue white, pale, yellow, slimy. Foam at mouth. Absence of thirst. Want of appetite. No taste for bread. Great hunger but no appetite. Suddenly gets hungry, swallows his food hastily and with great eagerness. Toward evening he is suddenly seized with a ravenous hunger with perspiration all over the body, great weariness and trembling of limbs. Frequent eructation of mere air. Eructation with taste of inješta. Heart-burn. Nausea with colicky pains. Nausea immediately after a meal, alleviated by eructations. Oppressive heaviness in the stomach. In the region of the liver sharp stitches. Inflated abdomen. Pinching under the navel. Flatus moves audibly to and fro in the abdomen. Rumbling, gurgling in the bowels. Flatus smelling of garlic. When flatus passes itching in the rectum. First a solid stool, then a pappy stool, then watery, with passage of much flatus. After stool gurgling in belly. Lemon-yellow urine. Cold urine. White tongue. Water gathers in mouth with pains in abdomen. Bitter taste.

ALUMINA.

No desire to eat, no appetite, no hunger. Everything tastes like straw. Aversion to meat, to smoking of tobacco. Almost constant hunger, he could eat all the time. Very violent hunger. Strong appetite for vegetables, fruits and soft food. After eating potatoes stomach aches, sick feeling, nausea and then colicky pains. Potatoes disagree. Much thirst. Heart-burn after supper and after drinking water, and with a copious flow of water from the mouth. Water brash. Frequent empty eructations. Bitter eructations after eating potatoes. Rancid eructations which leave behind a long-continued burning in the throat. Sour eructations. Rancid eructations, with burning in throat. Sweetish risings from the stomach. Nausea and chilliness. While standing she feels sick with nausea. Nausea early in the morning at 4 O'clock. Sensation of coldness in stomach. In stooping the liver is continually painful and sensitive. The pains in the abdomen are diminished by warmth. Continuous sensation in the mouth as if it had been burned, after dinner. Formication on the inner surface of the cheeks. On awaking, the mouth is parched and the tongue cleaves to the palate. Water gathers in the mouth. Itching of the tip of the tongue. Tongue feels rough. Tongue: white; yellowish-white. Taste: bloody, sweet; astringent; bitter. (esp. after apples). Sour. Metallic. Salty. Acrid, salty taste of all food. Saliva salty. Mouth feels dry. Meat has no taste. Food appears tasteless. Acid fluid rises into his mouth. Constipation.

AMBRA GRISEA.

Distention of stomach and abdomen after mid-night. Sensation of coldness in abdomen. Acid eructations like heart-burn. Heart-burn from drinking milk. Entire thirstlessness. Cough with frequent eructations. Music aggravates symptoms. Frequent empty or sour eructations. Every evening stomach seems disordered. After eating cough and gaping and a feeling as if food did not go down into the stomach. Aching in a small place in the region of the

liver, rather better from pressure or lying on the part. Frequent urging but no stool, with much anxiety; meanwhile the near presence of any one, even if in the next room, is intolerable. Mental worry.

AMMON CARB.

He must drink while eating. Much thirst. Bitter taste in the morning. Longing for sugar. Nausea and vomiting after each meal. Heart-burn after eating. Sensitive painfulness of the stomach, even to the clothing. Pressure in the stomach and soreness at the pit of the stomach, after eating. Burning and heat in the stomach. Pain, as from constriction in the stomach, with nausea, water-brush and chilliness, ameliorated by pressure and by lying down. Great dryness of the mouth and throat. Vesicles on tongue, at tip, on borders, burning, hindering eating and speaking. Vomits all his food, afterwards sour taste in mouth. Continual thirst, no appetite, except for bread and cold food, worse from warm food. Constant eructations. Taste of food sour and metallic. After milk sour taste. Sensation as if the stomach were over-loaded until three hours after a meal. Painfulness of stomach, when pressed upon. Hunger and appetite but very little satisfies. Sweet taste in the mouth with bloody saliva. Bad smell in the mouth, which he himself perceives. The lips are always dry and stick together. Gathering of salty water in the mouth. Dryness in the mouth and throat. Milk is repugnant to her. At dinner heat in the face, also after. After meals sickness at the stomach. After dinner it is very difficult for her to speak. Flatulent dyspepsia. Stools difficult, hard and knotty. Stools in balls, passes with difficulty one after another. White, sandy urine; bloody.

