

Pneumonia in Homoeopathy.

DR. PADARATNA GHOSAL, M. A., (HARIPAL)

Sometime ago, pneumonia was regarded as a terrible scourge of the human race, and claimed victims from amongst all classes of people, and the dominant school of medicine, with all its "strong" drugs, liniments, applications and inhalations, was powerless to stop its ravages. Whenever an unfortunate person fell a victim to this disease, or what was more likely, to the torments inflicted on him in the name of science, it was invariably said "Oh, we had almost controlled the disease; the lungs are all right; but it is only the heart that failed and the patient died!"

And when the educated brother on the streets heard this precious dictum, "It is a case of heart failure, is n't it?" Said he, "why, then it is all right, and the doctor is not to blame," and the brother on the street was quite satisfied. It was only the wicked heart, that was the root of mischief; else our eclectic brethren would certainly have put things to right! But the inscrutable and perverted ways of that organ—the heart! It seemed bent on failing and would not listen to reason, and would laugh at Digitalis and Strychnine.

Let none presume that this picture is entirely one of the past; for it can be witnessed even to-day in every city and in every village, wherever people have not yet been disillusioned of the vain splendours of dominant medicine, and blindly sacrifice life and money at the altar of ignorance and selfish propaganda.

But Homoeopathy has created a revolution in the treatment of this fell disease; and under efficient homoeopathic treatment, pneumonia is reckoned as one of the most harmless of disorders. Says Kent, "Every true Ho-

mceopath ought to be able to say with confidence that he can abort every case of Pneumonia in forty eight hours, and of Typhoid in four to seven days." Slowly but steadily people are realising the incomparable superiority of our system over the older one in treating this disease, as in many other equally grave disorders.

Ten years ago, almost every case of Pneumonia in this locality went over to the Allopaths, most of them never to return to life. But now, ten years later, almost three-fourths of the cases in this and the adjoining villages come under my clinic. There is, however, one curious thing. The great and titled Allopaths say that Pneumonia can not be cured under eleven days; but I have cured cases without number in from 24 to 48 hours; and the worst cases have rarely taken more than a week to come round. The conclusion is obvious. These cases must be spurious only as they did not obey the eleven days' law! And the few that were cured or rendered incurable after an infinite amount of trouble by them must be the bonafide ones. But the country is slowly shaking off even this last remnant of superstition.

There are masterly treatises on the subject of Pneumonia and its treatment; and I must not be supposed to be going to write another treatise on the subject. Hints, both practical and unpracticable abound in every one of these valuable books. In order to lay all suspicion as to my design wholly at rest I propose to begin at the wrong-end of the thing by citing a few clinical cases by way of explaining what I mean to say relating to this disease.

PATHOLOGY *versus* SYMPTOMATOLOGY.

An excellent pathology of pneumonia can be found in Butler, Burnett, or in our own Raue; as well as in many treatises recently published. In every case of pneumonia

there are the usual signs of high fever, oppressed breathing, accelerated respiration, pain, and when the disease has progressed sometime, signs of toxæmia. Every one of them would give crepitant sounds or auscultation, and dullness in percussion when sufficiently progressed. The pathology is so beautifully like the pathogenesis of Acon., Phos., Bry. etc.; that had we to prescribe pathologically we would have an extremely easy sailing. And yet such is not the case. In the treatment of pneumonia, as in the treatment of every other disease under the sun, the homœopath need have all his materia medica and all his keynotes at his fingers' ends, or he will bungle things. For my part I never had much partiality for pathological prescribing, and much of the laborious lessons of therapeutics was all but lost on me. It was surely not easy sailing, but it was paying in the end to have more ears for what the patient says than for what the organs of his body say. Of course I do not undervalue pathology; it is quite an important branch of study, and is a valuable aid even at the bedside of the patient. But the patient himself is more important to a homœopath than either his lungs or his limbs; and no homœopath can afford to cure the lungs and let the heart fail. Here is a case:—

I. T. Ghosal, aged 25, short, plethoric and some what brown with a red flushed face; of laborious habits, yet often tired.

