

Sabina—Its Power to Check Abortion.

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In accordance with the request of our esteemed colleague and friend, Dr. K. B. Sen, H. M. B., Calcutta, as expressed in his Clinical Case, "Abortion—Could it be Avoided," published in this Journal, pp. 383-384, wherein he has invited information on (1) How to conduct a case of Abortion, (2) What is the best time for the commencement of treatment in such cases, and (3) Could *Sabina* save the holy life (in the case reported by him), we beg to submit as under:—

We shall take up the third point first, viz., "Could *Sabina* save the holy life?" Our reply is,—If the case was a *Sabina* case, if the case fully represented the genius of *Sabina*, if the case fully satisfied the requirements of the *Similimum*, the life in question ought to have been saved, provided the case was avoidable one. But from the report above referred to, it is not clear that the case was a *Sabina* case under the Law of Similars. *Sabina* is predominantly anti-sycotic and is specially suitable to plethoric women of gouty diathesis, but there is no mention of these traits. Aggravation of discharges by motion is also found in *Erigeron* and *Secale Cor.*; similarly, abortion in the third month is also found in *Bell.* and *Secale Cor.*; and the *Erigeron* hæmorrhage also comes 'at paroxysms', it "Comes in fits and starts—it comes with a sudden gush and then stops again"; thus, these three symptoms, viz (a) aggravation of flow by motion (exertion), (b) abortion in the third month and (c) flow at paroxysms, as noted in the case, were not at all guiding. Further, it has not been ascertained whether the patient was disturbed by heat, worse in a warm room and from too much clothing, liked the windows open, that is, preferred the open air; whether the flow was thin liquid, bright red and intermingled with clots, and whether the 'colicky' pains seemed to shoot up the vagina to the uterus or even higher up, together with much urging to urinate, though a *Sabina* case should have exhibited all these. The symptoms

to prescribe upon must be such as represent the patient through and through, and *unless the symptoms prescribed upon represent the genius of the remedy, no great thing can be expected from the administration thereof.* There is another thing; it was certainly not following the principles of Hahnemann's *Organon* to administer, in 24 hours, three doses of the 200th potency of a deep-acting remedy like *Sabina* that "establishes a turmoil in the circulatory system, with violent pulsations all over the body"; by such a repetition of the said potency, the patient was probably done, we fear, more injury than good. Moreover, the repetition betrays extreme *nervousness* though we, Homœopaths, can ill afford to be *nervous* at all. We feel the temptation of quoting the very wise words of Dr. Kent in this behalf. He says,—“Scarlet fever often stirs up much trouble in the economy, especially when it has not been properly treated, when it has been treated by the Allopath, or by a *nervous* Homœopath. A *nervous* Homœopath is one who does not wait for his own convictions to be ultimated, does not wait for his remedy to work, etc”.—*Materia Medica*, p. 202. Therefore, we repeat, had *Sabina* been the *Similimum*, it ought to have saved the life, of course, had the case been a preventable one.

As what we have written above is, we think, quite sufficient to show how to conduct a case of Abortion, we have thought it unnecessary to repeat the same thing over again. We shall therefore discuss the second point raised, viz., what is the best time for the commencement of treatment in such cases.

At the very outset, we wish to make it distinctly clear that we have to *treat the patient as a whole*, if we mean to prevent her abortion. Abortion is only one expression of her diseased vital force. The vital force has been so disordered that, say, at the third month of her conception, there is extreme irritation of the uterus, together with a morbid flow and accumulation of blood within it, leading to pains and discharges and the eventualities complained of, or at the same

or later period of her gestation, the walls of the uterus do not extend to accommodate the growing and developing contents, but on the other hand they have a tendency to contract, and we regret the consequences. Unless, therefore, these abnormalities of the organ can be removed by eradicating the cause thereof, that is, by re-establishing the vital equilibrium which, by universally adjusting all organic functions, will so correct those of the generative organs, including the ovaries and the uterus, that the patient will no longer have to complain of any abortion at all. With this end in view, the physician should commence an anti-psoric treatment of such a patient immediately after the abortion, so that he may have ample time to correct her constitution before she conceives again.

In the report under reference, it has been said that "she was *healthy* all along, but *pain during menstruation* was present invariably". We humbly beg to point that *health* means *normal functioning of all the organs*; but the second half of the sentence quoted plainly contradicts the first half. A healthy system will never have any pain during the monthly courses which, on the other hand, shall be as easy and painless as the normal processes of breathing and speaking. Therefore, we say, the lady in question requires a complete course of anti-psoric treatment, and it should be immediately begun, at the latest, a few months before her conception.

Before concluding we beg to state that we have written this article in pursuance of the express request of our friend for whom we have every respect as a professional brother. If, however, there be anything that may appear as a criticism of his report, it is due simply to our regard for the Principles of Homœopathy, and should never be construed as owing to our love for criticism for its own sake. We are sure we shall not be taken amiss.