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No. 4.



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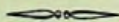
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HOMŒOPATHIC HERALD

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CONTENTS.

July, 1951.

EDITORIAL—N. C. DAS.	121
GLEANINGS ...	122
BROKEN DOWN CONSTITUTIONS BY NEMO. ...	125
T. B. MENACE.—K. S. ROY.	132
INCIDENCE OF PLAGUE IN CALCUTTA BY DR. S. C. SEAL. ...	135
SWEET POTATO IN FLOUR BY P. N. AGARWAL	137
WONDERS OF HOMŒOPATHY	140
SPEECH DELIVERED BY DR. B. R. CHUGA	141
ADVANCEMENT OF HOMŒOPATHY BY DR. D. N. DAS ...	146
INDIGESTION—PROBIR KUMAR.	148
HEADACHE—N. C. DAS.	153
DIRECTORY OF HOMŒOPATHIC INSTITUTIONS, ETC. ADV.	3
PROFESSIONAL DIRECTORY ..	4

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HOMOEOPATHIC HERALD.

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Editorial

S. L.

Homeopathic cures do not always depend on the skilful selection of remedies alone. The physician must know, after the administration of a carefully selected medicine, how to read the first signs of amelioration. When he is fully satisfied with the applicability of his drug he is to wait with a good deal of patience without which he is doomed to failure inspite of his un-erring selection. According to the rules of Homeopathic prescribing he is to stop his medicine as long as the favourable progress continues or to repeat it at long intervals. But the patient himself, if conscious, or his friends are anxious for having the medicine in frequent doses. They want frequent repetition of the medicine for speedy cure. Here a show of work must be made. Under these circumstances a Homeopath cannot do without Sac. lac. given very frequently. "It is a wonderfully quieting medicine to friends and meddlers and should never be omitted." E. B. Nash. S. L. is a double blessing. It is a boon not only for the patient but also for the physician. Without this wonderful prescription the life-saving power of Homeopathic drugs will frequently fail. "Have S. L. in various forms and use it first, last and all the time." T. K. Moore.

When the symptoms are not distinctly clear or when the symptoms are changing it is not wise to administer a remedy. Under all such circumstances use of S. L. is all that is necessary. S. L. is indispensable if the patient's recovery is desired.

N. C. DAS.

GLEANINGS.

From Homeopathic Literature,

1. In correct prescribing, the symptom totality, as we call it, of the patient must be matched against the symptom totality of the medicine.

E. Whitmont, M. D.

2. Homeopathy has untangled the problem of suppression in all its details; diagnostic and therapeutic, and should be given the credit for it.

3. Candy-eating children do not develop their muscles, their heart remains weak and small.

F. K. Bellokossy, M.D.

4. The great frequency at present of heart attacks where middle aged people unexpectedly drop dead comes from excessive consumption of industrial sugar.

F. K. Bellokossy, M.D.

5. Homeopathic suppression at times can be much worse than allopathic—the remedy that is close, local, with particular similarity, and does not cover the whole case, can raise more trouble, I believe, than any of the worst, and it may kill, too.

E. Whitmont.

6. There is a growing demand for Homeopathy among the people not only in Britain but in other countries as well.

7. Homeopathy's appeal lies in the fact of its ability to heal in the simplest, quickest and least harmful way.

8. But Homeopathy was saving lives long before penicillin was developed and will be saving lives long after penicillin has been discarded for something better,

9. Thousands of people are disgusted with Orthodox medicine's still crude and expensive science, a science which thinks first of disease rather than of sick people, a science which says, "If thine eye offend thee, pluck it out," a science which thinks of relief rather than of cure.

Allen D. Sutherland.

10. When a remedy has caused a satisfactory general response but fails to act again, even in higher or lower potency, when demanded again by the patient's condition, the need for a new prescription arises.

11. The range of possibilities, inherent in Homeopathy, is so boundless, that as individuals we cannot but measure up poorly against it.

E. Whitmont, M.D.

12. I have seen many mastoid cases clear up in an amazingly short time the pus running out both ears, double mastoids, Calcarea Sulph. cured and cleared up those cases without any surgical intervention of any kind.

Dr. Grimmer.

13. In enlarged tonsils it is almost specific and acts not only in reducing the enlarged tonsils, but is also helpful where there is an indication to taking colds, sore throat, hoarseness, stiff neck etc. : Baryta Carb.

E. Hæhl, M.D.

14. Cerens is indicated in heart patients who have an irresistible desire for working.

F. Hæhl, M.D.

Insomnia is often cured by it, even in most obstinate cases : Inula Hel.

16. It is very valuable in epistaxis when that takes the places of lacking menstruation : Erigeron C.

17. Bright red bleeding in the beginning of phthisis when every motion starts new hæmorrhage : Erigeron. C.

18. In threatening miscarriage during the third and fifth month with severe pains and copious loss of bright

red blood Trillium will often cure and make normal pregnancy possible.

E. Haehl, M. D.

19. Homeopathy's store house of medicines is almost incredibly large but the major part of these drugs is sorely in need of modern proving. Here indeed is a field for Homeopathic research.

20. Catarrhal conditions in the nose; with nasal obstruction and the presence of adenoid, growths.

Agraphis Nutans.

21. Calcarea Picrata is almost a specific in the treatment of boils in the auditory canal.

22. Patients under Homeopathic treatment gradually develop an increased resistance of acute diseases and at the same time their chronic ailments are greatly modified and often entirely cured.

23. Homeopathy needs development through research and also through some method of making remedy selection easier. Perhaps the future, through men who are now at work, may solve our problem.

R. F. Rabe, M. D.

24. The Homeopathic Materia Medica is full of drugs which have been well proved on human beings, not on laboratory animals and have been verified on countless occasions on sick human beings. These drugs are capable of exerting a curative influence, not only on the body but on the patient's personality as well.

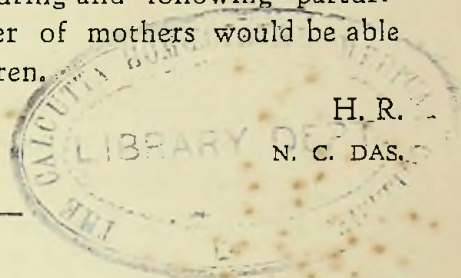
25. Good Homeopathic prescribers are invariably good listeners.

Edward MeshOrer, M.D.

26. Every prospective mother who is fortunate enough to discover a well-qualified homeopathic physician should have her case taken and her constitutional remedy prescribed as early in pregnancy as possible. There is no better

health insurance for both mother and child than Homeopathy.

27. If Homeopathy were more generally available there would be fewer complications during and following parturition and a far greater number of mothers would be able successfully to nurse their children.



—o—

BROKEN DOWN CONSTITUTIONS—NOSODES

BY NEMO.

Heal Thyself, Feb. 1951.

So far in this series, we have confined ourselves to remedies from the mineral and vegetable kingdoms. This month, by way of a digression, we will look at the nosodes, and although our main object will be to indicate their use in broken down constitutions, we will also examine them from a rather wider point of view. And if space will permit, we will conclude with a brief account of the symptomatology of one nosode—*Tuberculinum*.

A nosode is a preparation from the morbid tissue of a person suffering from the disease for which a remedy is required. For example, *Bacillinum* is prepared from a sample of pus taken from the diseased lung of a person suffering from tuberculosis, potentized in the same way as any other remedy, and administered according to the same law of similars. It is important to note that, generally, only diseased matter from human beings is used and not, as in the case of vaccines used by the allopathic profession, matter from the bodies of animals. The only exception which I know to this rule is Professor Kent's *Tuberculinum bovinum*, which he obtained from the glands of tubercular cattle. Possibly he used this remedy because some of his cases of tuberculosis were of the bovine type, contracted from infected milk.

