Dr. V. K. GUPTA

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HARMONY IN MOTION

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ASSISTANT EDITOR : **Dr. Mrs. Vishpala Parthasarthy,** L. C. E. H. (Bom.)

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# Harmony in Motion

Harmony is a combination, an adaptation, a fitting together of parts, elements or related things so as to form a connected, consistent and orderly whole; a combination of details such as to produce an aesthetically pleasing effect. It is an agreement in relations, a concordance or an accordance, an order, a symmetry, a congruity of feelings, sentiments, interests, opinions and tastes in any field of life and human activity, – at the level of human relationship. In art, especially music, is this term applied to denote a simultaneous combination of accordant sounds and notes so as to produce a pleasing effect, a melody, to the trained musical ears of an accomplished musician or artist. The Pythagorian 'Music of the Spheres' is a harmony formed by the regularly rhythmic movements of the heavenly bodies throughout space, determined by the relation to each other of the intervals of separation.

Time, Space, Motion and Causality are fundamental concepts in Physics and Philosophy; these lie at the root of all life-processes/phenomena. Philosophy goes deeper in postulating the Concepts of Spirit and Matter as the origin of all life- the former, the basis of Consciousness and the latter, the basis/vehicle in and through which Consciousness ensues and expresses. Above these two is the Ultimate Reality about which we need not speculate. Physics has dissected Matter into its constituent units, the atoms and molecules. Motion cannot be considered apart from Energy and Force, the three being closely inter-related, Energy ⇌ Matter.

Force

Matter was considered by Lencipus, Democritus, Rene Descartes and Sir Isaac Newton as the power and the potency of all life. This Materialistic Concept/View of Life resulted in an imposing fabric of the Material mechanistic Model of the Universe being erected. This view prevailed till the end of the 19th century. The atom was indivisible. The 20th century ushered in the Atomic Era with the blasting of the atom and the emergence of the Nuclear Energy and Force. Max Planck (Quantum Theory) and Albert Einstein (Relativity Theory) revolutionized Physics. The atom has been subdivided into neutrons electrons, protons, neutrins and some 200 odd Elementary Particles (subatomic) in constant motion and collision one with the other without loss of structural integrity of the atom. This is Particle Physics. Today we have the Dynamic Model of the Universe being erected on the basis of the Quantum-Relativity Theories, as expounded by Fritjof Capra, the theoretical Physicist, in his two pioneering works: **'The Tao of Physics'** and **'The Turning Point'**. This dynamic view of the Universe and Life suggests that there is no dead, unconscious or inorganic matter; all is conscious, organic. Matter is not static, but a whirling, moving, dynamic pattern of movement of Energy, a continual collision of particles, maintaining Harmony despite collision. Time and Space are a Continuum and not separate. Balance in the Universe is maintained by the juxtaposition of two opposing forces in Nature - Centripetal and Centrifugal, positive and negative (magnetism and electricity). The concept of the 'Resolution of Forces' in Physics demonstrates this truth. Equilibrium is maintained through the operation of two contraries which produce the Harmony necessary to each other and are mutually interdependent. The polarities of attraction and repulsion, cohesion and dispersion, gravitation and levitation, heat and cold, light and darkness are evident in natural operations. Natural harmony – a mutual, peaceful co-existence of antagonistic elements – is the natural outcome, corollary and concomitant of Equilibrium/Balance.

Motion is universal. Life is movement. Atoms fill the immensity of space, and by their continuous vibrations are that Motion which keeps the wheels of Life perpetually going. Force is matter in motion; the passage of one state of motion into another state of the same. Motion is ceaseless, eternal, perpetual, as well as cyclic, periodic, circular and spiral, and therefore progressive even in its seeming retrogression. There are alternate cycles in human history – of civilization and savagery, of rise and fall of civilizations and culture, of intellectual, moral and spiritual growth and decline; witness the four Yugas in human evolution. At the physical level, there operate Newton's Three Laws of Motion and Simple Harmonic Motion, At the psychological level, there occur the movements of thoughts, feelings, sensations, impulses, drives, urges, etc. At the physiological and biological levels of animal and human organizations, there occur the movements of fluids, electric discharges and chemical substances in contrary directions, antagonistic elements in juxtaposition maintaining an exquisite delicate balance and harmony called Homoeostasis' (Canon) or 'Internal Milieu' (Claude Bernard).

The Dynamic or Vital Concept of Life and Universe was enunciated by Hahnemann a century and a half ago; it is corroborated by modern Physics today. Roberts has elaborated the Concept of the Universal Life or Vital Force and the Laws of Dynamics at length. Stuart Close has amplified these further along with the scientific aspects. In man, Health is Harmony, Balance; Disease is Disharmony, Imbalance. In the former, the Vital Force is normal; in the latter, it is deranged. Evolution in health and disease is an expression of Motion in Time-Space Continuum. The Time Dimension is dealt with at length in Area C-1, Hahnemannian Totality, I. C. Symposium Volume 1978. Drug-Effects in the 'Provings' are also dynamic; so also recovery and cure.

The above-mentioned fundamental concepts of Time-Space, Matter, Motion, Causation, Harmony and Balance in Physics, Biology and Psychology have parallels in Eastern Philosophies, as pointed out by Fritjof Capra, especially in the mystical traditions of India, China and Japan. The Seventh International Transpersonal Conference held in Bombay in February 1982 projected 'The New

Vision of Reality' through Capra, the outline of the new paradigm resulting from the synthesis of Eastern Intuitive Wisdom and Western Scientific Thought, using the concepts stated above. The barriers between Science, Religion Philosophy and Mysticism are fas getting eroded in man's search for Truth which is essentially unitary, impartite indivisible, synthetic and integrated whole

## Food For Thought And Reflection

" I live in a very small house, but my windows look out on a very large world. "

– Confucius

* * *

" Charity is a bridge between Man and God. "

– Amar

* * *

" Life is always opening new and unexpected things to us. There is no monotony in living to him who walks even the quietest and tamest path with open and perspective eyes. The monotony of life, if life is monotonous to you, is in you, not in the world. "

– Phillips Brooks

* * *

" There is in the worst of fortune the best of chances for a happy change. "

– Euripides

* * *

**Medicine :** "The very success of medicine in a material way may now threaten the soul of medicine. Medicine is something more than the cold mechanical application of science to human disease. Medicine is a healing art. It must deal with individuals, their fears, their hopes and their sorrows. It must reach further back than a disease that the patient may have to those physical and environmental factors which condition the individual for the reception of disease. " – Dr. Walter Martin

* * *

" Whenever we find ourselves more inclined to persecute than to pursuade, we may then be certain that our zeal has more of pride in it than of charity."

– Charles Caleb Colton

* * *

"No man is a separate isle, but be joined on to the Continent of Humanity. "

– John Donne

* * *

" For who could live or breathe if there were not this Delight of existence as the ether in which we dwell ?



# HOMOEOPATHY VERSUS PSEUDO–HOMOEOPATHY

DR. K. N. KASAD.

*[ In continuation of the Editorial in the Oct.–Dec. 1980 issue of the Journal, the following excerpts from Kent's " LESSER WRITINGS " are hereby printed for the serious minded among the Homoeopathic Profession to take note of and act upon.*

*— Editor. ]*

"When Lippe, Wells and others advocated a continuous reading of this book (Organon) during their long careers, should we not similarly look upon it with a feeling of profound respect ? Should we not crave for the hidden truths that have made these faithful followers of law so successful ? To whom should a rational man apply for light when desiring to follow law in healing the sick and measuring out uses to men ? Naturally to Hahnemann and his faithful adherents and not to those who smile at what they choose to consider the ravings of an aged man."