AMMON MUR.

Early on awaking sour taste in the mouth. In the morning bitter taste in the mouth, with bitter eructation, passing away after partaking of food. Bitter taste in mouth whole day. Vesicles on the tip of the tongue. Pressive eructation, with taste of food partaken. Bitter eructation.

Belching up of ingesta. In the afternoon belching up of bitter, sour water the taste of which remained in her mouth until she again ate something. Nausea when walking or soon after dinner; better after eructations. No hunger, no appetite. Much thirst. Absence of thirst. Stomach feels empty without appetite. Lips and corners of mouth ulcerated, shrivelled, cracked and dry. Stools dry and crumbling.

ARNICA.

Dryness of the mouth with much thirst. Tongue coated white. Putrid smell from the mouth. Bitter taste, especially in the morning. Putrid taste. Aversion to food, especially to meat. Desire for vinegar. Longing for alcoholic drinks. Frequent eructations especially in the morning, empty, bitter, putrid, as from rotten eggs. Nausea and empty vomituration. After drinking, vomiting of what has been drunk. Restlessness and agitation after a meal. Burning heat in the pit of the stomach. Sour taste constantly in mouth, all that he eats tastes sour. Thick brown tongue. Complete loss of appetite. Heat in the head and coldness of other parts of body. Fulness in epigastrium with flatulence and distention of abdomen after a meal, canine hunger. Pain in stomach during eating. Repletion with loathing. Oppressive gas passes upward and downward. Pressure as from a stone. Feeling as if stomach were passing against spine. Fetid vomiting, offensive flatus, offensive stool. Must lie down after every stool. Distaste for milk and meat. Urine brown-red, with brick-dust sediment. Pale urine.

ANGUSTURA.

Atonic dyspepsia. Irresistible desire for Coffee. Belching with cough. Dryness of the mouth and lips. Tongue white, rough, burning. Bitter taste after dinner and after smoking tobacco. Thirst with desire for cold drink or sensation of thirst without a desire for drink. Disgust for food, for pork. Bilious eructations. Nausea while drinking or walking in open air. Acidity, coated tongue and loss of appetite.

Aversion to meat. Bread tastes sour. Craves warm drinks. Bilious eructations and loss of appetite.

ANTIM TART.

Tongue covered with a thick, white, pasty coat; open, parched, upper lip drawn up. Tongue very red; in streaks or dry down the middle; brown, dry. Bitter taste. Nausea and vomiting. Tongue moist, clean or loaded with a brown coating. Tongue: red, dry in middle; red in streaks, thick, white, pasty coat; thick white fur. Tongue coated, pasty, thick white, with red edges. Red and dry, especially in the centre. Brown. After dinner, which he relishes, spells of nausea come and go. Craves apples, fruits, acids, cold drinks and other cool and refreshing substances. Aversion to milk and often to all kinds of nourishments. Loss of appetite, even disgust of food. Sometimes nausea relieved by vomiting. Thirstlessness or intense thirst, often satisfied with frequent sips of water (like *Ars*). Great relief from eructations. Continuous anxious nausea with great effort to vomit and sweat on the forehead. The smallest quantity of drink is vomited with eager desire for more. Vomiting followed by great prostration. Nausea with great faintness. Frequent eructations like spoiled eggs. Violent pains like cramps in the epigastrium. Nausea, produces fear; with pressure in præcordial region, followed by headache with yawning and lachrymation and vomiting. Vomiting of food with great effort, followed by debility. Chilliness and sleepiness. Pulsation in the stomach. Cutting flatulent colic, worse when sitting bent forward. Acid vomiting, containing food.

ASAFŒTIDA.