Hahnemann himself was the first to use nosodes, and he introduced *Medorrhinum*, the nosode of gonorrhœa, *Syphilinum* the nosode of syphilis, and *Psorinum*, the nosode of psoriasis. Other nosodes were added to the list by various people as time went on, including *Variolinum*, the nosode of smallpox, *Bacillinum* the nosode of lung tuberculosis, *Diphtherinum* the nosode of diphtheria, *Pertussin* the nosode of whooping cough, *parotidinum* the nosode of mumps, *Morbillinum* the nosode of measles, etc., etc. In recent years Dr. Paterson has done much work on a group of intestinal nosodes, prominent among which are the dysentery nosode, the *Gaertner* nosode and *Sycotic* nosode. In view of the prevalence of intestinal complaints in these days, it seems likely that increasing use will be made of this group of nosodes. Cancer nosodes have also been prepared, the chief of which are *Carcinosinum* and *Scirrhinum*, and many cures have been effected with their aid.

An important modern field for the use of nosodes is in prophylaxis against epidemic and other acute infectious diseases. Experiments have shown that the nosode of a disease, when administered to healthy persons in small infrequent doses, will protect against that disease, and this method of protection is far safer than inoculation or vaccination with serums obtained from the bodies of animals. For example *Diphtherinum* will protect against diphtheria and *Variolinum* against smallpox. The late Dr. Compton Burnett used this method of protection against smallpox and not a single case which he treated developed that disease. Similarly, *Pertussin* will protect against whooping cough and *Morbillinum* against measles, although in the case of this disease *Pulsatilla* and *Bryonia* may be equally effective. The usual method of administering nosodes as prophylactics is to give one dose of the nosode once a week for about six weeks. Experiments made in France tend to show that the higher potencies protect for longer periods than the lower potencies.

There are certain rules to be observed when administering nosodes which perhaps had better be mentioned now. It should be remembered that nosodes are very powerful

remedies, capable of harm as well as of good, and that the prescriber must be sure of his ground before administering them. First, they should only be used in high potency and while the actual potency is a matter for the conditions of the particular case, a good general rule is not to go below 30c. The 30c, the 200c, and the 1*m* potencies are probably the most frequently used, and all can be highly effective. Secondly they should not be repeated too often—usually not at intervals of less than a week. Thirdly when confronted with acute conditions, it is advisable not to prescribe nosodes without really expert advice, in case an aggravation is produced. Lastly, one must not get the impression that, because a disease condition has its origin in one of the chronic miasms—psora, syphilis or sycosis—that it can be treated with the nosode of that miasm. The general symptoms of the patient must agree with the symptoms of the nosode as ascertained by provings on healthy individuals. In other words, nosodes must be administered according to the law of similars, just like other remedies.

What of the use of nosodes in broken down constitutions—those chronic cases of lingering ill health are the subject of our special study in this series? Let us remember:

(a) That these cases are suffering, probably by inheritance from some generations back, from at least two of the three chronic miasms.

(b) That their bodily economies have probably also been poisoned by various vaccinations and inoculations with animal serums.

(c) That their medical history may include attacks of acute disease such as measles, scarlet fever, etc. Incidentally some authorities regard these diseases merely as acute manifestations of the three basic miasms, but we will not pursue this point now.

Such constitutions present a difficult problem for the prescriber to unravel, for they seldom show a single drug picture, and indicated drugs often fail to benefit. It is in these circumstances that the prescriber should look to the

deep acting remedies, and particularly to the nosodes, and in this field he will probably find the key which will remove the obstacles to progress. Professor Kent gives a good example in his lectures on *Materia Medica*. He instances the children of sycotic parents who do not thrive, and look waxy and pale, as though about to go into consumption, although they do not actually develop this disease. They fail to react to well selected remedies. Such children require *Medorrhinum* in high potency, and after this is administered they react better to other remedies. The sick headaches of women are another type of case in which a nosode may be required. Although these headaches may be relieved by such remedies as *Iris versicolor*, they are not really cured by them, and have a tendency to recur with increasing severity. Such a condition may be permanently cured by *Tuberculinum* in high potency administered at infrequent intervals in between the acute attacks. Hay fever is another chronic complaint which may best be treated by a nosode—*Psorinum*. The remedy should not be given during the hay fever season, but during the off season, and three or four doses are often sufficient to effect great improvement.

Sometimes, in the midst of a plethora of particular symptoms, a patient will exhibit some marked general symptom such as severe nightly aggravation, prostration on waking in the morning, or amelioration in mountain air. If these symptoms were shown *Syphilinum* would of course be indicated. Again, mental conditions such as forgetfulness, constant tension, and a constant state of hurry would be an indication for *Medorrhinum*; and a dislike of washing coupled with an unhealthy skin and offensiveness of the bodily discharges, an indication for *Psorinum*.

Nosodes may also be necessary to counteract attacks of acute infectious diseases, although such attacks may have occurred long ago in the medical history. The acute stage of a disease may pass fairly quickly, but health is seldom completely restored, and many unpleasant legacies may be left behind. We are all familiar with troubles of ovaries and testes after mumps, with deafness after scarlet fever.

with ear, nose and throat troubles after measles and with paralysis after diphtheria. Administration of the appropriate nosode may remove these sequelæ and prepare the way for constitutional treatment of the basic underlying dyscrasia. The late Ellis Barker used this method with considerable success.

Perhaps tubercular constitutions present one of the most common types of lingering disease which we encounter, and they have often been treated successfully with nosodes. Dr. Compton Burnett did the outstanding work in this sphere with his *Bacillinum*, which, as mentioned above, is a trituration of pus from a diseased lung. Burnett produced this remedy and proved its curative value before Koch produced his *Tuberculinum*. The orthodox allopathic profession ignored Burnett's cures, but welcomed with great gusto the preparation of Koch, which was injected into tubercular patients in large doses with disastrous results. Burnett's book *Cure for Consumption*, records case after case of the successful treatment of tuberculosis with his nosode *Bacillinum* administered in potency (often the 1m) and some day, I have no doubt, his work will receive the recognition which it deserves.

Many weakly constitutions are tubercular at base, although they may give no evidence of actual disease. In these case *Tuberculinum* and *Bacillinum*—the two are practically identical—are remedies which may do very useful work. These tubercular constitutions are so common that a short drug picture may not be out of place here. Tuberculosis is a combination of the psoric and the syphilitic miasms and its symptoms are consequently partly psoric and partly syphilitic.

Kent says that *Tuberculinum* is a very deep acting remedy and is often required when other deep acting remedies fail to hold for very long. It is allied to *Psorinum* and both Kent and Burnett point out this connection. Burnett says that *Tuberculinum* is often the acute remedy and *Psorinum* the chronic. Other allied remedies are *Cal. carb.* and *Silica* and these are frequently of great use in tubercular conditions.

The tubercular individual has a feeble constitution. He lacks vitality, is debilitated, nervous and always tired. He usually has a thin neck. His pale sunken face sometimes has a circumscribed red patch on each cheek. His appetite is poor, particularly in the mornings. His hands are blue and clammy. He has indurated glands everywhere—a syphilitic manifestation. His abdomen may be large with the spleen region bulging out. In children there is a tendency to ringworm. Tubercular children sometimes have a strawberry tongue and suffer from adenoids.