"There are some homoeopaths who, by words and actions, denounce Hahnemann as a theorist, a fanatic and as a visionary, but these have never cured sick people as Hahnemann did. Let all men learn of him until they can do as he did; **for he was, and still is, the teacher, above all others. He was the first advocate of Homoeopathy, and we must look to him, and all deviation from his teaching should receive another name."**

**"Positive Principles should govern every physician when he goes to the bedside of the sick.** (Organon, Aphorisms 1 & 2) The sick have a right to it. Before Hahnemann there was no such thing.... Better to do nothing than to do something useless. It is better to watch and wait than to do wrong. **Every action in Homoeopathy must be based upon the principles of the system.** He should say 'Thus saith the principle, as does the grammer in every word of your speech.' Some say, 'I do not believe', but let it be known that belief has no place in the study of Homoeopathy. The inductive method of Hahnemann gives no place for unbelief, hence it is that Hahnemann has formulated the first paragraph of the Organon."

"It naturally comes in our minds to celebrate the birthday of Samuel Hahnemann on the eleventh day of April. Some will do this by a banquet, some by speeches, some by silent heart–throbs. Some celebrate openly and ontwardly, while in secret they administer tinctures in physiological doses and compound tablets, and alternate two medicines, neither of which is related to the sickness in hand. The silent, heartfelt thankfulness that Hahemann was born with and lived his life and left us the results of his discoveries in the ORGANON, CHRONIC DISEASES and MATERIA MEDICA PURA, is the best way to celebrate this wonderful man's birthday."

"Men have become great in Homoeopathy in following the principles laid down in Hahnemann's ORGANON, in teaching, translating, compiling, and prescribing, but not a single man has

become noted by using tinctures, compound tablets, or ignoring the doctrines of potentization. Some of them have become noted politicians but none of them has been noted for teaching the Philosophy or the Materia Medica. The men who have been noted teachers in our Materia Medica have been men who openly stood for the principles of potentization, the single remedy, the similar remedy, and all the principles found in the ORGANON. All such men will celebrate the birthday of Samuel Hahnemann; many others will make speeches, and eat and drink and be merry."

"With the young and the old our faith must be pinned to the law of similars, the single remedy, the smallest dose, the dynamic power, and last but not the least, the proved drug These, coupled with our organic philosophy, we shall continue in doing good and living to do good."

"Homoeopathy is making wonderful strides in curing chronic miasms but they are upon the lines laid down by Hahnemann. The author has no discovery of his own to introduce to the world. He has learned to be faithful to and is contented with what has been handed down."

"The Law of Similars will direct to curative remedies for all that are curable and comfort such as are incurable, if we can keep our selfish ends in subjection."

"....the homoeopathic physician cannot prescribe on the name of a disease; also, names are often the cover of human ignorance; also....two sicknesses of the same name are seldom given the same remedy. If the physicia could prescribe on a name, there woul be no necessity to write out the man pages of symptoms that some long case present."

"The intelligent physician does wh law and principles demand and nothin more; but the ignorant one knows n law and serves only his wavering expe rience, and appears to be doing 's much for the patient, in spite of whic the patient dies."

"The physician must study the hom eopathic principles until he learns wh it is in sickness that guides to th curative remedy."

"He must study the Materia Medic until he learns what is needed to me these demands."

"He must then study a Reperto until he learns how to use it, so that h can find what he wants when he need it."

"All who know how to use repertory succeed, and not one h discarded it."

"There is no short road to a f knowledge of therapeutics."

"The physician who masters the us of the repertory usually makes the mo rapid prescriber."

"It is important to avoid though destructive to the fundamental prin ciples of Homoeopathy. I desire t have my friends shun some things lead ing away from Hahnemann's thought True Homoeopathy is the object of thi



Association; to maintain the thought and trend of Hahnemann's reasoning. As long as I have practised there has been no inducement to depart from his doctrines.....The tendency to depart from Hahnemann's methods is the largest danger of pupils today."

"....there is no such thing as a short cut. It is the proper way, working from centre to circumference of the man himself."

".....Some men are incapable of grasping the homoeopathic doctrines, and fall back into mongrelism which is a cross between Homoeopathy and Allopathy. I would prefer an allopath to one who professes to be a homoeopath but does not know enough Homoeopathy to practise...."

".....The attitude of the public must never furnish the physician with indications as to what he shall do..... The doctor who violates the law also violates his conscience, and his death is worse than the death of the patient."

"The cry for liberty has been a grievous error, as liberty is and has been shamefully abused. It means a licence to violate law, and only a modest elasticity is necessary and full eclecticism is the product. It is liberty that has driven out of use, or limited the use of, the Reprertory that all the old healers so much consulted. If Boenninghausen used a Repertory with the limited remedies there proved, how much more we need to consult it."

".....The use of the Repertory in homoeopathic practice is a necessity if one is to do careful work. Our Materia Medica is so cumbersome without a repertory that the best prescriber must meet with only indifferent results."

".....Any man who desires to avoid this careful method (from the general rubric to the special rubric in the repertory) should not pretend to be a homoeopathic physician, as the right way is not in him, as the desire must precede the act."

".....Again, we have to work by analogy. In this method, Boenninghausen's Pocket Book is of the greatest service."

"The artistic prescriber must study Materia Medica long enough and earnestly to enable him to fix in his mind sick images, which, when needed, will infill the sick personalities of human beings... It is something that belongs not to the neophyte, but prescribing comes gradually to the experienced artistic prescriber. It is only the growth of art in the artistic mind: what is noted in all artists, but if carried too far it becomes a fatal mistake, and must therefore be corrected by repertory-work done in even the most mechanical manner."

"...The Homoeopathic School, then, as now was divided into 2 parties-the one representing eclectic methods and practice, the other the principles and practice of Hahhemann, of Gross, of Boenninghausen, of Hering. The time had come when all practitioners had to decide which of the parties they should assist. And let it be to the eternal glory of these men that they chose rather to be right than to be with the majority...."

"It is not numbers that we want, but men of truth and purpose."

"Personal interests or ambitions have no place here, but only what is truth. In this case, limiting our statement to what is true in therapeutics, we unhesitatingly assert the law of similars to be true, to be a proven fact."

"Our foundation then being firm, we need develop and improve the superstructure."

"The law, being of divine origin, complete, perfect, and fixed; the school, being composed of erring humanity, is incomplete, imperfect and changeable."

"...failure has never yet been shown to be due to any insufficiency of the homoeopathic law, but is always easily traced to incapacity of him who uses it. All men are liable to err. Let him who thinks he cannot sin cast the first stone at our law."

