

Tuberculinum is deprived of all toxicity and very often secures a good result.

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Paralysis.

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It is known to us that injuries to one side of the brain cause paralysis to the opposite side of the body and face. Sometimes it occurs that paralysis affects merely a part of one side, by the symptoms it is very difficult to find out the portion which has been affected. It has been accurately demonstrated that the cortical matter of the brain is the seat of various centres which are connected and which cannot be definitely understood by the voluntary movements of the muscles of the body. A physician showed that if certain points of the cerebral function be stimulated by an extremely weak current, definite group of muscles on the opposite side of the body is thrown into action, when the strength of the current is increased the resulting movements are no longer limited but extend to a whole limb or the whole side of the body and when that current is much more stronger the whole side is affected and causes a general unconsciousness. Destruction of these definite areas causes paralysis of the corresponding group of muscles. Thus paralysis of one side of the body is caused by the destruction of the cortical motor centre on the opposite side of the brain.

Often and on it happens that one part of the head is being striken or hammered, paralysis also comes to mani-

fest to that side of the body. The injuries upon the head do not mean the injuries of the brain. Provided the injury of the part of the head may counteract to the subsequent opposite part of the brain; consequently the paralysis appears to that part of the head which is injured by any attack. Thus when a person slips suddenly down in a frosty weather and strikes the head on the pavements there may be any not external sign of injury or any fracture of the skull, yet laceration of the interior portions of the cerebral hemispheres frequently occurs at the point exactly opposite to that strike.

Paralysis due to injuries of the spinal cord. Sometimes when the vagus nerve is affected by any cause of injury, the spinal accessory nerve is irritated and may throw some muscles, more or less, into a permanent spasmodic state and gradually partial paralysis may be established. When the lower part of the cervical spine has been struck so as to intimidate the cord paralysis of one or both arms induced without any paralytic symptoms of the trunk or legs. In such cases paralysis may go off entirely, or may disappear in one arm and continue to the other or one nerve only may continue to be affected such as musculospiral or the ulnar. There may be complete paralysis of sensation and motion in one of these nerves or motor power may be lost, while sensation is normal or the sensibility continues it is exalted and we may find loss of motor power. When there will be loss of motor power in the extensors and supinators of the fore arm and hand with loss of sensation of the part of the hand supplied by the radial nerve. In some cases paralysis of the lower limbs has been complete and instantaneous and has affected both sensation and motion.

Lower limbs:—

One leg is frequently more severely affected than the

other, or the two legs may be unequally affected as to sensation and motion in varying degrees in the two limbs. There may be complete loss of power over the sphincters both of the bladder and anus, with incontinence or retention of the urine and faeces, or the loss of power may be confined to the bladder which is specially the case when there is complete retention ; it remains strongly acid.

•A severe blow inflicted on the Dorsal or the lumbar region may induce more or less complete paraplegia. In some cases paralysis of the lower limbs has been complete.

In cases of concussion of the spinal cord, followed by secondary consequences, such as, pain, rigidity, spasm, alterations in the structure of the cord and while softening of the cord with inflammation of it or its membranes ; it will be found that the brain participates after a time in the general disturbances of the nervous system. The thoughts are confused, can not concentrate ideas, so as to carry out a connected group of reasoning, all business aptitude is lost, the temper often becomes changed for the worse, being fretful irritable. The sleep is disturbed, restless and broken. The head is sometime hot. The hearing may be variously affected, loud and sudden noises are peculiarly distressing to these patients. Vision may also be affected in various ways. Speech is rarely affected. The attitude is stiff and unbending. The movements of the head and trunk do not possess their natural freedom. The state of the spine will be found to be the real cause of these symptoms.

In some cases the head moves freely without any pain or stiffness, the muscles of the back are usually unaffected, a sensation of cord tied round the waist, the loss of motor power is specially marked in the legs etc. When the spinal cord is completely divided there is complete paralysis of sensation and motion in all the parts below the seat of the

injury ensue, though the mental state of the patient continue intact, and also instant death may occur. But when the fracture occurs in the middle or lower dorsal region so that the lower portion of the cord completely severed, the patient may live for many years and the spinal canal obliterated by the displacement, and new bones formed in the process of repair.