Repaired to the city during the sultry days of June, had much hot exposure and fatigue. Came back two days ago sick, coughing, with running cold and fever. The fever grew intense, the moist running had stopped, there was pain and oppression on the right side and the patient was prostrated. The right lung presented crepitant sounds with harsh breathing sound and a large portion of the lower lobe had been engorged. The patient was red

and flushed ; he complained of an intense burning all over the body. All his body burnt ; the mouth, the nostrils and all the pores of the body burnt ; and yet he was chilly. There was intense thirst, but every draught of water sent a cold shudder through his body. With every cough there was a foetid exhalation from the lungs, (so the patient complained) and his breath was intolerably foul as it came out of the lungs during cough. There was very little expectoration. Temp. 103.8

'Hallo' said Pathology, "this is a clear case of right-sided pneumonia. So look to your routine and give him Aconite, and then Bry. or Phos ; for these drugs produce exactly this pathological state."

"Nay" said symptomatology, "is not the patient superior to his organs? Better take note of what the patient feels and suffers, and seek your similitum."

"Sister !" Said pathology, "I am the voice of the organs."

"May be, you are" replied symptomatology "but I am the voice of the patient himself."

"Madam," said I to the last speaker "you know I disregard neither of you ; but you also probably are aware that I have a bit more partiality for yourself ; for the Master had given you a distinct preference. But unfortunately you are a stern taskmaster, and require one to make forced marches over the vast domains of *Materia Medica*. Nevertheless" added I "I shall try my best to obey the Master's mandate."

I was astonished to find my patient a *Capsicum* totality of symptoms. This was perplexing for nobody had ever, to my knowledge, even distantly hinted at Caps. as a remedy for Pneumonia. Accordingly, I hesitated ; as I could find no other solution of this difficulty than the only one of giving the indicated remedy, I soon ceased to

hesitate and put two drops of the 30th potency in a glass of water, bidding the patient take a teaspoonful every two or three hours until he began to feel some relief. This was at 4.30 P.M. on Wednesday, 17.6.31.

18.6.31.—It was after the third dose that the patient had slept. While he awoke in the morning, he found himself drenched in perspiration, his burning gone, and the temperature had come down to 98°. There was a bit of expectoration, white and salty. The chest pains had been much reduced and the cough was almost free from the intense fetor. "Please give me some medicine to remove my lingering pains on the chest, and to stop my perspiration." Said the patient. "Yes" said I, and gave him *sae. lac.* for two days.

20-6-31. No fever since 18-6-31. But the pains over the right chest are very troublesome with painful stitches; cannot lie on the right side. Mouth full of offensive saliva, and a very troublesome and obstinate perspiration, torments the patient.

The turn of Pathology is come.

Rales and Ronehi in the chest; with occasional crepitant sounds. Ptyalism, foul breath and copious perspiration. The expectoration is liquid, and very salty.

Mere. Viv. 30—Single dose. *Sae. lac.* for 2 days.

22-6-31. Patient free from symptoms. No more medicine was needed.

CASE II.

Mr. Anukul Chatterjee's eldest son, aged 16 years; dark, slender but strongly built. Broncho-pneumonia for the last seven days. Signs of great prostration with toxæmia supervening. Was from the beginning under the treatment of a homœopath; but as patient became worse, I was called in on May 13, (8th day).

The patient had large dull spaces on the right side, with the usual crepitation and some ronchi. A small portion of the left lung also had been attacked. The pulse was 140, with a temp. of 103°8, and the Resp. as high as 60 to 65. He had, Aeon., Bell., Phosph., Lycop. and lastly Bry. So that Pathology was fully represented in the prescriptions.

I found him lying almost unconscious with half closed eyes, with occasional startings. There was delirium of a low muttering kind, which became loud and distinct during the night. The boy talked of his usual occupations. He was very hot, craved open air. The fingers, were always busy, picking here and picking there. Tongue coated dirty yellow. Thirst: Gave *Hyose.* 30. 2 drops in 4 oz of water, one spoonful three times a day.

May 14. Reports almost the same state; only there was less delirium. Sac. lac.

May 15. The abdomen was tympanitic, and patient comatose. There was one offensive stool. The tongue had a dirty yellowish coating with red ulcerated edges. Delirium and one dose of Typho-febrinum 200.

May 16. Temp. came down to normal in the morning. No delirium, no tympanites. Patient wanted food. Sac. lac. for two days.

After this the progress was quite satisfactory; and only a dose of Sulph. 200 was needed later to put the patient on his legs, as he had a clear psoric history.

CASE III.