"....We are free men; free to do and practise as we please, but our success will be measured by our practice, and our title as homoeopaths or **Eclectics** be given accordingly as we practise the one or the other, and we will all know the greatest measure of success is attained by a strict adherence to the law of similars, the minimum dose and the single remedy. The Homoeopathy of Hahnemann gives the greatest success, the greatest freedom, and the greatest honour. No man can practise empiricism and honestly claim to be a Homoeopath Such 'are living a lie', as an Allopat has asserted. The Eclectic is a slav bound by error; the Homoeopath is fre emancipated by truth. A great po declares: 'He is a free man whom tru makes free,' and all are slaves besides.. do most assuredly believe Hahnemann 'Organon of the Healing Art' to be th only true guide in therapeutics..... Let u us not, then, tolerate any teaching whic seeks to pervert or abridge this maste work in any way... the only true guide f a prescription is the totality of symptom and the proven drug. Let us not, the prescribe on any other basis; it canno be Homoeopathic nor wise to do so He who recommends the building o therapeutics upon any new theory o upon any other basis than that prescribe by the law, is no homoeopath...."

"This Association... was organise for an especial purpose to promulgate an develop Homoeopathy. In pursuance o this work, purifying and completin the 'Materia Medica' must be our chie concern. It is the foundation of our ar Our 'Materia Medica' once corrupte and perverted, clinical success becom impossible. We may again take warnin by the fate of the American Institut for it, too, started forty odd years ago to do this same work, and for som years the Institute became enamoured o **the false siren named 'Progressiv Science' and all truth was abandoned** Let us beware lest a like fate overtak this Association...."



# DR. MAGANBHAI DESAI AS I HAVE KNOWN HIM

**DR. SARLA SONAWALA**
Vice-Principal.,
Smt. C.M.P.H. Medical College

To be inspired to study Homoeopathy and to practise it, I owe that to Dr. Maganlal B. Desai – a truly great Homoeopath of our time. Homoeopathy was a way of life for him, as he viewed the world in two categories – the healer and the healed.

Born on 14-1-1906, the festive day of kite-flying Dr. Maganbhai studied Homoeopathy in Calcutta and practised with a missionary zeal for nearly four decades in Bombay, Navsari and Surat, passing four nights a week in the train, until his sad demise on 17-1-1971.

Never complaining or demanding, he was a man of robust broadmindedness and courage. Homoeopathy was his obsession. An ardent follower and a fighter, he persued the facts of Homoeopathy with a searching enquiry.

His penetrating insight in to the concept and evolution of disease – the disease at its primordial origin, the disease at its final culmination, and the intermediary links of developing phases – was his most outstanding contribution to Homoeopathy.

His excellent understanding of the action and reaction of the remedies, in their vast dimensions, reached beyond the patient across the generations. It seemed the remedies worked obediently, at his beck and call, and yielded the expected results.

A brilliant clinician, he was profusely admired by those, patients and physicians alike, who saw him at the bedside. He cared for every patient, kept awake by his side, day and night, studied the symptoms, fixed the medicine, and waited patiently. Indeed he fought and lived and died with each of his patients in his terminal ailment. It was he who taught us courage to accept the challenge of the diseases rejected by other physicians.

Faced with the onerous task of hunting the disease to its every preceding manifestation, he made bold experiments in high and highest potencies in frequent repetitions.

His written works await publication for the benefit of those who have a sincere desire to pursue Homoeopathy to its wide horizons. His new experiments, therefore open the doors wide to investigate and explore the facts he has put forward and test their validity. That may form the nucleus for future research– "The Research Magnificent".

With this view in mind, we shall be offering to our readers his articles – one by one.

# CASE PRESENTATION AND CASE DISCUSSION

Dr. (Mrs.) Vishpala Parthasarthy
L.C.E.H.

One of the new series of the 1982 quarterly issues is the presentation and discussion of a case on the classical lines, -taking up both the repertorial working and the evolution of a mental portrait, both contributing to the final selection of the Remedy.

**PLAN OF PRESENTATION**

I. **Complete individual history** will be provided, including life situation and significant developments from childhood onwards.

II. **Case Analysis and Synthesis**

A. Discussion of the patient's mental evolution, and development of her personality structure.

B. Repertorial Totality and working; and differentiation of the indicated group of remedies.

C. The final selection of the remedies: Acute, Constitutional and Intercurrent (Anti-Miasmatic).

III. A brief **follow-up** of the case and conclusion.

Case Reference : VP/C/2/81

I. **Case History**:

Smt. R. K., Parsee, 32, married 5 yrs, Typist in a Bank since 1972. Husband 32 yrs, is a clerk in a Bank. Mother is 72 yrs. Father, a watch repairer, died in 1958 at 50 yrs. of CA of Stomach. Daughter - 4 yrs., only child.

Pt. reported on 8-1-81, for frequent severe, crampy pain in chest - Lt to Rt. A. F. nervous breakdown in 1967. ∠ tension[3], argument, winter. Also gets breathless on climbing stairs. Was under treatment for Rheumatic heart from 1967-75.

Severe unilateral headaches - occiput and temples since 1974. P/H daily, now 1/mth. ∠ tension[3], anticipation (work load) 7 spectacles, dark[3], sleep, pressure[3]. Neurosurgeon's opinion = N. A. D. Also gets pain temples as if Nerve pulled and swollen : with giddiness, and coldness[3] of palms and soles. Attacks 1/6 mths since 2 yrs, now daily. ∠ Sun[3] , crowds[3] , crossing roads[3] , cars, 7 pressure, sugar. Sensation of chilliness back since 1976, 1/3 mths. A. F. Nervous breakdowns ∠ winter = daily.

Pain back since 1976 1/mth. A. F. Pregnancy. ∠ bending, 7 pressure. X-Ray Dorsal L.S. (A.P. & Lat). Marginal osteophytosis.

Skin gets allergic-rash, itching with soaps and Nylon. Occasionally colds and cough - green discharge, ∠ dust[3] , smells[3] , change of weather[3] , tar morning. Spasmodic colics ∠ tension alcohol. Cyst on back ½" free, mobile. P/H epidermal cyst - axilla, excised in 1977.



Patient is lean, 42 kg., height 5'4'. Brown pigmentation cheeks, few acne scars, carious teeth. Perspiration back and palms. Appetite normal, craving whisky[3] daily, beer[3] cheese. Aversion sweets, cold food. ∠ cabbage, cauliflower, spices = nausea and burning and flatulence.

Menses : F. M. P. 15, L. M. P. 7-1-81, $\frac{5-7}{30}$, dark, profuse. M.B. = irritable[3]. P/H irregular. During pregnancy, she had cramps in the third month, anaemia of 9 gms., diarrhoea and vomiting 6th mth. Then delivery was low forceps - birth weight 7½ lbs. Lactation for 1½ months only, since had tooth extraction under G. A.

She is very irritable, dissatisfied, lonely[3], with no friends, since she feels they take advantage of her. Movies[3], alcohol, talkative[3] , quarrelsome, dominating, depressed - often does not feel like getting up in morning. Very fearful P/H fears thunder, lightening, fire. Worry[3] , Sleep disturbed with thoughts, worry. Occasionally insomnia, takes calmpose one in a week, Dreams of fights.

Bath tepid, covers +, winter feels very cold. —covers with 2 blankets Summer = giddy.