The mental symptoms are particularly marked. The patient is of sullen, taciturn, irritable disposition, generally critical of every-body round him and of the conditions in which he has to live. He has a constant desire for change and is always wanting to go somewhere and do something different. A curious symptom is his optimism in acute lung disease. Although his case may be hopeless, he still thinks he will get better. He cannot rest at night for persistent tormenting thoughts which career through his head (this is one of the psoric symptoms). Tubercular children can be very difficult. They are inclined to be whining and fretful, obstinate and given to fits of temper if they are approached for medical examination or any purpose which they do not like.

Sometimes the mental condition is so bad that it borders on insanity. There is a distinct connection between tuberculosis and some forms of insanity. Kent says that "Phthisis and insanity are convertible conditions, the one falls into the other", and also that "the intellectual symptoms and the lung symptoms are interchangeable".

The tubercular patient is sensitive to every change in the weather especially to cold and to damp, and cold aggravates all his symptoms. Yet he suffocates in a warm room and can only breathe easily when out in the cold wind. He longs for the open air, and loves riding out in a storm. Storms within and storms without have been said to be typical of the tubercular patient.

The tubercular patient has an aversion to meat but a craving for cold milk. Sometimes he has an all gone hungry feeling (c.f. Sulphur) which drives him to eat. Or there may be complete loss of appetite.

There is evening aggravation with a rise in temperature and a rapid pulse. The patient sweats in bed at night and wakes up in the morning with a sore bruised feeling all over his body. He is frequently driven out of bed in the morning with a diarrhœa, but sometimes constipation alternates with the diarrhœa. The constipation stool is large and hard.

Periodic headaches are often of tubercular origin and with the headache there is a sensation of the head being squeezed as if with an iron band. The headache extends from the neck to the forehead and the pain is usually burning and piercing.

In women the menses are too early, too profuse and too long lasting (c.f. *Calc. carb.*), but in severe cases they may be absent altogether.

A hint from Dr. Burnett may prove useful. If *Bacillinum* seems to be indicated but fails to act, a few doses of *Thuja* may be required. This possibility should not be overlooked in these days of frequent inoculations and injections, for *Thuja* is par excellence, the remedy for poisoning with animal toxins.

Hydrocephalus and meningitis are forms of tuberculosis and many a cure of these diseases has been effected with *Bacillinum*.

HOW TO FIGHT T.B. MENACE

DR. K. S. ROY'S ADDRESS

Health-Consciousness Among People Needed

Addressing the annual meeting of the Bardwan Anti-Tuberculosis Association, Dr. K. S. Roy, President, Medical Council of India emphasized the need for the growth of Health-consciousness in every member of the society in the interest of the welfare of the nation.

Dr. Roy, who was speaking about the high incidence of tuberculosis in the country, said that if each and every member of the state was not wide awake to the interests of his own health, if he was indifferent to the imperative need of keeping his home neat and clean, if his sense of duty to his neighbour and to the society in general was not properly developed, then the efforts of the state alone could not raise the standard of health of the people. It must be realised by everybody that in the proper organisation of the country lay his own personal welfare.

"There is no doubt", said Dr. Roy, "that tuberculosis is spreading in this country at a very fast pace. There are very few families in Bengal to-day which have not paid a toll to this fell disease. At a modest computation, some five lakhs of precious lives are lost every year to Tuberculosis in India to-day. In undivided Bengal the annual death rate was on the verge of one lakh. Statistical figures reveal that in cities the death rate per lakh of incidence of the disease is between two to four hundred, while in the countryside it is nearly one hundred. In 1945 the death rate per lakh in England was 56 and in America 40. In our country the death rate is at least five times higher in comparison to those countries.

MORE BEDS & CLINICS NEEDED

"To defeat and destroy this deadly enemy it is essential that our plan of attack should be many sided as in

England and America. It is also essential that measures be taken to effect speedy detection and segregation of the patient; for every person who falls a victim to this disease there is provision in Western countries for at least one bed. At this rate, India requires at least five lakhs of beds. In addition to that, for the detention of the disease and treatment of early cases at least 4000 clinics are required. At present we have only 150 clinics and only 7000 beds, out of which Bengal possesses only about 1000. We do not have even the seventieth of the minimum requirements of our beds. These beds are our prime necessity, for if we can segregate in proper time our patient, we thereby save five other members of his family from infection.

"In advanced countries like England and America the method of treatment of tuberculosis has undergone rapid improvement. The people of those countries did not pause with merely raising the efficiency of treatment, but they also adopted other effective means of controlling the disease viz. raising the standard of living of masses, giving health education to people, enlightening the people about the nutrition value of different constituent of daily food, improvement of the housing system, etc. They also made arrangements for speedy detection of the disease and over and above this, they have adopted B. C. G. inoculation as a preventive measure."

USE OF B. C. G.

Referring to B. C. G. in this country Dr. Roy said: "Some people think that the extensive use of B. C. G. vaccine will itself solve the tuberculosis problems of the country. They forget that those who have already contacted the disease or have already been infected cannot profit by B. C. G. Only many of those who have not yet been infected by the tuberculosis bacillus can be saved by B. C. G. B. C. G. should indeed be used under suitable circumstances, but it will not do to depend solely upon it."

EFFECTIVE STEPS

Continuing Dr. Roy mentioned the following as part of effective anti-tuberculosis work :

(1) Propagation of elementary knowledge about the disease—how it spreads, how it can be checked, etc.

(2) Removal of the fear complex, which originates from insufficient knowledge about the disease in many cases. Relatives and neighbours of a tuberculosis patient should know that if precautionary measures are taken and treatment is made available to the patient in proper time, the disease can be cured without infecting other people.

(3) Segregation of the patient—in cases where patients cannot be removed to hospital due to shortage of beds, he should be segregated by erecting temporary shed on the roof of the house or in the varanda or yard of the house and arrangements should be made for house treatment there. The patient's plates and utensils and clothings should be kept separate, but the most essential thing is to be careful about sputum. The patient should release the sputum in a covered pot containing Lysol lotion. Afterwards the sputum should be either burnt or buried in the earth. If these precautions are taken and the patient is put under the treatment of an experienced physician, most probably the patient will not require to be sent to hospital and even if he has to be sent to hospital as a result of this preliminary treatment he will not have to stay long in the hospital.

INCIDENCE OF PLAGUE IN CALCUTTA

DISCOURSE ON EPIDEMIOLOGY

BY DR. S. C. SEAL

An appeal to the medical profession in Calcutta to help the All-India Institute of Hygiene and Public Health in their anti-plague work by letting them know all facts about the cases which occurred to their knowledge and use their influence to get vaccinated as many people as possible was made by Col. C. K. Lakshmanam, Director of the Institute, presiding at a meeting of medical men held at Calcutta Medical Club premises on Tuesday evening.

Only $3\frac{1}{4}$ lakhs of people out of nearly 5 millions, he said, had so far been vaccinated. He also suggested re-vaccination of those who had been vaccinated last year and hoped that plague in Calcutta would disappear and would not recur.

Dr. S. C. Seal, Professor of Epidemiology of the Institute, giving a discourse of Epidemiology of Plague with special reference to pneumonic plague said that plague was not a new disease. There was mention of plague in the Bible. In 1320 B.C. plague prevailed among Phillistines. A disease showing similar symptoms was also mentioned in Bhagabat Puran of 600 B.C. In this Puran peculiar movements of rats in a typical case of plague were given and householders were advised to leave their houses in case of rat-falls. This practice was followed in some parts of the country even up to the present day.