Mrs. A. Devi.....aged 19 years; fair, slender, and of irritable temper. Had cold exposure after a running cold had set in. Then croupous pneumonia began with a violent rigor followed by intense fever.

On Wednesday the Asst. Surgeon in charge of the local

Charitable hospital examined the patient and pronounced her state as a grave one. There was likelihood of both the lungs being invaded. The patient was from the 2nd day put on homœopathy; and Acon. etc. were exhibited without any effect.

Dr. Chunilall Chatterjee, one of the greatest names in Homœopathy in Bengal, attended her on the 4th day. The temp. continued very high, ranging between 104.5 and 105°, the respiration was oppressed and rapid, and the patient wholly unconscious. Dr. Chatterjee who was a high dilutionist gave her a single dose of Iodium C. M. It was altogether a great prescription pathologically as most Dr. Chatterjee's prescriptions were. The fever began to abate in two hours after the remedy had been administered.

5th day.—Temp. 102°. But patient is very low, unconscious and delirious. Pulse 155. There were unconseious passages of urine and stool. Patient complained of burning heat at times, and intense pain over the right chest. On auscultation the left lung was found to be partly engorged. The right was all but hepatized. It was the celebrated Phosphorus stage, and a local Homœopath put the patient on *Phos.* 30 at 10 p.m.

6th day.—The patient was worse. Fever 102°. There was furious delirium, with pulse inclining to be irregular and extremely rapid. The discharges were involuntary. About evening, the extremities became progressively cold, but the delirium increased in fury, so that the patient was, inspite of her extremely low state and gasping respiration, with difficulty kept in her bed. All hopes about her life were given up and the friends made preparation for the last rites. I saw her at 10 p.m. and was extremely discouraged at her state. I found that she had been treated most satisfactorily on patholo-

gical lines. "Yet" thought I "let me attend to the patient and see and hear in what manner she carries herself even at this extremity."

I found her raving wildly. She wanted to go to the kitchen and eat rice. She violently abused her attendants, and had injured one of them. She made feeble attempts to recite passages, and was with great difficulty prevented from jumping out of bed. The pulse could not be counted, and was thready, the extremities being cold. She could not be made to answer questions; but sometimes wetted the bed.

Without further hesitation, I put a dose of *Stramonium 30* on her tongue with the help of two attendants (for she could not be made to take it without force), and left 3 more doses for the night to be given until there was an abatement of the symptoms (if at all).

What was my satisfaction not unattended with surprise to hear that the patient was not only alive on the next morning, but that she was doing extremely well. She was sensible, her delirium having after the second dose, been followed by a heavy and refreshing sleep from which she woke only once during the night. The temp. had come down to normal. This was indeed a triumph.

"Where is all that vast mass of exudation in the lungs?" said one of the astonished allopaths who saw her in the morning. "How could all that disappear in the course of a single night?" Let the reader answer these questions.

Of course there were some sequelæ and the symptoms that lingered, viz. the cough, the hot perspiration, and the persistent pain etc. required a dose of *Calc. Ars. 200* on symptomatic principles.

There are a hundred of such cases in my diary; but I refrain from adding more lest I shall needlessly

swell my volume. The above three cases sufficiently illustrate my point.

What is the best way for a physician to prepare himself so that he may tackle successfully Pneumonia cases?

In answering this question, I say :—

1. Have a thorough knowledge of the *Materia Medica*.

2. Think of no specifics.

3. Put pathology behind symptomatic manifestations; in other words "treat the patient, and not the disease."

Aluminium and Homœopathy.

Sent by Dr. Hunte Cooper for publication.

DR. R. M. LE HUNTE COOPER, M.D.

I TRUST that some of you who were present at an address I gave on "Aluminium Poisoning" at Grosvenor House last July will forgive me if I am under the necessity of again mentioning some of the facts then recorded. This I find unavoidable, as but comparatively few of my homœopathic colleagues were present on that occasion.

I had not long started on my investigations before the immense importance of this subject began to dawn on me, and it became plain that all works must be mainly directed towards the ultimate and complete eradication of this evil from civilization. There was only one way, so far as I could judge, which offered any reasonable hope of success, and that was to first of all make the facts widely known to the profession as a whole. As, however, no new idea is ever received with open arms by our professional brethren, it was essential that anything which might cause the least bias and prevent them, at the outset, from looking into the matter and inde-