Sensation of dryness in mouth and throat. Sensation of a ball rising in throat. Pulsation in the pit of the stomach. Sensation of fulness in the stomach. Fatty taste. Rising in throat. Loathing, inclination to vomit. Abdomen bloated. Flatus very offensive. Gurgling and rolling of wind, which escapes afterward with loud and difficult eructation. Flatulence and regurgitation of liquid. Great distention. Rancid

eructation. Flatus passing upward, none down. Profuse salivation with greasy taste. Hysteria

AURUM.

Tongue coated, dry, ulcerated. Immoderate appetite and thirst, with qualmishness in the stomach. Bloated shining face. Stool very large in size or very hard and knotty (constipation). Nightly diarrhoea with burning in the rectum. Eructations of gas relieve attacks of palpitation. Aversion to meat, wants milk, wine, coffee. Burning at stomach and hot eructations. Urine turbid, like butter-milk, with sediment. Taste putrid or bitter. Horrible odour from nose and mouth. Thoughts of suicide. Piles.

ASARUM EUROP.

Accumulation of cold, watery saliva in the mouth. Eructations putrid or sour, setting the teeth on edge. Violent empty retching, which increases all the symptoms, only relieving the head. Vomiting with great anguish, under violent exertion, with chilliness. Over-sensitiveness of the nerves, the scratching of linen or silk is insupportable. Loss of appetite, flatulence, eructation and vomiting. Desire for alcoholic drinks. Smoking tobacco tastes bitter. Nausea, worse after eating. Clean tongue. Chilly persons who are always shrinking from cold. Symptoms disappear on wetting the affected part on applying cold water. Symptoms worse in cold dry weather, in clear fine weather. Bread tastes bitter. Heart-burn.

—o—

RHEUMATISM.

KALMIA.

Type : Acute articular rheumatism. Syphilitic rheumatism. Gonorrhoeal rheumatism. *Complication* : Heart. Pericarditis. Endocarditis. Rheumatism that travels downwards. Gout. Rheumatism that goes from lower to the upper limbs. Migratory rheumatism (Puls).

Location: Chest. Shifts from joints to the head after external application to the joints. Muscles. Tendons. Joints. Heart. Lower limbs. Extremities. Mostly upper arms and lower parts of legs. Generally goes from the upper to the lower parts. Right side. "Goes from above downward" (Cactus). Knee-joint. Left arm and shoulder. Deltoid muscles (right). Ankles.

Pains: Pains shift suddenly. Goes from above downward. Pains are dull, tearing, crushing, pressing, go from the lower to the upper limbs. Motion will bring on the pain or aggravate it when it is present. "Pains change about. Wandering pains. Wandering pains go downwards, down the arms, down the back and down the legs; from the shoulder to fingers and from the hip to the toes". "Wandering rheumatic pains in the region of the heart". "Pains intense, change places suddenly, going from joint to joint". "Pains sticking, darting, pressing, shooting in a downward direction attended or succeeded by numbness of affected part." Tingling. Numbness. Bruised feeling all over body. "Rheumatic pains travel from below upward (pains shift from joints to heart)", "weakness and numbness of parts". "Great pain and aching in the limbs". "Pains changing location suddenly." "Severe pains." "Shift about from one place to another." Soreness. Stitches.

Character: Rheumatism affecting the chest. Rheumatism which shifts from the joints to the heart especially after external application to the joints. Rheumatism which travels downwards. Rheumatism with heart-affections. Rheumatism and gout when heart is affected. Heart diseases developing from rheumatism. Heart diseases alternate with rheumatism. Rheumatism with very severe pains which change places suddenly and go from joint to joint. The joints are hot, red and swollen and are aggravated by least motion. Rheumatism, involvement of heart, tingling and numbness. Shifting pains, restlessness, slow weak pulse. Bruised feeling all over body. Rheumatic pains involve muscles and joints, then shift and finally settle in heart;