**Life Situation**

Parents married late, one child died, patient born in 1948, when parents 40 yrs old. Very attached to father, who died in 1958. After that patient felt that she received no love, and became very quiet. Mother lived in charity house in 1 room. Helped by maternal aunts (2 spinsters) and paternal uncle. Mother also stitched and sold bags. Sent daughter to good I. S. C. school. But she failed twice, therefore changed to S. S. C. in 1965. In 1967 during final year school, she had nervous breakdown. Somehow appeared for Prelims in Dec. and S.S.C. final in 1968. Then did secretarial course in 1969 and worked. Met husband at party in Dec. 1973 and married in Dec. 1975. Dislikes in-laws[3] - feels they are ill-mannered. Husband is repressed, dependent - first on his family, now on wife. He is fond of Dancing and good food - therefore cooks himself for the family. After marriage took house with Bank loan. But lived like Nomads between mother's aunts and their house. Had daughter in 9 mths - felt tied down. Left her with aunts for a year when she was 1½ yrs, and that time enjoyed herself. Charity Trust asked mother to live with daughter. Instead of giving up the house, they moved in with mother and sold their own house. Now tensions[3], quarrels. Therefore all unhappy. Patient wants to give daughter all she missed - including Beer every Sunday !

F/H Mother = Diabetes, Hypertension, Strangulated hernia - operated M. A. = Leukemia. Died in 1966. M.A's and M. U. = I. H. D.

P/H Bronchitis 1966, ? Rheumatic fever. Tonsillitis.

**Inves.** : G6PD = N. A. D.

1976 urine - RBC[3] .

S. Bilirubin : 1.35 (.2-.8)

II. A.

We will try to understand the evolution of this patien'. She was born to her parents when they were in the 40's, and therefore was a precious and pampered child, especially by the father. His early death in 1958 when she was 10 years old, left a great void in her life; she felt alone and unloved, and consequently became a quiet and withdrawn ch'ld. Her mother over-did in doing her best, and put the child in a good school; but the child could not cope, both emotionally (felt inferior) and intellectually (she failed twice) and had to change schools. This change in environment and friends, was a further trauma, resulting in a nervous breakdown in her final year at school.

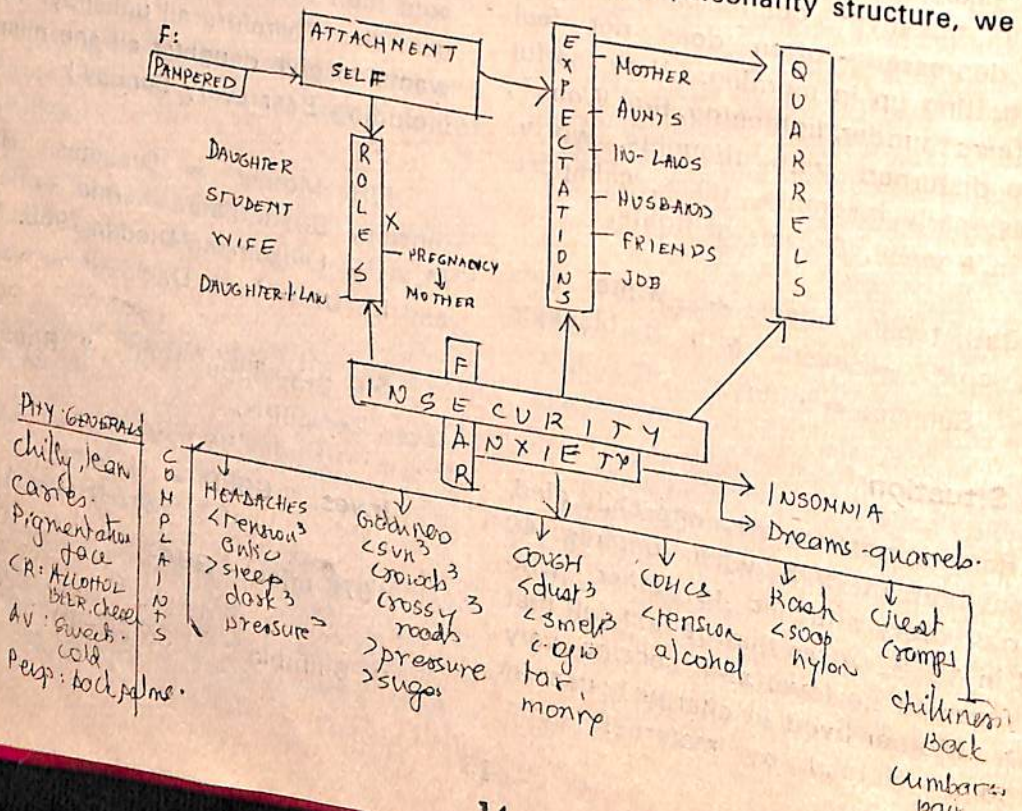
Thus, so far we have seen that for this child circumstances proved too strong for her, a neither as a daughter or as a student could she acquit herself satisfactorlly.

Later on in life, in the role of a wife, she dominated her husband; he did the cooking; her in-laws she found ill-mannered. Her daughter was a burden to her and she felt tied down, and so sent her daughter to her aunt for 1½ yrs. As a mother she gave her 4-yr old, beer! Currently, she has sold her house, bought with a housing loan. (which loan she has appropriated) and lives with her mother and quarrels with her.

Thus we see here a person who has all along been demanding more than she has been able to offer; has not fulfilled any of her roles as a daughter, student, wife, daughter-in-law and mother.

Therefore, here we see the Central feature is Attachment to Self, resulting in malfunction in all the roles. This is perhaps due to a basic Insecuraty which has its roots in an unhappy and difficult childhood.

Now, from the above discussion, making a personality structure, we get :




This appreciation of the Mind brings up for differentiation remedies- Sepia, Kali, Calc.

Now let us see what the repertory working has to offer :

B. **Repertorial Totality :**

| | Rubrics | Reasons | Page Rep. Kent |
|---|---|---|---|
| 1. | Emotional Excitement, ailments from | Causative Emotional Mod. | 40 + Boen.-279 |
| 2. | Anticipation, complaints from | ,, | 4 |
| 3. | Fear : Crowds | ,, | 43 |
| 4. | Cold in General,< | Physical General Mod. | 1348 |
| 5. | Change of weather,< | ,, | 1347 |
| 6. | Menses Before : | ,, | 1373 |
| 7. | Pregnancy, during | ,, | B.B. 945 |
| 8. | Sun, in < | ,, | 1404 |
| 9. | Sleep During < | ,, | 1402 |
| 10. | Pressure> | ,, | 1392 |
| 11. | Lean | Physical General | 1371 |
| 12. | Face : Discoloration : brown | ,, | 359 |

**Group of Remedies :**

| ACUTE : | CHRONIC CHILLY |
|---|---|
| Bryo $10^{17}$ | Sep $9^{19}$ |
| Arg. Nit $8^{14}$ | Calc $9^{18}$ |
| Puls. $7^{16}$ | Nat-C. $8^{13}$ |
| Phos. $6^{12}$ | Kali-C $7^{12}$ |
| Ars. A. $6^{9}$ | Ferr. $5^{7}$ |
| Merc. S. $6^{11}$ | Thuj. $4^{5}$ |
| | Mag. C. $4^{6}$ |

**Selection of Remedy**

**Acute :**

1. ANXIETY: For acute anxiety and anticipation, fear of crowds, palpitation - ARG. NIT

2. Headaches 7 sleep, dark$^{8}$, pressure$^{3}$ - BRYONIA

3. Throat with greenish cough from change of weather, dust, smells, tongue post. creamish coating- MERC. I. F.

**Constitutional Remedy :**

Taking into account the mind, the lack of feminity, troubles during menses, pregnancy- cramps leg; face pigmentation, dreams of quarrels, beer craving, SEPIA was selected.