Injuries in the lumber and lower dorsal region often cause complete paralysis of the thigh, the sphincters and the bladder. When the lumber flexus is affected, the whole of the lower limbs are paralysed.

When the injuries is situated in the lower cervical region paralysis of the upper extremities, the expiratory muscles, the intercostal muscles, and those constituting the abdominal wall are found. The lung surcharged and the countenance becomes suffused and purplish. If the cord have been divided above the bronchial plexus there will be complete paralysis of the whole of the upper extremities, but if the injury be opposite the sixth cervical vertebra there may be only partial paralysis.

When the cord is injured or divided in the upper dorsal region, respiration is interfered, imperfect expiration is affected solely by the elasticity of the walls of the chest and snuffing and coughing cannot be accomplished. In consequence of the impediment to respiration the blood is not properly arterialized and pneumonia comes on. Paralysis after Typhoid Pneumonia, Syphilis etc. Paralysis of these types are commensurated with the disorder of the mucus membrane and gradually attack the brain substance after all according to the affected part of the brain, paralysis manifests to the corresponding limbs muscles or any part of the body. Though sometimes we confuse that how it happens having no injury to the cortex of the brain; but by concomitant variation of

the symptoms we can guess the real situation of the brain where it has been affected. That may be due to some sudden attack or injury or may be due to some chronic diseases. Paralysis of these character specially occur during the illness of the patient, which is completely due to the carelessness of the nurses or those who attend the patient. Because during illness patients generally lose their senses or they become very restless, consequently they can not control their emotions, their brain can not act accordingly; at that time the attendant or the nurse should be very active and intelligent so that the patient may be supplied with all the requirements and position of the head should be carefully observed so that they may not voluntarily move the head or think over any serious matter. Because during those illness the brain becomes very fugitive and soft, a slight movement or a slight action of the brain may injure the cortex of the brain and any part of that may be affected; also paralysis may appear opposite to that portion.

Kinds of Paralysis :—

(1) Monoplegia :—When a distinct group of muscles is paralysed.

(2) Monospasm :—When a similar group is thrown in spasm. This may be divided into primary and secondary condition of paralysis. In case of bronchial monoplegia or monospasm the upper limbs alone are affected. If in a patient we find that localized paralysis is present, we must conclude that there exist a laceration of some severity in the cortical centre corresponding to the muscles implicated. If an injury to the right side of the face is chiefly affected and which facial paralysis is well marked the head forcibly turned to that side then the right arm enters into the spasm, then the right leg after which the left leg, left arm and left side of the face are affected in order. Now I

should arrange the clinical and pathological observations as applied to the human brain as shown by an Allopath in his Science and Art of Surgery.

(1) Aphasia :—Speech is controlled by a portion of the brain on the left side. It is dependant on a lesion of the posterior extremity of the third or interior frontal convolution of the left side.

(2) Facial paralysis :—Depends on a lesion of the lower third of the ascending frontal convolution and the contiguous part of the posterior end of the second frontal.

(3) Paralysis of the upper limbs, indicates an affection of the middle portion of the ascending frontal convolution and the contiguous part of the ascending parietal on the other side of the sulcus. This centre being immediately above those for the face it is common to meet with a combination of facial palsy and paralysis of the arm.

(4) Paralysis of the lower limbs :—Indicates a lesion of the upper extremity of the ascending parietal convolution and of the posterior parietal lobule lying behind it and reaching to the margin of the longitudinal fissure.

Head injuries are occasionally followed by traumatic epilepsy. This may arise firstly from a depressed and neuralgic cicatrix on the scalp, the starting point of reflex convulsions. Secondly from chronic displacements of the skull. Thirdly from depression of bone or the formation of bony substance pressing upon the brain. Fourth—Chronic thickening of the brain. Fifth—from obscure structural lesion of the brain. Now from the symptoms it is a very difficult task to find out the real situation of the injury and whether that manifested paralysis is caused by the injury of the brain or by the concussion of the spinal cord; which should be carefully observed by the physician, not only the symptoms but some other means may be adopted so that he may definitely know the real position of the

injury. The age of the patient exerts some influence on the symptoms and course of laceration of the brain. Children, especially have been known to bear extensive injuries of the brain and even the loss of a considerable quantity of cerebral matter, without any very serious effect either immediate or remote and it is by no means uncommon to see them live several days with an extent of injury to the brain which would rapidly have proved fatal to an adult. Indeed it may be stated generally, that the younger the patient, the greater the chance of recovery. So also the prognosis may be considered mere favourable in men of labouring class whose minds are but little exercised than in person of more cultivated intellect.