they involve left arm and shoulder with stiffness and numbness. Rheumatism when the pains shift from the joints to the heart, particularly after external application to the joints. Rheumatism with great weakness and numbness of the parts, with great pain and aching in the limbs. Rheumatism that alternates with heart-troubles. Rheumatic pains in the arms (right). Rheumatic pains in the extremities. The rheumatic pains are mostly in the upper arms and lower parts of legs, and are worse when going to sleep. The rheumatism attacks the heart and generally goes from the upper to the lower parts. Motion increases especially the great weakness and tired feeling in all the muscles. The feet feel sprained. Pain in knee (left). Stitches on the knee, feet, soles, toes, left big toe. Tearing pain from the hip down the leg, extending to the feet. Pain in left wrist, causing the hand to feel paralyzed. Sprained feeling in the hands. Stitches in the hands and fingers. Cracking in elbow-joint. Pain in shoulder-blades (stitches). Violent pain in back. Deltoid rheumatism of both sides particularly of the right. Rheumatic affections with slowness of pulse (35 to 40 per minute). Great soreness, languor and lassitude in lower extremities. Swelling and pain of ankles. Neuralgic pains from nape of neck down right arm to fore-fingers. Lumbar pains of nervous origin. Tingling and numbness of left arm. Joints red, hot, swollen. Pains affect a large part of a limb or several joints and pass through quickly.

Causes : Chill. Exposure. Wind. Sun.

Conditions : Affection of heart. Slow pulse. Pains are worse by motion and are of shifting character. External application to joints drive the pains to the heart. Rheumatism travels downward. Migratory rheumatism with suffering in heart (Puls). Palpitation worse when lying in the left side, when bending forward, better when lying on back and when sitting erect. Dyspnoea worse exercise. Vertigo by slightest motion. Sun-headache. Wandering rheumatic pains in the region of the heart. Rheumatism which goes from the lower to the upper limbs. Rheumatism jumps from

joints to heart (Kalm. Aurum. Bryo. Rhus-t. Led. Calc-c. Abrot. Cal.).

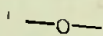
Aggravation : Motion. Leaning forward. Open air. External application to joints.

Amelioration : Wine (vomiting). When lying down.

Similar remedies : Abrot. Puls. Led. Rhod. Rhus-t. (Numbness of left arm). Aco. Dig. Calc c. Kali-bi. Lyc. Spig. Cact.

Attending symptoms : Vertigo when stooping and looking downwards. Eye and head symptoms are worse in the evening and in open air. Pale face. Roughness of cheeks every Summer. Cracked lips with dry skin. Dry white tongue. Salivation, Nausea, everything becomes black before the eyes. Eructation relieves sensation of weakness in abdomen. Stool as if glazed. Difficult and oppressed breathing; the throat feels swollen, nausea; with rheumatism. Pulse slow, weak. Cold sweat. Cold extremities. Nausea and slow pulse. Tingling and numbness of left arm (Rhus-t.) In rheumatism the lower limbs are first affected then the upper. Palpitation shaking the whole body. Rheumatism often attacks heart and generally goes from upper to lower parts, pains shift suddenly, weariness in all muscles, can hardly go up-stairs.

N. C. DAS.



PNEUMONIA.

KALI-CARB.

Type : Lobar Pneumonia. Broncho-Pneumonia. Pleuro-Pneumonia. Pleurisy. Bronchitis. Infantile Pneumonia or Capillary Bronchitis. Chronic Pleurisy. Chronic Pneumonia (upper part of lungs).

Stages : Third stage (when there is copious exudation into the lungs). Hepatization. "Again when Pneumonia has passed away."

Location : Lower lobe of right lung (lower right chest).
Left chest. Both sides.

Causes : Suppressed or delayed menses in young women with pain and weakness in back. After measles. Catching cold. Over-strain. Cold air. From getting heated.