PLAGUE IN CALCUTTA

The first outbreak of plague occurred in Calcutta, Dr. Seal said, in 1898. In course of 15 years since this outbreak 62,000 people died of plague in Calcutt. In 1896, anti-plague vaccine was first manufactured by Haffkiene at Bombay. Treatment of plague by sulphur drugs was first introduced in 1938. In 1948, Streptomycin was

first used in plague case in Calcutta. Plague had re-appeared in Calcutta after decades and it was curious that the sites of incidence coincided with those which were affected during the last out-break. He mentioned that plague was not confined only to Calcutta, cases had also occurred in other towns.

As regards transmission of plague, Dr. Seal said that it had been found that plague first occurred among field-rats; then in course of 10 days it spread to house rats and in another 10 days human beings were infected. It might also happen, he said, that infection among rats continued though infection among men had stopped. It appeared, he said, that so far only a localised rat population had been infected in Calcutta. It was urgently necessary to prevent the spread of the infection. In plague cases mortality was higher at the beginning of an outbreak and it decreased towards the end. Children were to a less extent liable to be infected than their elders of both sexes. Chances of recovery were better for men than for women.

The first case of plague last year was bacteriological confirmed, he said, on April 17. All the cases of plague which occurred last year had not been bacteriologically established. The first case which was bacteriologically confirmed the year was on February 28. Last year there were 23 deaths from plague, this year the mortality was 34 including 13, which might be pneumonic cases.

The mortality from plague so far Dr. Seal said, had been 12 per cent excluding the suspected pneumonic cases; including the pneumonic cases it was 18 per cent and as regards suspected pneumonic cases it was 93 per cent. The general index was lower than last year's. The peculiarity of the present outbreak was general mildness of the disease with some severe cases.

Dr. Seal said that, with better knowledge of the plague parasite and better weapons to fight the disease, there was no reason why they should allow the spread of

plague in the city. He suggested the use of D.D.T. by householders and stressed the necessity of large-scale vaccination. Sulphur drugs and Streptomycin were good, he said, if applied early.

—o—

EVIL EFFECTS OF MIXING SWEET POTATO IN FLOUR.

BY DR. PREM NARAIN AGARWAL

For overcoming the food shortage in the country, the Ministry of Food is contemplating to mix tapioca and sweet potatoes powder in wheat flour. This scheme can result into increase of food supply of the country, but its ill-effect on the health of the nation should not be lost sight of by the Food Ministry.

Carbohydrates and fats are the chief sources of energy for the activities of the body. Although protein serves to provide the body with energy, its fundamental importance in the diet and function for which no other nutrient can act as a substitute, is for growth and repair of tissues.

Most of the people in India, for religious reasons rule out animal proteins (meat, fish and eggs) from their diet. Also the intake of dairy products is very low in our country. Per capita consumption of dairy products in India is about one-tenth of Canada and New Zealand, one-seventh of U. S. A. (1943 figures). Due to ill-balanced diet, the people of our country are already under-nourished and innumerable diseases are prevalent in the country. Shortage of good quality proteins and B vitamins are the two outstanding nutritional deficiencies in the cereal diet of masses in India. Addition of some food rich both in good quality proteins and vitamins of B complex is necessary for supplementing the ill-balanced cereal diet. As evident from the Table

Chemical Analysis of Some Food (% of Dry Material).

Foods	Protein	Fat
Wheat (whole)	13.0	2.0
Sweet potatoes	1.8	0.7
Tapioca	0.6	0.2
Food yeast (<i>Torula utilis</i>)	48.0	2.0

both tapioca and sweet potatoes are rich carbohydrate foods (starch being the principal carbohydrate). By adding these starchy foods to the wheat flour which is also rich in starch, the diet of the people will obviously be too ill-balanced. The resulting mixture will have less protein and fat and much more carbohydrate. These changes in protein, fat and carbohydrate contents will be proportional to the quality of tapioca or sweet potatoes incorporated. Thus though, the caloric intake of the food will be increased due to added carbohydrate of tapioca, there will be a marked depletion of the protein intake of the masses. Thus this scheme of mixing tapioca and sweet potatoes in wheat flour will bring more mal-nutrition and consequently there will be more nutritional deficiency diseases in the country.

In order to make this scheme practicable, small amounts of tapioca and sweet potatoes can be added in wheat flour, provided there is a forced introduction somehow in the diet of a food supplement rich in good quality protein and B vitamins.

Several food supplements can be used amongst which food yeast is perhaps the best and the cheapest. As evident from table Table 1 dried food yeast contains about 50% proteins of high nutritive value (containing amino acids essential for human nutrition). Also it is a very rich source of vitamins of B complex. It can be added up to 5% in wheat flour and in many other food preparations without appreciable change in taste and appearance of the product. Spices added to many food preparations will overcome any undesirable taste and smell resulting by yeast. The use of food yeast either by mixing in wheat flour or by taking in the form of tablets or adding in other food preparations will

overcome the protein deficiency in people using a mixture of tapioca or sweet potatoes and wheat flour, will improve the quality of the protein of the mixture and will eliminate

Carbohydrate	Moisture	Ash
72.4	11.0	1.6
27.4	68.5	1.1
86.4	12.6	0.2
84.0	8.0	8.0

the vitamin deficiencies prevalent to an appreciable portion of the population.

Food yeast can be easily produced in India either from molasses, by-product of the sugar industry or from bassia flowers or from cellulosic waste materials, such as wood, straw, husk, bagasse, sulphite waste liquor, etc., etc.

It is hoped that the Ministry of Food will deeply think over the matter of mixing tapioca and sweet potatoes in wheat flour and avoid mishaps that might result on account of faulty diet in the country.

—o—

GRANT TO SANTAL MISSION HOSPITAL.

H. S. June 9, 1951.

The Government of West Bengal have sanctioned an annual recurring grant of Rs. 6000 to the Santal Mission Hospital at Carcuga in the district of Bankura for running the hospital efficiently till the establishment of a government Health centre in that locality.

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GRANT TO LEPROSY CLINICS.

H. S. June 9, 1951.

The Government of West Bengal have sanctioned a non-recurring grant of Rs. 6000, an initial grant of Rs. 18,000 and a recurring grant of Rs. 25,700 annually for the improvement of the three state managed Leprosy Clinics at Hohrah, Berhampore and Krishnagar.

—o—

WONDERS OF HOMEOPATHY.

N. C. DAS.

(1) Boy, 17, returned home from School with high fever (noon), while in the school he fell down.

(a) Intense headache, relieved by washing head with cold water. Throbbing carotids.

(b) Restlessness, moaning.

(c) Throughout the day he had no thirst. but after midnight frequent desire for water.

(d) Passed urine several times but had no desire for stool during the day He was passing two or three loose stools every day for the past four days. After midnight he passed three stools all of which were watery and offensive. Towards morning he passed a stool which contained mucus and blood in large quantity.

(e) Profound weakness.

(f) Burning of body relieved by lying under fan.

In the noon and afternoon he received Arnica 30. In the evening he was given Bell. 30. These two medicines did not help him in any way.

Towards morning he received Ars. Alb. 200, 4 doses, every two hours. Cured within 24 hours.

(2) Man, 46, complained of annoying twitching of eyelids, nictitation, which continued for two months or so.

(a) Trouble was confined to the left eyelid. It was constant but sometimes it was felt on upper eyelid and sometimes on the lower.

(b) Rheumatic pain in right hand of a shifting character.

(c) Mild constipation.

(d) Thirst normal.

Pulsatilla 200, twice a week. The twitching of eyelids ceased almost completely. Puls. 200 was again given for a week but with no marked change. He felt nictitation once or twice everyday but only for a very short time. Sulphur 200 removed the rest of his troubles in 15 days.