**Intercurrent** Anti miasmatic remedy was THUJ Patient being chilly, a strong sycotic trait– cyst, and the marked Anxiety well described in Thuja.

**C. Planning and Programming of Treatment**

**Acute :**

1. Argentum Nit. 30
2. Merc–I–f. 30
3. Bryonia 30

**Constitutional :** Sepia 30

**Intercurrent :** Thuja 200

III **Follow Up**

Treatment commenced on 10–1–81 with ARG. NIT. 30 to be taken every night till Anxiety and giddiness better.

16–1–81 Giddiness better. Mild chest pain. Patient was better, so only S. L. given every night.

23–1–81 Constipation. So Constitutional remedy required. SEPIA 30 one one dose given at night.

30–1–81 Sleep better without calmpose. bowels better. Has stopped alcohol. Now is the quiescent phase, and therefore the Intercurrent Remedy THUJ. 200 one dose given at night.

After this the patient has kept fairly well. Every acute episode needs an acute remedy followed by the Cons titutional remedy. So far Sepia 200 – 4 doses, and till Thuj 1M– 2 doses have been given.

**Conclusion :**

This study highlights the importance of an in–depth study of the patient, including the life situation, and the evolution from childhood onwards, from which it is possible to evolve a personality structure. This latter is of immense utility in determining the optimum results.

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From Delight all these beings are born, by Delight they exist and grow, to Delight they return. "

**– Taittiriya Upanishad**

* * *

" The hardest arithmetic to master is that which enables us to count our blessings."

**– Eric Hoffer**

* * *

" Patience is the art of concealing your impatience. "

* * *

"Our wisdom comes from our experience, and our experiecce comes from our foolishness."

* * *



# SURGERY–PRINCIPLES, PRACTICE & ITS PLACE IN THERAPEUTICS

**Dr. (Mrs.) Namita Mohanty,**
House staff, B.H.M.S. Govt. Homoeopathic Medical College & Hospital (Bhubaneswar)

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## 1) Introduction

From antiquity to the present era, medical thought, therapeutics, ideas, conceptions and doctrine have undergone cyclical changes. If we go back thousands of years, to the root and tradition of medicine, it is believed the first doctor was the man who had to survive from an accident. For this, he must have resorted to such measures as his limited intelligence, shrewdness, sagacity and astuteness suggested.

Before going to affix the place of surgery in therapeutics as regards the principles and practice, one must be fully aware of the meaning of therapeutics. As we know "therapeutics is that part of medicine concerned with the treatment and cure of the disease". So the entire realm of therapeutics embraces all the means and aids necessary to achieve the goal, i, e., cure with treatment. There are so many ways and means; among these surgery is one, which is a science and art of healing, where operative intervention is often necessary to obtain the goal.

## 2) Evolutionary Changes in Principles and Practice of Surgery along with Therapeutics

The primitive medicine in pre–historic era was intermingled with religion, superstition, magic and witchcraft. The medicine men were witchdoctors and priest–physicians whose treatment was based on various combinations of religion, magic and empiricism. Even today the elements of primitive medicine are viable in India and supernatural theory has not become extinct from this modern society.

Egyptian medicine (which dated from 2900 B. C.) believed that disease was due to absorption from the intestine of harmful substances which gave rise to putrifaction of blood and formation of pus. Diseases were treated with cathertics, enema, blood letting and a wide range of drugs. During that period, they even performed craniotomy (Burn holes in skull) to let out the evil spirits in

unconscious patients after injury. Indian medicine pertains to four indigeneous systems. Those are Ayurveda, Siddha, Unani-Tibbs and traditional folk medicine. Among these Ayurveda which is practised throughout India implies the science of life, not a sciece of disease. Its origin is traced back to old Vedic times about 5000 B. C. During this period medical history was associated with mythological figures and even sages and seers who might have had earthly existence and contributed to the advancement of medicine. Dhanwantari, the Hindu god of medicine, is said to have been born as a result of churning of the oceans during "a tug of war" between the gods and demons. Typically he holds a pot in his hand containing the "elixir of life". This is an event of 5000 B. C.

Most significant in Ayurveda is the "TRIDOSHA THEORY" of disease. The DOSHAS are three: Vayu, Pitta, Kapha. When they are in harmonious state, they are beneficial to the body; when they become disordered or disharmonious, they afflict the body with diseases of diverse kinds.

During that period, surgery was in vogue and doctors were performing several operations to set, amputate, excise tumours, repair hernias, dig couching for cataract, to relieve urinary and intestinal obstructions.

Chinese medicine goes back to the distant past – about 2700 B.C. where surgery was rudimentary. Medicine was based on two principles, the Yong and the Yin. Yong was imagined to be an active masculine principle of vital warmth the Yin was negative feminine principle. The balance between these two opposing principles meant good health.

Acupuncture, anaesthesia, another Chinese technique is much used in China even to-day.

Greek medicine developed from 1200 B.C. and taught men to think in term of why and how. They were the great believers in the "theory of humours", blood, lymph, yellow bile and black bile; when these were in balance, there was a state of health. Hippocrates was the shrewd clinician of that time who is rightly called "The father of modern medicine," for his accuracy in clinical observations, honesty in case recording critical judgement and for propagating the code of medical ethics.

When the great days of the Greeks ended, the centre of civilization shifted to Rome. The Romans borrowed their medicine largely from the Greeks but added very little to it. The Romans were more practical-minded people than the Greeks. From 30 A.D. to 200 A.D. Celsus, Galen, Antylles contributed much to surgery.

Middle Ages (from 500A.D.–1400A.D.) were "The dark age" for medicine and surgery. Dissection of human body was prohibited and there was no progress in Anatomy and Physiology. Lack of scientific knowledge promoted superstition in medicine and saints were invoked for curing disease.

After 1400 A.D. medicine which was long in the bondage of superstition and speculation began to emerge as a true



science, as new discoveries were made and human knowledge advanced. Medicine was revived by Paracelsus (1490 – 1541) who publicly burnt the literature of Galen. Surgery was revived by Ambreis Para (1517 – 1590) and he became the father of modern surgery.

### 3) Basic Principles for Surgery of Present Era in Modern Medicine

The domain of surgery embraces a vast field and pivots around certain definite principles. These are :

–To repair wounds

–To remove foreign bodies

–To arrest haemorrhage

–To combat sepsis

–To relieve intractable pain

–To abate a useless limb or organ

–To relieve obstruction

–To correct a cogenital or an acquired deformity

–To replace a defective structure with a graft (or prosthesis)

–To help healing of a fracture

–To correct dislocation

–To remove a tumour or cyst

–Anything that threatens the fnfection of neighbouring structure, caries of teeth.

Lastly, the most ambitious stride to cross the horizon is the transplantation of vital organs like heart, lungs, kidneys etc.

### 4) Basic Principles for Surgery in Homoeopathy

No doubt, to a Homoeopath, Surgery means a branch of medical science which deals with the treatment of diseases by mechanical means. Surgery is necessary to remove the obstacle in the way of cure. It encompasses all the principles that are in modern medicine, but with a little modification. In traumatic diseases which need mechanical aid and do not require any dynamic aid, regarding which our master has clearly mentioned in his 186 ¥, in "Organon of Medicine", that for cases of injuries occuring to the body from without, if they be at all severe, the whole living organism sympathises; there occur fever etc. The treatment of such diseases is related to surgery, but it weighs only in so far as the affected parts require mechanical aid and whereby the external obstacle to the cure which can only be expected to take place by the agency of vital force may be removed by mechanical means.