Expectoration : "Little globules of pus." "Purulent expectoration, mixed with blood and thin mucus or white masses fly from the mouth." "Copious expectoration of mucus. Expectoration in morning. Expectoration of blood-streaked mucus." "Expectoration bloody, acrid or purulent." "Sourish expectoration, or of blood-streaked mucus, or of pus." "Expectoration scanty and tenacious, but increasing in morning and after eating." "Expectoration must be swallowed; cheesy taste; copious, offensive, lumpy." "Mucus raised with difficulty." Purulent, mixed with blood and thin yellow pus. Streaked with blood or containing small lumps of blood; of pus globules, albumen, blood; masses resembling pus. Unable to expectorate the loosened sputum; hard, round, white masses fly from the mouth when hawking or coughing.

Cough : Dry, hard, exhausting. Cough, worse warm food, exercise, lying on left side, 3 a.m. Dry, barking, hacking cough in cold air. Dry hacking cough with morning expectoration. Violent spasmodic cough with gagging or vomiting. Cough with feeling as if head would fly to pieces. Continuous dry hacking cough. Cough with great rattling of mucus in the chest. Cough worse after mid-night (3 to 4 a. m.), from motion, when sitting erect, from cold, after warm milk, fasting, while lying on side. Cough from tickling in throat, larynx or bronchi, loosens tenacious mucus or pus which must be swallowed. Dry cough at night waking from sleep with pain in chest; little during day. Cough dry and teasing from dryness of throat.

Respiration : Intense dyspnœa. Oppressed breathing, can neither sleep nor drink. Wheezing, whistling breathing.

Note :—Sang. Calc-c. (right middle lobe) Ars-A. (upper right to back.)
Therid. Anis. Pix Liq. Sulph. Tub. (upper left).

Inability to breathe deeply. (Hepatization). Difficult wheezing breathing. Arrest of breathing awakes him at night. Breathing short, in morning suffocative. Labored breathing, worse from drinking, motion and in morning.

Pain: Stitching pains everywhere, but especially in the right lower chest through to back. Pain in lower right chest is very valuable (Merc. Chel. Phos.).

Stitching pains located in the walls of the chest and worse on motion (often without motion). Stitching in the lower third of the right lung, going through the chest to the back, is most characteristic. Stitching all over chest, erratic, wander all over the body (Kali-bich. Merc. Puls. Sulph.).

Cutting pain in chest in evening after lying down, worse lying on right side; in lower portion of right lung through to back (Bor. Bry. Chel.). Pain through lower third of right chest to back. Pain as if lower lobe of right chest was adhering to ribs. Sore pain in upper part of chest on breathing, touching or lifting anything heavy. Pressure in whole left side of chest on deep breathing. Pain in left chest under short ribs. Stitches under left mamma. Whole chest is very sensitive. Leaning forward relieves chest symptoms. Coldness of chest.

Pain worse right lower chest and lying on painful side. During cough stinging in throat, stitches in the right side of chest (lower part). Pain in chest especially when talking. Stitches in sternum and right side of chest through to back when taking an inspiration. Tearing in the sides of chest. Inflammation of the lungs with stitches in the chest (right side).

Pulse: Very variable; frequently more rapid in morning than in the evening.

Patient: Old people. Patients with dark hair, lax-fibre, inclined to obesity. Anæmic subjects. Tubercular patients. Tendency to take cold. Catarrhal states usually locate in the chest (Phos. Lyc. Sulph.). Whimsical.

Conditions: Pneumonia with bilious complication (Merc. Chel.). Complementary to Bryonia. Stitching pains running through lower part of right side. Cough, worse at 3 a. m.,

wheezing, rattling breathing, intermittent pulse. Swelling between the eyelids and eye-brows. Puffiness of eyes. Pneumonia in the stage of hepatization. Again when Pneumonia has passed away and every little cold settles in the chest. Flying neuralgic pains. "Patient says, I have never been quite well since I had Pneumonia." Not indicated in the beginning of Pneumonia but later when there is copious exudation into the lungs. Sweat on upper lip during sleep. Hepatization of right lung with inability to lie on right side, cannot breathe deeply. Abscess of lung (Pus and blood). "Persons suffering from ulceration of lungs can scarcely get well without this antipsoric."