SPEECH DELIVERED

BY DR. B. R. CHUGA

*In A meeting of the Homœopaths of Bombay held in the Princess
High School on 20th May, 1951.*

Gentlemen,

I thank you very much for your response to my invitation to attend this meeting. It is further gratifying to find that all shades of opinions, all organisations and parties are represented in this meeting. I have often stressed the need for unity in our ranks and I am glad to know that you have forgotten your differences and have come together to fight for your emancipation.

Probably most of you know that the Government of Bombay has appointed a Registration Tribunal under the Medical Practitioners Act of 1938 for purposes of registration of practitioners of Ayurveda and Unani Tibbi systems of medicine. The necessity for taking this step once again after their registration in 1941 has arisen on account of the influx of thousands of refugees and merger of many states with Bombay. Incidentally, however, it has been decided that Homœopaths may also apply to this Tribunal for enlistment and the last date for receiving applications for the purpose is 31st May, 1951.

Now the question before us is when Vaidyas and Hakims have already been registered in 1941, and another chance is also being given to them on account of the changed circumstances as stated above why should Homœopaths be simply enlisted and not registered. You have to give an answer to this question and ask the Government as to why Homœopathy is being given this step-motherly treatment. No doubt Ayurveda is our ancient system of medicine and deserves every encouragement but it is not practised anywhere else outside India while Homœopathy is practised all over the world and by some of the biggest celebrities of the Modern Medical Science. Why should then

Homœopathy be bye-passed and ignored by the authorities in Bombay particularly when every practitioner of Ayurveda and Unani, whether trained or untrained, qualified or unqualified, and even the druggist has been recognised without any let or hinderance. Is it not most unfair to Homœopathy?

The reason is not far to seek. The men at the helm of affairs are all Allopaths and naturally Homœopathy should not expect any fair treatment at their hands in view of their deep seated prejudice against Homœopathy. But I think it is not prejudice that stands in our way but it is fear of Homœopathy ousting Allopathy that they want to crush Homœopathy and its practitioners. So far as Unani and Ayurveda are concerned they know that they can never be a rival and a challenge to Allopathy.

The Third Health Ministers Conference held at New Delhi in August-September 1950 passed certain resolutions with a view to lay down a uniform policy for all the States in connection with the three medical sciences i. e. Ayurveda, Unani and Homœopathy. Resolution No. IV runs as follows :—

REGISTRATION AND REGULATION OF THE PROFESSIONS OF
UNANI AND HOMŒOPATHY.

The State Medical Boards appointed for the purpose of regulating registration and practice in these three systems should deal with standards of education with supervision over instructions and with professional conduct in the respective systems. These Boards should not deal with problems relating to the starting of institutions and their management as has been contemplated in certain bills sponsored by some State Governments. Other organisations should be established for these purposes. Those who have qualified after the five years course should be eligible for registration. Those who take a smaller course should not be eligible for registration. The membership of the

respective Medical Boards should consist of registered practitioners of the system concerned and of registered practitioners of Modern Medicine. They may also have a legal advisor on them.

It is clear from the above resolution that a State Medical Board has to be constituted by every state in respect of the three medical sciences. So far Ayurveda and Unani are concerned such a Board has already been constituted by the Government of Bombay and Vaidyas, Hakims have been registered under its provisions. But no such Board has been appointed for Homœopathy. Naturally the question arises, why not? Why should Homœopathy be ignored. Why should the said resolution be not implemented in its entirety? When these resolutions were passed, it was intended by the Government that all the three sciences should have equal chances of advancement, but it is a pity that so far as Homœopathy is concerned, instead of creating favourable conditions for its growth and progress the Government of Bombay has set the clock back and Homœopaths are to get only enlistment under the old Medical practitioners Act of 1938.

In view of this partial attitude of the Government towards Homœopathy I fail to understand what was the earthly use of holding such conferences and passing resolutions for formulating a uniform policy for all the states when any state could ignore or keep in abeyance any resolution passed by that conference.

There are states like Bihar, Orissa, U. P. and C. P. who have not only fully implemented these resolutions but have full fledged legislation covering all the questions relating to the advancement of Homœopathy, but here in Bombay instead of that we are being humiliated to accept enlistment only. Is that a step in keeping with the spirit of the resolutions?

We must therefore register our strongest protest against this partial attitude of the Government towards Homœopathy and fight for our rights. With these remarks, gentlemen, I beg leave to move the first resolution.

CONSTITUTE HOMŒOPATHIC BOARD

*Request to Government for Registration
of Homœopaths in Bombay.*

May 20, Bombay.

A meeting of the Homœopaths in the Bombay State was held in Bombay under the Presidentship of Dr. B. R. Chugha.

The meeting unanimously passed four resolutions demanding constitution of a separate Board for Homœopathy with powers to give recognition to Homœopathic Institutions imparting Homœopathic training in the State and with a view to start Homœopathic training institutions. It also demanded a statutory recognition to Homœopaths and Homœopathy and for incorporation of a Faculty of Homœopathy on the lines of the Act passed by British Parliament in 1950.

A Deputation of Seven Homœopaths under the leadership of Dr. B. R. Chugha was authorised to wait upon the Bombay Government to give effect to the resolutions passed by the meeting. The other members of the deputation are : Dr. V. V. Athalye, Dr. C. M. Lakdawala Dr. F. N. Surveyer, Dr. S. S. Wadia, Mr. N. C. Vakil, Bar-at Law, and Dr. U M. Menon (Secretary).

Dr. B. R. Chugha in his presidential speech dwelt on the unfair treatment given to Homœopaths and Homœopathy in the country in general and in Bombay in particular, and asked for the same privileges given to Ayurveda to facilitate registration of Homœopaths.

To

The Editor,

Dear Sir,

Herewith a copy of the report of an important meeting of the Homœopaths in the Bombay State held at the Princess High School, Bombay under the Presidentship of Dr. B. R. Chugha on 20th May, 1951 alongwith a copy of the resolutions passed by the meeting and the speech of the President.

We shall be greatly obliged if you will be good enough to give publicity to the above named matter in your esteemed paper and oblige.

Thanking you,

yours faithfully,
(Dr. U. M. Menon)
Secretary

RESOLUTIONS PASSED AT THE MEETING OF THE
HOMŒOPATHS IN THE BOMBAY STATE HELD
AT PRINCESS HIGH SCHOOL, LAMINGTON
ROAD, BOMBAY, ON 20th OF MAY 1951

1. Resolved that this meeting of the Homœopaths of Bombay State requests the Government of Bombay to constitute forthwith a State Medical Board for Homœopathy consisting of Homœopaths for purposes of Registration of Homœopaths and to constitute an Act with a view to encourage the study and spread of Homœopathy and to provide for registration of practitioners of Homœopathy.

2. Resolved that the existing practitioners as well as students qualifying from institutions imparting systematic Homœopathic training started by the above referred State Homœopathic Board and those recognised by the Board should be registered and should be allowed to practise in any State of the Indian Union.

3. Resolved that this meeting of Homœopaths of Bombay State demands statutory legislation for recognition of Homœopathy and Homœopaths and for incorporation of a Faculty of Homœopathy on the lines of the Act passed by both the Houses of British Parliament in July 1950.

4. Resolved that a Deputation consisting of the following seven Homœopaths be appointed at this meeting to wait upon the Government of Bombay State in order to further the objects of this meeting and take such steps as they deem fit and proper to give effect to the above resolutions.