This is the principle for the "disturbances in physical body by trauma or by mechanical violence which ultimately gets reflected on the dynamic plane".

But for diseases caused by the primary effect of disturbance on the dynamic plane and which are reflected on the physical plane secondarily, Hahnemann has described in the 15th aphorism of the 'Organon of Medicine: that

"The organism is indeed the material instrument of life but it is not conceivable without the animation imparted to it by the instinctly perceiving and regulating dynamic, just as the vital force is not conceivable without the organism; consequently, the two together constitute a unity."

So, considering from the miasmatic angle, we postulate that diseases due to to psoric miasm do not require any operative manoeuvre; they are entirely in the domain of dynamic medicine.

Diseases caused by sycotic miasm will require surgical procedure where the hypertrophy and exudations are at an irreversible stage along with correction of the underlying dyscrasia.

Disturbances caused by tubercular miasm like fibrosis will need the help of surg ry when that causes pressure over any vital organ and threatens life, or, for prosthetic purposes.

Disases of syphilitic miasm will require mechanical aid. When, in spite of antisyphilitic treatment, destruction threatens the neighbouring viscera, this necessitates removal of the infected organ.

Besides the above principles, Homoeopathic dynamic medicine can treat some so-called surgical diseases of modern medicine, such as:

-Immature cataract
-Gall stone
-Appendicitis
-Hernia
-Fissure-in-ano
-Fistula
-Piles
-Hydrocele
-Calculus in kidney, bladder
-Styes
-Phimosis
-Tumor
-Cysts etc. to some extent.

If the tissues have undergone irreversible pathological changes, they require surgical removal.

If any one of the above troubles is serious and endangers the life of the patient, it requires immediate surgical intervention. Thereafter the patient is treated constitutionally to preclude further relapse.

### (5) Practice of Surgery by Modern Medicine

Practice of surgery revolves around the principle of repair, for example, a wound.

Management of wounds includes :

(A) Emergency treatment

(B) Repair of the wound

(C) Treatment of complications.

**Emergency Treatment**

The principles are :

(i) Maintenance of adequate airways and prevention of cardiopulmonary embarrassment.

(ii) Treatment of shock and haemorrhage.

(iii) Primary management of wound.

(iv) Prevention against tetanus and gas gangrene.

(v) Symptomatic treatment.

(i) **Management of cardio-respiratory embarrassment and adequate airways**

Unconscious head injury or facio-maxillary injuries should be carried out and treated in lateral position.



-The lower jaw is pulled forward to prevent obstruction of the glottis by the tongue.

-Blood and saliva should be frequently swabbed and sucked out with an electric suction.

(Endotracheal intubation is best.)

-A sucking wound chest should be sealed and strapped immediately.

-In tension pneumothorax, the entrapped air is aspirated and drained to a water sealed bottle.

-In cardiac temponade, an urgent pericardial aspiration is a life-saving measure.

(ii) **Treatment of Shock and Haemorrhage**

-The patient receives an IM injection of morphine 30 g. or pethidine 100 mg. immediately.

-An infusion is started forthwith with a bottle of dextron.

-In severe hypovolaemia, two infusions are started simultaneously; one size above the vein is cut down and a plastic catheter is intubated.

-In a severe haemorrhagic shock, blood is quickly matched and appropriate amount of Rh-negative blood transfused.

If the wound is bleeding profusely, a compression bandage is applied over a thick pad of gauze.

-Limb is elevated.

-Tourniquet should be applied to prevent further haemorrhage. Prolonged and faulty application should be avoided to prevent sepsis, myonecrosis (gas gangrene), crush syndrome, nerve palsy, even gangrene of the limb due to prolonged ischaemia.

-In O. T. of a surgical centre, the bleeding point should be explored, caught with a haemostat, and ligated or cauterized.

(iii) **Primary Management of Wounds and Fractures**

-A sterile dressing is applied after cleaning the wound with a non-irritant antiseptic to prevent further sepsis.

-In suspected fracture, temporarily, immobilisation is done.

(iv) **Prophylaxis against Tetanus and Gas**

In an untidy road accident or war injuries, administration of tetanus toxoid 1 ml. and 500 units of A. T. C. (Hyper-immune human antitetanus gamma globulin) are the choice of the day.

If A. T. C. is not available, tetanus toxoid and A. T. S. 3000 I. U. are administered in tetanus-prone wounds.

-An antibiotic is also necessary.

-An ampoule of polyvalent A. G. S. may be administered in grossly lacerated muscular wounds with foreign bodies embedded in deeper tissues.

-But best prophylaxis against tetanus and gas gangrene is proper wound incision toilet in an untidy wound.

(v) **Sympomatic Treatment**

For pain and restlessness, and catheterization for distended bladder.

(B) **Repair of the Wound**

Local treatment is to be carried out after ascertaining the cause of the injury, time of accident, assessment of shock, after examination of the nature and extent of the injury. In suspected fracture cases, X-ray examination is necessary.

(i) Wound toilet

The local treatment is removal of foreign bodies, adequate haemostasis and apposition of wound edges. This is commonly known as debridement.

(ii) Would excisions– A contaminated wound has to be excised within 6–8 hours. After 12 hours it is not justified.

It is a more drastic procedure when thorough exploration up to the depth of the wound is necessary.

–Excision of contaminated and devitalised tissues lining the wound and removal of foreign bodies are necessary.

(iii) Debridement : It denotes exploration and decompression of wound by deep incision only.

(C) **Treatment of Complications**

1) Infection – by removal of foreign body if at all left.

- Drainage of abscess cavity.
- Wound swabs are taken for identification of organisms and culture.
- After that, relevant antibiotics.

2) Injuries to blood vessel

- Any viscera are to be treated according to necessity.

3) To remove foreign body – It can be removed by exploration. For difficult or migrated cases, localisation by skiagraphy in two planes, AP and lateral. Then it is better to remove the foreign body under X-ray screen, preferably with an image intensifier. An electronic metal seeker is also helpful.

4) To arrest haemorrhage

As we know, bleeding may be internal or external, which again may be arterial, venous or capillary. The sole aim of treatment of haemorrhage is not only arresting haemorrhage but also includes substitution of the blood loss. So for blood transfusion, when blood is not available, plasma or plasma–substitute is indicated till blood is available. This can be summarised below.

(i) Stop the blood loss by –

a) Pressure and packing

The first–aid treatment of haemorrhage from wound is a pressure dressing, this being made from anything handy which is soft and clean. The dressing should be bound on tightly.

b) Position and rest

- Elevation of limb to reduce bleeding. It causes vasoconstriction.
- Absolute rest
- In a recumbent position
- Frequent turning in bed is helped by assistant to prevent pressure sores.



c) Sedation to ensure rest, but contraindicated in respiratory depress.

d) Ligation –

To arrest haemorrhage, bleeding vessels should be correctly ligated. Correct ligature is i) Reef knot not granny. (It is a square knot, where both out–going ends of the 1st and 2nd stitches either pass in front of or behind the marginal loops between the stitches.

ii) Surgeon's knot – Most safe one. There is tension as the 1st stitch is likely to get loose before the 2nd stitch is fixed. It is applied in ligation of large axillary or vascular pedicle.

iii) One hand knot is graceful also.

e) Excision–

- Restore blood volume by
- Blood transfusion
- Substitution by saline dextran especially 100 molecular wt. dextran (40,000). It has got immediate effect.
- Plasma can be given without cross matching; it is not necessary.