Fever: Fever with long yawning, stitching pains in head and chest, pulsations in abdomen. Internal heat, external chilliness. Dyspnœa; redness and heat of face with icy cold feet. Dry heat of cheeks and hands with shortness of breath, no thirst.

Accompaniments: Angry, irritable. Anxiety with fear. Great tendency to start when touched. Cannot bear noise, dread of noise. Despondent. Alternating moods. Never wants to be left alone. Never quiet, obstinate. Hypersensitive to pain, noise, touch. Sensitive to draft of air; cannot have the windows open. Sensitive to cold. All his pains change place and go into the cold part, if he covers up one part, the pain goes to the part uncovered. Flying pains. All symptoms are worse at 2, 3 or 5 o'clock in the morning. Tendency to dropsies. All symptoms are likely to be worse after coition. Wandering stitching pains through chest and coldness of the chest. Patient sensitive in the soles of the feet, a mere touch sends a thrill throughout the body.

Sensation of coldness of the eyelids. Inclination to stare. Toothache when eating. Sensation of dryness of the mouth with increased secretion of saliva. Tip of tongue burns. Great desire for acids or sugar. Milk and warm food disagree. Constipation, difficult large-sized stool, sheep-dung stool. White mucus before and during stool. Painless diarrhœa with rumbling in abdomen. Backache. Cold hands. Restless legs in evening. Itching of tibia. Profuse

fetid sweat of feet. Cold feet in bed. Twitching of muscles. Inability to perspire, fetid or sour sweat. Aversion to open air. Sleeplessness after midnight. Weakness. Tubercular diathesis. Dry hair, ulcerated nostrils. Pain in hæmorrhoids when coughing. Pain from hip to knee. Pain in knees.

Nose-bleed when washing face in morning. Loud talking in sleep. Dreams about diseased parts of body. In sleep his limbs twitch and he snores. Dryness of mouth prevents sleep. Sweat on perineum at night. Obstruction of breathing wakes him from sleep. Shooting in left side of chest, worse lying on left side, better lying on right side. Cramps in right thigh and calf at night break the sleep. Severe bleeding of ulcer at night. Gnashing of teeth during sleep. Sensation of emptiness in the whole body. Child wants to be continually carried. Formication in limbs makes him restless. Coldness of hands and feet.

Aggravation : After mid-night ; from 2 to 4 a. m. Cold air. Warm food. Lying on either side, especially on painful side. Coition. Before and during menstruation. Cold weather. Lying on left and painful side.

Amelioration : From eructations. On getting warm. In warm air. Warm weather. Day. Motion. While sitting in a bent position. Warmth. Leaning forward, with elbow on knees.

Remedies following : Ars-a. Ant-t. Lyc. Puls. Phos. Sulph. Bry. Nat-m. Nit-ac.

Follows well after : Ars-a. Carb-v. Lyc. Phos. Puls. Sep. Sulph.

Complementary to : Bry. Carb-v.

HEADACHE REPERTORY.

TIME.

1 A. M.	Pall.
1 „ to 10 A. M.	Chin., Elaps.
2 „	Cimic., Sulph.
3 „	Agar., Bov., Chin-s, Nat-m. Thuja.
4 „	Chel., Raph. Stram.
5 „	<i>Kali-i.</i> Dios. Calc. Kali-bi. Stann.
6 „ until evening.	Crot-t.
„ 3 P. M.	Aur.
„ 5 „	Mang.
„ 10 „	Phys.
7 „	Ars.
8 „	Bov.
9 „ to 12 A. M.	Meli.
„ 1 P. M.	Mur-ac.
„ 4 „	Caust.
10 „	Nat-m ; Bor ; Apis ; Ars ; Gels ; Cimic.
10 „ 2 „	Alum.
„ 3 „	Nat-m.
„ 4 „	Stann.
„ 6 „	Apis.
11 „	Ipec ; Spig ; Sol-n ; Sulph.
1 „	Ail ; Coca ; Lyco ; Mag-c ; Phys ; Pic-ae.
1 „ to 3 P. M.	Chin-s ; Plant.
„ 5 „	Mag-c ; Lac-ac.
„ 10 „	Mag-c ; Plat ; Sil ; Spig.
2 „	Ars ; Chel ; Grat ; Laur ; Lyss ; Phys ; Ptel.
„ 7 A. M.	Bad.
„ Bed time.	Sep.