- (1) Dr. B. R. Chugha (Leader of the Deputation & Chairman)
- (2) Dr. V. V. Athalye
- (3) Dr. C. M. Lakdawla
- (4) Dr. F. N. Surveyer
- (5) Dr. S R. Wadia
- (6) Mr. N. C. Vakil
- (7) Dr. U. N. Menon (Secretary)

—o—

THE ADVANCEMENT OF HOMŒOPATHY.

(DR. D. N. DAS GUPTA. B. A., L. M.S. (Homœo.)

Homœopathy is an accurate, economic, really curative science & art. Like other aspects of education it may thrive well in a congenial soil and healthy environment—it has an immense cozy scope.

It is a fact, that the tree grows well in a healthy accommodation, bears effective fruits on proper nourishment. So grows well science and art in a suitable soil, & bears useful fruits. A "Body" may afford it all possible facilities, create such a fertile soil for its growth, progress and development. Such a "Body" is the "University". Homœopathy may come under the existing Provincial University or may have a distinct University on State support.

The University may stand on two aspects:—Educational and Administrative.

The educational aspect may be to fix up eligibility of a candidate, curriculum, syllabus, and conduct annual & final examinations, and confer degrees. The administrative aspects, may be to prescribe rules for guidance of colleges, afford recognition to existing colleges for the present (but in course of time there may be restrictions), render help in opening District Colleges under proper control, and afford accommodation for practical demonstration to students in "Common" city or District Homœo. Hospitals—

which is likely to create a spirit of unity & brother-hood amongst students.

The University, in order to function well, may have an "Assembly" consisting of representatives one from each college which will set up a "Working Committee" on election from amongst the Assembly-members. The Assembly & the Working Committee may have a common President on election and a Secretary or a Registrar, with a staff as occasion needs.

Such a method of constitution and activity may aid much the growth of harmony, unity, Co-operation and advancement of Homoeopathic learning.

Frankly speaking, due respect would be paid to and proper accommodation made for the "Homoeo-physicians", who hold "degrees" from such colleges. The new constitution may open a new soil for the advancement of Homoeopathy. "The old order changeth, yielding place to new", so also Homoeopathy may grow on a new economic, domestic & social order.

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BOOK REVIEW

Homoeo Pocket Materia Medica. (Hindi) by Dr. B. K. Sharma of Rajasthan, published by Sharma Homoeo. Pharmacy. Price Rupee one only. The book is well printed and of a convenient size to carry in one's pocket. It will be a valuable aid to those who will use it.

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MANBHUM HOMŒOPATHIC PATRIKA.

(Vernacular)

A QUARTERLY MAGAZINE OF HOMŒOPATHY.

PUBLISHED BY MANBHUM DISTRICT HOMŒO.

MEDICAL ASSOCIATION.

Purulia, Manbhum.

Editor : Dr. Khudiram Chakraborty.

Subscription Rs. 3/- per year

(including postage.)

Single copy -/12/- only.

It is a matter of immense joy to receive a copy of the above new journal which contains many interesting articles on Homoeopathic subjects. We welcome the appearance of this new journal and we wish it glorious success. It will be very useful for the practitioners of the Homeopathic art of healing.

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INDIGESTION

BY PRABIR KUMAR

KALI CARB.

Type : Atonic. Flatulent. Acute. Chronic. Acid.

Causes : Pastry. Great loss of vitality. Excesses. Ice-water. Ices. Milk. Fried fish. Warm food. Soup. Debility.

Desires : Sour things. Sweets. Sugar.

Aversion : Rye bread. Brown bread. Food. Meat.

Taste : Loss of the sense of taste in the morning on awaking, but only for a short time. Bad taste in the mouth. Bad taste and much mucus in the mouth. Disagreeable watery taste in the mouth. Bitter taste in the mouth with nausea. Bitterness in the mouth; in the throat. Bitter taste in the morning. Bitter-sour taste in the mouth, after breakfast. Sour taste in the mouth every day. Putrid taste in the mouth. Sweetish taste in the mouth. Taste of blood in the morning, after awaking, for three hours. Bitter or acid taste.

Appetite : Little appetite. Little appetite with insipidity in the mouth but he relishes food. Severe hunger. He does not relish his food, he eats without hunger. He has a repugnance to food, especially to meat; he relishes it, indeed, when he eats it but he cannot eat much. He loathes rye bread. He loathes everything. Milk does not agree with her. Great desire for sour things.

Thirst : Severe thirst in the forenoon. Thirst in the evening, before lying down. Thirst at night.

Tongue: The tongue on waking in the morning, is often quite dried up, and almost without sensation. White dry tongue in the morning, as from something acid. Burning of the tongue and lower lip. Burning of the tip of the tongue as if it was raw or full of blisters. Swelling of the tongue and many small vesicles on it. Painful little pimple on the tip of the tongue. Soreness of the tip of the tongue. Tongue white. Soreness of the fraenum linguæ.

Nausea: Nausea to such a degree as to cause loss of consciousness, sometimes during a meal. Anxious nausea with inclination to vomit, especially after a meal or after mental emotion. Retching in evening. Nausea from mental emotions. Nausea as if he would faint ! also with anxiety. Nausea better lying down. Severe nausea in the stomach, with trembling of hands and feet. Nausea as from a spoiled or empty stomach, not passing off by eating, with frequent water brash. Nausea with qualmsiness, gathering of saliva in the mouth. Nausea with inclination to vomit at night in bed ; it goes off gradually by rising.

Vomiting: Very ready to vomit especially after meals. Inclination to vomit, at every internal motion, every vexation and every joy and at every time of the day ; but when she has fasted only retching. Frequent vomiting without any over loading or spoiling of the stomach. Vomiting with sinking of strength, like a swoon. Vomiting of food and acid, with nausea.

Eructations: After eating flatulent food (Vegetables) burning from the stomach up into the fauces, like heartburn. After supper heartburn for three hours. Heartburn.

After meals sour eructations. Frequent eructations especially in the morning. Ineffectual urging to eructation. Loud eructation, with gathering of water in mouth. Eructation with the taste of ingesta, Eructation, as from bitter sour water. Sour eructation in the morning. Much sourish eructation in the afternoon with inclination to vomit. Acid rises from the stomach into the mouth. Sour eructation

Regurgitation of food and acid. Regurgitation of waters from the stomach.

continual hiccough before midnight.

Stomach and abdomen: Frequent pain in the stomach, but seldom in the afternoon, always preceded by swashing in the abdomen, relieved by eructation and passage of flatus.

Pressure in the stomach with rumbling, sensation of emptiness and eructations. Pressure as from a stone in the stomach, in the morning in bed, relieved by hawking.

Fits of pressure in the stomach, extending up into the chest, with want of breath even to suffocation, nausea and great exhaustion. She had to lie down, both her feet and hands trembled, relief being afforded by vomiting bitter water.

Heaviness in the stomach. Fullness and pressure in the gastric region. Constant feeling in the stomach as if it were full of water. Violent but intermitting pains in the stomach relieved by walking in the morning.

Violent contractive pains in the stomach, eructation relieves. relieved by vomiting clear water. Pains impeding the breath and speech worse least eating food and drink. Pains followed by relieving eructation or by chills shivering and shaking. Burrowing in the stomach.

Burning in the stomach. Burning in the stomach after eructation. Growling rumbling and moving about in the abdomen. Great sensitiveness of the external gastric region, when touched, when eating, talking. Pain in the liver, drawing, cutting, tearing, lancinating, shooting; stitching. Burning, Belly-ache, with much eructations. Belly-ache with much eructation and spitting of saliva. Pressive pain in hypogastrium relieved by emission of flatus.