5) To combat sepsis – Heavy doses of broad–spectrum antibiotics are administered depending on the sensitivity.

6) To relieve intractable pain–

- Analgesics are given
- Ensure rest– sedatives are given
- Any growth that is pressing over a nerve has to be removed.

7) To ablate a useless limb or organ–

This is indicated in the following conditions.

a) Crushed injuries and mangled limbs.

b) Gangrene of a limb or severe vascular insufficiency.

c) Bone and joint infection.

In chronic osteomylitis with persistent multiple sinuses and amyloid changes.

d) Malignant tumour

e) Congenital deformities –
In rudimentary limb, an amputation is indicated before fitting artificial prosthesis.

f) Acquired deformities or paralysis –
Prosthesis is perhaps justified than a perpetual tragedy. There are three types.

(i) Side–bearing wt. is transmitted from the side of the stump to the artificial limb.

(Ii) End–bearing includes Syme's conservative amputation of feet disarticulation of knee.

(iii) Kine–plastic – Functional capacity of a stump may be increased by adopting the muscles and tendons in a manner so as to have a direct control over tools and hooks.

8) To relieve obstruction — Anything which causes a shut off mechanically in the natural flow of our physiological process inside the leumen of our various channels like

a) Gastrointestinal obstruction

b) Arterial and venous tree

c) Inflow of C.S.F. fluid

d) Inflow of acqueous humour

e) Inflow of lymphatic fluid

f) Obstruction in the flow of urine etc. is to be removed mechanically to relieve obstruction

g) Obstruction to air ways

h) Obstruction to flow of bile

i) Obstruction to flow of milk

G.I. Tract – A) Oesophgus obstruction may be due to variegated aetiology. So a removal of cause is the line of treatment.

a) Pressure from without i) Thyroid swelling : Thyroidectomy is practised.

ii) Pharyngeal Pouch – Removal by operation is practised.

iii) Aortic aneurism – Repair of the aneurism is practised.

iv) Mediastinal neoplasm and abscess –

–Removal and drainage is the choice of treatmenrt.

v) Rolling hiatus hernia. Surgical repair is to ensure a length of at least 4 cm. of intra–abdominal oesophagus and to present the segment from returning to chest is the line of treatment.

Cause in wall –

(i) Structure – stenosed portion is resected and continuity is restored.

(ii) Neoplasm – Removal of the growth.

(c) Cause in lumen – Removal of F.B.

(B) Pharynx

Massive tonsillitis.

–Removal of tonsils under the umbrella of antibiotics.

–Pharyngeal abscess – Drainage of the abscess.

(c) In stomach and duodenum

Pyloric stenosis. After correction of dehydration. Resection of stenosed part and maintenance of continuity is the choice of treatment.

(d) Intestinal

(i) Herniation destruction gap is repaired. Gangrenous bowel is resected if necassary

(ii) Intussusception – Operative reduction is the treatment.

Volualus – Untwist the part. Adhesive adhesion should be divided and stump of this intestine attachment buried in the intestinal wall by a string suture. In obstruction to aqeous humour causing glaucoma sclerocorneal trephining is practised to drain out the fluid. Similarly for other obstruction the removal of cause is the main guide.

9) Correct congenital or acquired deformity. It includes grafting of the skin.

10) Transplantation of a part or whole thickness of skin from a healthy area to a raw surface is called skin grafting. It may be autograph, isograft, homograft or heterograft. There is a variety of grafting.



11. **To help the healing of the fracture and to correct dislocation**

1) For pain – Analgesic, bylocal splintage.

2) Blood loss must be replaced.

3) Associated injuries are to be detected and necessary steps are to be taken.

**For this local management should be –**

1) Reduction – Maintain the normal anatomy.

2) Immobilisation to promote union. For reduction, closed manipulation and open operation are practised.

12. **To remove tumours and cysts –** Anything that threatens the infection of neighbouring structure, for example, caries teeth are to be removed.

6) **Practice of Surgery by Homoeopathic Medicine**

Practice here also revolves around some principles. All the techniques adopted by modern medicine are the same to Homoeopathy but pre & post operative managements are by Homoeopathic drugs. Besides that, Homoeopathic medicine can prevent the intervention of some surgical manoeuvres which have been noted earlier.

**Let us discuss how it is practised.**

(a) Cataract –

Immature cataract can be treated by Phosphorous, Sulphur and Sillicea or constitutional drugs.

(b) Gall stone – Belladona, China Off Challidonium, Berberis Vulgaris etc.

(c) Appendicitis can be cured by Bell, Bry, China, Iris V, Sillicea.

(d) Piles can be cured by Aloes S, Aeseulus, Caust and Hammamelis.

(e) Hernia can be cured by Nux–Vom, Lyco, Plumb, Merc. etc. Dr. Sarabhai cured two hernia cases and strangulated hernia by Nux–Vom and another by Lycopodin. Dr. Bhanu Desai cured Rt. sided inquinal hernia by Lyco. and Nux V. Sarkar– by Arnica Mont.

(f) Fissures in ano are cured by Thuja–D.C., Sillicea, Sulphur and Nit. acid etc.

(g) Hydrocele can be cured by Arn. Mont., Causticum, Puls., Sillicea, Rhodohendrum etc.

Dr. Sarkar cured one case by Lyco 30 with symptoms of flatulence from 4 p.m. 8 p.m. Dr. Hughes speaks highly of Apis mel.

(h) Stone in kidney can be cured by Agarious, Bell, Berb. Vulg. Sarsaparilla, Lyco. etc.

(i) Stone in bladder can be cured by Lyco., Berb. Vulg. phos, Sabina etc.

(j) Styes are cured by puls, Thuja, Staph, Apis, etc.

(k) Chalazian cysts are cured by Graph, Thuja, Staph, Hep. Sulph etc.

(h) Phimosis can be cured by Merc., Can, Sat. etc.

Allopaths do surgery under the umbrella of antibiotics and pre and post operation complications are tackled by their medicines. Likewise Homoeopaths must do surgery with their medicine which is discussed below.

**Before operation :**

(i) For fright – Aco., Gel, Ign. etc.

(ii) For shock due to pain (even before catheterisation) Acc–Nap., Arnia, Carbo-Veg, China, Cham, Var-alb.

(iii) For prevention of tetanus – By high potency of Hypericum, as Kent has suggested.

**After operation:**

We will require for :

i. Surgical shock after anesthetics – Acetic acid.

ii. Vomitting – Nux-Vom, Phos.

iii. For collapse and peripheral circulating failure : Strontium carb.

iv. Post operative gas pain – Raphanous.

v. Healing of a clear-cut wound by knife– Staphisagria.

vi. For bleeding in addition to surgical aid, we may require homoeopathic drugs, for example:

Arn, China, Phos, Lach, Hammamelis etc.

vii. For tetanus

Hydrocyanic acid, Arnica, Aconite, Hypericum.

viii. Phlebitis after forced delivery– Allium Capa.

ix. If any infection by dressing– Calendula, Echin etc.

x. If it leads to gangrene : Lach., Carb and Echin dressing.