Until late in the evening.	Bad ; Chel.
3 P. M.	Bell ; Fl-ac ; Apis ; Fago ; Guaj ; Hura ; Iber ; Lycps ; Lyss ; Nat-a ; Sep ; Sil ; Thuja ; Verat-v.
3 P. M. to 4 P. M.	Brom ; Clem.
" 9 "	Arnica ; Lyss ; Nat-a ; Tarent.
4 "	Sulph ; Arg-mur ; Arg-n ; Caust ; Chim-s ; Dios ; Helon ; Meli ; Nat-m ; Phys ; Pic-ac ; Stry ; Verat-v.
4 P. M. to 8 P. M.	Lyco ; Caust ; Hell.
" 3 A. M.	Bell.
5 "	Puls ; Bufo ; Helon ; Nat-m ; Pic-ac ; Sulph.
5 P. M. to 6 P. M.	Chin-s ; Lil-t ; Sep.
" 9 "	Plat.
" 10 "	Puls.
6 "	Gels ; Nat-s ; Ptel ; Puls ; Rhus-t ; Sep.
7 P. M.	Cedr ; Sulph ; Bad ; Chin-s ; Lyco ; Mag-c ; Nat-m ; Rhod ; Rhus-t ; Sep ; Verat-v.
8 P. M.	Sulph ; Strych ; Phys ; Lac-ac.
" to 9 P. M.	Helon ; Indg.
9 "	Coca ; Dios ; Gels ; Pic-ac ; Ptel.
10 "	Dios ; Laur ; Mag-p ; Phys.
11 "	Cact ; Dios ; Stram ; Valer.
Morning.	Nux-v ; Anac ; Arn ; Aur ; Bell ; Bryo ; Bov ; Baryta-c ; Cact ; Calc ; Cal-p ; Carb-v ; Chel ; Coloc ; Con ; Graph ; Hep ; Ign ; Kali-c ; Lach ; Mang ; Mez ; Nat-m ; Nit-ac ; Phos-ac ; Phos ; Psor ; Rhus-t ; Sep ; Sil ; Spig ; Stann ; Staph ; Sulph ; Thuja.

[To be continued.]

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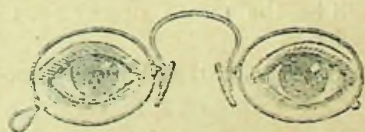
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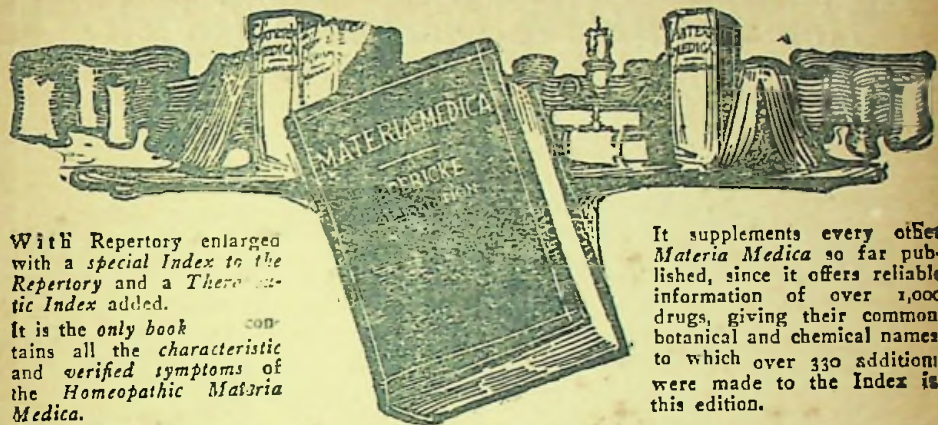
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