Now I should add some scientific thoughts on Homœopathy. Mind can in some respects be regarded as the total of the human organism, therefore to deal with the Psychotherapy is the main gate to enter into Homœopathy. What are the natural character or mental symptoms of the individual patient and what are the changes due to the illness are to be captured and discriminated. Because every remedy has got some special mental symptoms, which cannot be explained but that are to be found out from the movements and face of the patient. From smoke in a room we guess there might be some fire in the room, upon the same bias of intuitive knowledge we are to find out the real cause of the symptoms which are present in an individual patient. Those manifested symptoms may be due to some want, or addition or change in the individual system. Whenever there is any derailment present in a system which we call disease must have some cause or causes. First of all we should try to find out that cause or causes, carefully study the constitution, the mental and physical symptoms, differ those which are due to the illness and the natural ones. We should bear this in mind

that we are to naturalize condition. Every individual human being has his personal diathesis, mentality and bodily form, we should look to the very particular symptoms and the similia of the remedy to be prescribed. If anything is added to the system or if anything is needed to be added, our remedies shun out that added thing from the former and add in that wanted in the latter. Chronicity in the mental realm has as grave consequence to health as chronicity in organic disease. We, as followers of Hahnemann, will continue to explore the creeks and corners of the Art of healing and the science underlying it, learning many new and worthy facts, illuminating and amplifying the fundamental law "Similia similibus curentur". As there is only one fundamental law in every phenomenon in nature so too there should be only one law of cure. Another point we should remember is that we cure the patient not the disease. Every remedy has some natural affinity to act in an individual system, whenever that affinity we find in a system, together with the similia of the remedy we call it a patient of this remedy. Because fever may be present in many people on account of the same cause of cold but the remedies may differ, according to the different constitution of the particular patient. To cure a patient means to make him natural, in other words, to turn the constitution into such a position that he may be in a better posture. In some cases we expect some change for better, because we cannot find out the real similia of the patient and the remedy. In what cases we should expect some change for better and in what cases we should expect complete cure that should be discriminated by the physician. "Prevention is better than cure". For although albuminous disturbance is the real cause of a disease, but that may be regarded as remote or immediate cause. Therefore to prevent from this albuminous distur-

bance of a system is our main items. Then I should mention several paralysis cases which have been recovered with the help of Homœopathic remedies by me. In chronic cases, I must confess here that Homœopathic remedies act rather slowly but permanently, than any other branches of treatment. Though sometimes I have got an unexpected good result, and I am a young and raw hand in Homœopathy as yet, yet I must admit that Homœopathic treatment is the best treatment in respect of Science, Art and Reasoning. In these cases mentioned below I have given only the striking symptoms upon which I have given those remedies, but not all the symptoms which should be mentioned.

CASE NO. 1.

The first case I met with paralysis is a girl of 10, spoiled, selfwilled, fearful, spoke very little, unable to read or write. Blue eyes, light complexion, well nourished, blonde, slight salivation. The cerebral paralysis had seemingly obliterated the speech and graphic centres of the left hemisphere so that it is necessary to educate the left zone as a substitute. Natrum Mur was given for her salivation, Stramonium for her retarded speech and Arsenic Iod for mental deficiency. And the girl was cured after three months.

CASE NO. 2.