Distention of the abdomen with pressive pain, sensation of fullness, lassitude and indisposition to any movement and to mental occupation. Hard inflammation of the abdomen with painfulness of the umbilical region when touched. Stitches in abdomen. Burning around the navel. The abdominal muscles are painful when touched.

Flatulent colic, after eructation and emission of flatus it goes off. Obstruction of flatus.

Constant growling in abdomen with frequent eructation and yawning. Forcible emission of flatus, he can hardly keep it back. Flatus emitted upward and downward with relief. Emission of fetid flatus. Repeated urging to stool at night it goes off by emission of some flatus.

Distention of the stomach and abdomen after eating, even if then have eaten only a little, with sour, acid or burning eructations and heartburn; everything she eats or drinks seems to be converted into gas and accompanied by a weak, sinking sensation in the stomach or we have a sensation of a lump or load in the stomach after eating. Frequently there is a feeling of throbbing or pulsation in the stomach. Soreness and sensitiveness to touch of the epigastric and abdominal regions.

Dyspepsia of old people, of those of deficient vitality, gastritis from drinking too much icewater, with a sensation as if stomach were full of water. Gastralgia, sharp cutting or sticking pains worse from eating or from motion and after midnight, 3—4 a. m. Easy choking when eating. Distention and coldness of abdomen. Pain from left hypochondrium through abdomen; must turn on right side before he can rise. Colic renewed after each meal, sleepiness during a meal. Milk and warm food disagrees. Great desire for acids or sugar. Distention of abdomen after a meal. After meals very tired and sleepy. After meals, great drowsiness with chill and yawning. After meals paleness of the face. After meals a chill. After meals sour eructations. Fetor of mouth in the morning. Dryness of the mouth wakes him from sleep in the morning, violent burning of the mouth. Dryness of the mouth without thirst in the evening. Sensation of dryness and gathering of saliva in the mouth; he has to spit much. Continual gathering of water in the mouth. Much saliva in the mouth, continually.

Stool: Diarrhœa, stools light gray or brownish, corrosive, sometimes painless worse towards morning

(3-4 a. m.) with rumbling in bowels; colicky pains before and during stool and burning at anus after stool.

Constipation: Frequent and unsuccessful desire for stool coming in paroxysm. Insufficient stool at all times; feces of large size; feels distressed an hour or two before a passage.

Colic, abdomen hard and retracted; as if intestinal canal were full of water; pains shooting down from abdomen to legs.

Urine: Frequent desire to urinate during night. Pale red, muddy urine passes slowly and burns. Turbid urine. After micturition, emission of a milky, inodorous flaky lipid. Greenish pale urine.

Accompaniments: Stitching pains. Face yellow, bloated, swelling over the upper eyelids in the morning, like a little bag. Bag-like swelling between the upper eyelids and eye brows.

Cannot bear to be touched, starts when touched even so slightly, especially on the feet.

Great aversion to be left alone. Nosebleed when washing the face in the morning. Toothache only when eating. Backache, sweat and weakness. Feels badly week before menstruation. Very much inclined to take cold. Aged persons inclined to obesity. Constant chilliness, cold hands and feet. Face pale, eyes sunken, lips dry. Oedema of upper eyelid. Right ear hot left ear pale and cold. Vertigo from least motion especially riding in a carriage. Restless sleep after 3 a. m. Aversion to open and cold air and draughts. Dryness of skin. Sweat fetid or sour. Gnashing of teeth at night while asleep. Starting while asleep.

Aggravation: After midnight. After sexual intercourse. In cold air. During eating. After eating.

Amelioration: From eructation; warmth.

HEADACHE

[Continued from page 120]

MAG. PHOS.

Type : Neuralgic. Rheumatic. Nervous.

Location : Over eyes. Over right eye ; occiput. Temples. Vertex.

Pain : Shooting. Stitching. Tearing. Darting. Stabbing. Shifting.

Aggravation : 10 P. M. ; motion. Straining eyes. Mental effort. While attending school. Protracted mental effort. In young and strong persons.

Amelioration : Darkness. Hot application. Pressure. Hard pressure. Wrapping up head. External heat. Towards evening.

Attending Symptoms : Chill. Severe nausea. Face flushed red.

Description : Headaches after mental labour with chilliness always better from warmth.

Sensation as if contents were liquid, as if parts of brain were changing places, as if a cap in the head.

Neuralgic and Rheumatic headaches worse in young and strong persons.

Pains vivid, shooting, stitching, intermittent and changing about, better by warmth and pressure.

Headache, pains shooting, darting, stabbing, shifting, intermittent and paroxysmal.

Headache, excruciating spasmodic, neuralgic or rheumatic, better external heat.

Nervous headache with sparks before the eyes ; diplopia.

During the severe throbbing pressure on vertex, left side, deep in brain.

Dull headache as if brain too heavy after protracted mental effort.

Headache better towards evening but changes to pressure above eye brows, esp. right.

Headache beginning in or worse in occiput and constant while attending school.

Severe headache, face flushed red.

Pain begins in occiput and constant while attending school.

Pressive pain in head down through middle of brain.

Pain through temples, top and back of head with sensation of fullness, worse lying down.

Sensation of a strong shock of electricity beginning in head and extending to all parts of body.

Severe headache began in occiput on waking, extending over head, located over both eyes with severe nausea and terminated 5 P. M. in a profound chill.

MAG CARB.

Type : Hysterical.

Location : Brain. Forehead. Left side of forehead. Over eyes. Over left eye. Occiput. One side of head. Both sides of head. Right side of head. Left side of head. Temples.

Pain : Burning. Digging. Cutting. Stabbing. Darting. Drawing. Jerking pressing. Shooting. Sore. Bruised. Stitching. Stunning. Stupefying. Tearing. Lancinating. Pulsating, beating, throbbing.

Aggravation : Morning. Morning in bed ; morning on rising. Morning on waking. Morning until 10 A. M. noon. Afternoon 1 P. M. 1-5 P. M. Evening. 7 P. M. Night. Night on waking. Anger. Binding up hairs.

While in company or crowd.

While constipated ; after contradiction.

After eating.

Flatulency.

Lying. Lying on painful side during menses. Mental exertion. Motion. Moving head. Everrday. Pressure. Sitting. During sleep. After sleep. Smoking tobacco. Vexation. Waiking. Warm room. Side which presses the pillow.

Amelioration : Evening in bed. Night. After eating. Lying. Motion. Pressure ; raising head. Standing. Sitting. Walking in open air. Warm room. Wrapping up head.

Description : Headache relieved by wrapping up the head. Violent darting headache after vexation.

Congestion of blood to head especially when smoking pressing headache from mental exertion and when among many persons.

Lancinating headache early in the morning after rising.

Pain on top of head better sitting.

Headache in temples, worse stooping, never in occiput.

The head is fatigued by intellectual labour.

Violent darting headache after vexation, 1 p. m. to 10 p.m.

Pulsating sensation in forehead.

Headache in bed at night also during sleep, better by sitting up, tension and pulling pain in occiput as from stiffness of nape of neck.

Drawing in forehead with nausea.

Thrilling headache with sensation of heaviness after a fit of passion.

Shooting pains in head also at night in side which presses the pillow.

Sticking pain in side of the head on which he lies as if the hair was pulled ; worse mental exertion.

Pain above margin of right orbit.

NAJA.

Type : Gastric. Neuralgic. Chronic.

Pain : Bursting. Shooting. Sore Bruised. Stunning. Stupefying. Throbbing. Aching. Pressure.

Location : Forehead. Over eyes Over left eye. Occiput. Temples. Vertex.