In 1928 a young man age 20, was admitted into a hospital, on the second day after he had received a violent blow on the left temple by a fall from some steps. On manipulating his head a sensation was felt as if a piece of thin part of the bone was situated at the situation of the blow. He was stunned by the accident but after a few seconds, he lost the power of speech, he could understand what was told to him but could say 'yes' or 'no' nothing more. On the

third day paralysis of the lower facial muscles on the right side was distinct. On the fifth day a clonic spasm commenced in the lower facial muscles and gradually extended to the upper facial muscles and he lost consciousness. He was leached over the injured spot, cured gradually, his consciousness came and fell into a sound sleep. He was cured of the accident. After six months he came to me with the same paralytic symptoms of the facial muscles, he could speak a little with great difficulty but he liked to hear only. I gave Stramonium 30, twice a day resulting a little change for better in speech. After a fortnight he came again, when I put my hand on the right cheek he startled, but when slightly rubbed he felt better, Rhustox was given, Stramonium and Rhustox every alternate eight days cured the patient.

CASE NO. 3.

A boy of six looked like a child of one year was brought unto me having a slight cough and fever. He could not walk or stand, both the thigh bones were ejaicated, the head was larger in proportion of the body. He had been treated by many doctors without any successful result. The fever and cough aggravated at night, he used to cry out at night but not in day time, could not speak properly. He could grasp what was told but could not express himself. From history of his parents, I guessed that his mother had syphilis before the birth of the boy. On that bias I gave Syphilinum C. M. triturated in B & T globules No. 20, two globules to suck on the tongue and placebo for their conviction, after a fortnight I gave another dose. Gradually the boy became healthier and could stand and walk a little. In the meantime he had an attack of influenza. I gave Arsenic Alb. according to the symptoms. After 8 doses of Syphilinum C. M, the boy became

alright, now his age is seven, looked like a boy of 3, he can walk, run and speak a little.

CASE NO. 4.

A boy of 4, had an attack of Typhoid fever. His left leg was imperfectly paralysed, He could move the leg but when lying down could not raise it or press on it, sudden touch frightened him. His complexion was fair became blackish, and used to cry out before going to sleep, sometimes he spoke very quickly. Lachesis cured the boy completely after three month's trial.

CASE NO. 5.

A rich man of Bombay called me to see his son aged 28. At first his right jaw was affected by an attack of typhoid fever, then right arm, right leg, gradually his left leg, left jaw in order. He could move his limbs but could not raise them, he felt that something had been placed at the end of the limbs; Sometimes his muscles were stiffened which gave him much pain. A slight cough and fever were with him which were of Sulphur. I gave one dose of Sulphur C. M.; after eight days his fever and cough were gone, and all the symptoms of Rhustox prevailed (triangular types on the tongue, starting worse better on movements etc.). I gave him Rhustox 30, to take thrice a day. After 6 month's trial he could walk with a stick in hand, I asked him to continue this remedy for a couple of months more.

CASE NO. 6.

A young girl of 17 had a fall from a staircase which stroke her head on the back, she lost her consciousness. After six hours I went there and saw that the spot of the injury became black and her face also became pale on account of the pain. I applied Arnica lotion on the spot

of the injury and internally with great difficulty. At the 8th hour after the accident her consciousness came. She told me with great difficulty that the bed is too hard to lie down. She could not move her head on any way, the shoulder muscles were paralyzed. I thought that concussion of the brain is the real cause of this disturbance. After 4 day's trial over *Arnica Mont.* she was completely cured of the accident.

Rheumatic paralysis or paralysis from exposure to cold should be distinguished from traumatic paralysis. Rheumatic paralysis or loss of nervous power independently of inability to use the limbs from muscular weakness, rigidity or pain, or from similar conditions connected with joints, are common while traumatic paralysis is due to the injury to the nerve or spinal cord. Two cases I have mentioned of Rheumatic type, others are of different type. I should mention one more case and close it. A young man of 29 or 30 came to me with great difficulty because his thigh bones as well as the hearing organs were imperfectly paralysed with a little cough and fever 102 which were of Sulphur but when he showed his hands and legs with big spots of syphilitic eruptions, I asked him everything and he answered me that he had got it from a female a few months before. He was very fearful and confused his ideas, could not answer correctly. I gave *Thuja*, gradually those eruptions and cough and fever gone and that paralysis also changed for better, then I gave *Nit. Acid*, 200 one dose, then again *Thuja* and *Thuja* completed the case after three months.

References :—

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- (3) Journal of the American Institute of Homœopathy.