Aggravation : Morning on waking. Noon. After breakfast. Coughing. After menses. 8-30 a. m. ; on cessation of menses. Mental exertion. Motion. Riding in a carriage. After sleep. 9 p. m. eating ; 3 p. m.

Amelioration : Tobacco smoke. Spirituous liquor.

Attending Symptoms : Fluttring of heat. Melancholy. Cold feet. Flushes of face. Profound depression. Nausea. Vomiting. Heart symptoms. Feeling of hollowness over entire head, Stomach ache at 9 p. m.

Description : Chronic neuralgic headache with agonizing pains, destroying her of sense and memory.

Headache on waking, fluttering of heart and melancholy.

Weight and pressure on vertex or acros eyes with cold feet and melancholy.

Weight and pressure on vertex or acros eyes with cold feet and flushes of face. Headache in one or other temporal region with profound depression, relief from alcohol.

Pain left temple and left orbital region, extending to occiput with nausea and vomiting with heaat symntoms. Pain in forehead and temples.

Feeling of hollowness over entire head.

Dull frontal headache. Very serve headache with intense depression.

Constriction across forehead.

Severe throbbing and aching in temples.

Heat and congestion in head.

Headache supervening on cessation of menses.

Headache all day : morning on waking, in evening very very bad headache and stomach ache, at 9 p. m. caused by eating.

Headache at night, sleep much but conscious of headache in sleep.

Headache with intense depression, pain usually began in temples, worse right, deep seated.

Involving eyes, occasionally shooting, extending as a dull aching over forehead and vertex worse motion, slightly better in open air. better smoking and alcoholic liquors.

Throbbing aching at 3 p. m. Bad headache just like a scald, left eye, after breakfast, oppressive at 8-30 a. m. Neuralgic headache extending backwards from orbital region.

Aching in temples in morning on waking, with heaviness in eyes, about noon over right temple, and extending to forehead, worse afternoon.

Aching in vertex with cold feet.

Shooting in occiput.

Feeling as of a blow from behind on head and nape.

NUX MOS.

Pain : Bursting. Pressure. Sore. Bruised stitching. stunning. Stupefying. Pulsating. Beating. Throbbing.

Location : Forehead. Over eyes. Over right eye. Occiput. One side of head. Right side of head. Left side of head. Temples. Vertex.

Aggravation : Afternoon. Night. Cold air. Draft of air. After Breakfast. After eating. After overeating. From becoming heated. From becoming heated in bed. During menses. Before menses. Mental exertion. Motion. Moving head. Every day. Every seven days. During pregnancy. Raising head. Riding in a carriage. Shaking head. Before going to sleep. After siesta. Spirituous liquor. Stooping. Suppressed eruptions. Touch. Walking in open air. Washing

head. Changes of weather. Cold weather. Damp cold weather. Stormy windy weather. Getting wet. Wine.

Amelioration : Wrapping up head. Warm room. Walking in open air. Motion. Hot application.

Attending Symptoms : Sleepiness. Weak memory. Inclination to vomit. Very dry mouth, No desire for water. Debility.

Description : Headache after breakfast with sleepiness.

Region of temples very sensitive to pressure.

The whole brain feels loose with wabbling on motion as if in the head.

Pulsation of the arteries and daily headache.

Throbbing, pressing pain confined to small spots worse in left orbital ridge.

Head feels full and as if expanding, worse from getting wet, change of weather : riding in a carriage, after eating; wine : suppressed eruptions, before menses during pregnancy.

Weak memory.

Indifferent ear and too heavy for her body with sleepiness and aches from eating a little too much.

Feeling of expansion with sleepiness.

Pulsating head.

Bursting headache better hard pressure.

Sensitive to slightest touch in a draught of air.

Pressive headache with heaviness and confusion of head.

Affections of temples.

Headaches with very dry mouth and no desire for water.

Pain in head, esp. in temples with internal heat and sensation of wavering in the brain on moving the head.

Sounds as if chains were in head.

Pain mostly in occiput.

Jumps with an outcry of pain and says "oh don't you hear them.

Sensation as if brain were striking against skull with sleepiness after a meal, worse from cold, better from warmth, heat : worse in cold, from lying down, better hard pressure.

External heat.

Violent, constricting, burning, stinging pain over right eye, compression of lips and jaws : when attacks are most intense, unconsciousness, immovability of leg, face swelled, speech most, continually moving his hands to painful place, head convulsively drain from one side to the other, distorts his face.

Headache and drowsiness with great debility.

Head feels full, expands, as if it would burst.

Worse shaking head, raising head from pillow.

Pressure and pulsation especially in head.

Severe tearing in occiput towards nape of neck.

The headache is generally felt after a meal and more particularly after a breakfast or after over-loading the stomach.

NICCOLUM.

Pain : Tearing. Shooting. Stitching. Sticking. Bursting. Pressing. Sore, bruised. Pulsating. Throbbing. Heating. Nail like.

Location : Right side of forehead. Occiput. One side of head. Vertex. Forehead. Left side of head. Both sides of head.

Aggravation : Day time. Morning. Morning on rising. Morning until noon. Morning on waking. Forenoon. Coughing. Motion every fourteen days. Entering a room. Stooping. Walking in open air. Warm room.

Amelioration : Walking in open air. Pressure. Open air.

Description : Paroxysmal headache, every two weeks, better in fresh air.

Shooting from vertex to forehead.

Pain in top of head as if a nail were sticking in it.

Headache, in morning after rising, increasing till noon with pressure on vertex and dullness of head.

Intolerable beating, sticking or stitches in head worse in house.

Pain on top of head as from a nail.

Paessure on vertex in morning worse till noon and in a warm room.

Objects appear too large.

Migraine, first on left side.

Headache all day, in forenoon, with vomiting of bile.

Headache in a room and after a walk in open air, pressure on vertex.

Pain in both sides of head as if it were breaking.

Stitches on head when stooping.

Tearing and shooting in the head.

Periodical headache.

[To be continued.

NOTICE

The General Council & State
Faculty of Homoeopathic Medicine, West Bengal.
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Registered Homœopathic practitioners are hereby notified that the next T. C. Examination of the Council to confer the diploma of D. M. S. to the successful candidates will be held in the first week of December, 1951. Detailed informations regarding the said examination may be obtained from the Registrar by sending a 9 pies stamp to the above address.

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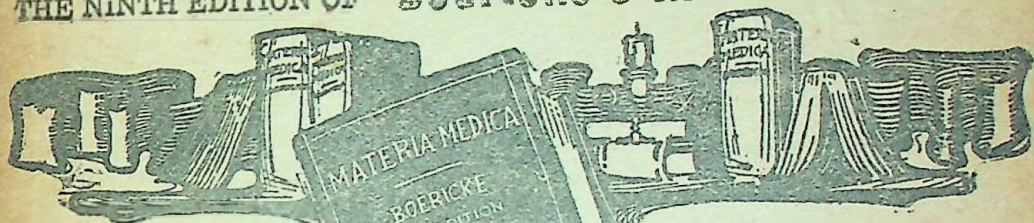
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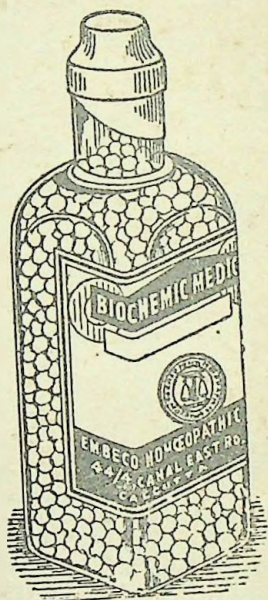
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