Oonsset suggests under gangrene of mouth Merc., Ars and Lach. as the Principal remedies, whilst Dr. Arndt recommends Ars. Lach, Carbo Veg, for gangrene of limbs. Bartlett gives emphasis on use of Ars. Lach, Larb. Veg, China, Camph, for gangrene of lungs. Rabe in his Special Pathology and Therapeutic Hints not only suggests Ars. Carbolic acid, Carb, Kreos and Sil. for gangrene, but makes reference to injuries caused by stabs or gun shot as aetiogical factor.

**xi. Pre-operative Measures in Dental Surgery**

In apprehensive patients, for varying degrees of mental anxiety, tension and fear of dental procedures:

a) To promote calmness – Gels 200 of 1 M, 2 to 3 days prior to the operation.

b) For fright and great physical and mental restlessness and sudden unaccountable fear – Arb. alb.

c) For irritable pt. – Net mur.

d) Nervous from physical and mental overwork and if patient has bitten his tongue especially in night during sleep – Phos.

e) Pt. experiences panic in a crowd and in closed space, such as an elevator, tunnel or high place – Arg. N.

f) Fear persisting after some traumatic experience – Opium

g) Fear of dark at the sight of some glittering object – Stram

h) For restlessness and improving Oral tissue - Rhus. Tox.



i) Anxiety, fear and depression in nervous exhaustion or prostration, neuralgic pain intensified by noise and light, but improved by gentle motion – Kal Phos.

j) Anxiety or apprehension with palpitation towards evening – Calc Carb.

k) For relaxation – Cofee Crude.

l) For tranquilizer – Cocculus.

m) In hysteria where there is sorrow and tendency to sigh– Ignatia.

n) Weeping in state of auxiety except in female – Pulsatille.

o) With heavy menses – Cimicifuga.

Dental Infection Surgery :

**Aconite** - Nap - Sudden acute with greater fear and anxiety.

–Mouth dry and tingling

–Teeth sensitive to cold

–Constantly moves the lower jaw with chewing

**Bell**- Active fever of 102F or above

**Fer phos – Kali M.** Passive fever of 102°F or below.

**Gels** – With three D's : Dull, Drowsy, Dizziness.

**Boric Acid** – Because of antiseptic and disinfectant properties, may ward off abscess formation.

Besides taking pre and post operative precautions, we have to face other surgical conditions in day to day practice, a few of which are discussed below:

For sprain and luxations – Arn, Rhus T, Ruta Ign Petro.

For Contusion – Arn, Con, Hyper, Puls, Sulph.

For Concussion – Calend, Circuta V, Con–m Euphr.

For Swelling – Bry, Bell, Nux V, Sulph. acid.

For acchymoses – Bry, Calendula, Dulc, Puls, Sulph.

For cut wound – Calendula, Staph, Plumb, Sil.

Gun shot wound – Euph, Nit acid, Hyper.

Stab wound – Carbo veg. Cic, Lach, Hep.s., Plumb.

For splinter – Arn. Carb. veg., Sil, Lach, Sulph.

For injury of soft tissue and muscles – Arn, Puls.

For injuries to tendons, ligaments, synovial membrane – Aur mur, Hyper, Cal p, Carb, an, Arg Nit.

For wound of bone or the periosteum – Cal, Phos acid, Phyt, Canth, Phos Sil, Staph.

For neurologic pain in stumps of amputated limbs – Ammon–mur.

For punctured wound – Led, Hyper, Calendula.

For lacerated wound – Calendula.

For cellulitis following trauma – Rhus–Tox, Canth.

For bruises and contusions – Arn–mont.

For bone injury – Calc-carb, Kali-phos, Symph., Nat–c.

For brain injury – Nat-sulph.

For spinal injury – Baryta-mur, Hyp, Arn-mont., Nat-s.

For injuries of nerves – Hyp. Coffee-c, Baryt-mur.

For congestive stage of inflammation before localisation takes place– Acon.

For non-union of fractures – Calc. carb, Calc. phos, Symphy, Ruta.c.

For dislocation of joints – Arn, Rhus-Tox, Phos., Ruta.

For dislocation of patella – Canabis–Ind.

Homoeopathic Text Book of Surgery by Fisher and MacDonald recommends a few more.

Ars – Prostation, Collapse diarrhoea, thirst, depression etc.

Lach – Gangrene, black and foul wound,

Secale Cor – More useful for drug gangrene, not so much in traumatic one.

Merc Sol – Gangrene extending to bony tissue.

Nit-acid – Dark haemorrhage, putrid decomposition.

Sulph. acid – Blue spot here and there.

Arnica mont has useful effect in the control of post–operative pain, bleeding and swelling caused by dental extraction in 60% of cases (Kishore, Dr. Jugal).

Pulsatilla is thought to have an antibiotic–like action, and to be safer than an antibiotic.

It is also considered an antidote to antibiotics, after pus drainage has been established. Sillicea can be used.

Aromatic Sulph. acid is also thought to perform as an antibiotic in severe infection, septicaemia and boils. Hep. sulph –Use in marked suppuration, ptyalism gums of mouth painful to touch, bleed easily. Lower potency hastens supperation and higher potency aborts suppuration. Hekla lava – Acute swelling of jaws bone necrosis, tooth abscess, cellulitis difficult teething with facial neuralgia.

Pyrogen – Gravely ill patients with violent chills, extremely restless, rapid pulse with low temperature.

### 7) Place of Surgery in Therapeutics

Diseases are primarily due to the derangement of vital force, which expresses itself by morbid signs and symptoms. It is the resultant of the interaction between the host and his environment, which constitutes:

a) Biological factors – Bacteria, Viruses Rickettsia, Fungi, Protozoa, Metazoa etc.

b) Nutrients – Proteins, fats, vitamins minerals, water.

c) Chemicals– Endogenous, exogenous

d) Physical – Heat, cold, humidity radiation.

e) Mechanical– Ch. friction and other mechanical forces.

f) Environmental– Water, air, rainfall, soil housing problems etc.

g) Social–Education, Occupation, religion caste, diet, industrialisation etc.

h) Economic– Income, expenditure, debts

i) Psychological – Stress and strain competition, insecurity,

j) Cultural – Customs, habits, beliefs attitudes.



k) Human behaviour – Indulgence in alcohol, cigarette smoking and drugs.

l) Genetics – Harmful genes in the Constitution.

Cure is possible only by a change over to a state o fhealth of the individual. So the entire domain of therapeutics to achieve this end encompasses the following means :

i) Physical means
ii) Chemical means
iii) Dynamic means and
iv) Mechanical means.

i) Physical Means: This includes several things :

a) Proper supply of nutrients.
b) Removal of biological agents.
c) Living in a healthy environment.
d) Economic adjustments.
e) Healthy cultural environment.
f) Removal of psychological factors.
g) Healthy social bindings.
h) Healthy human behaviour.
i) Avoidance of genetic abnormality.

On the whole, is covers a vast field of medical science.

ii) **Chemical Means :** Here the derangement caused by chemical substances is to be dealt with by chemical substances; examples are acid and alkali poisoning to be treated by respective physiologico/ chemical antidotes. Finally, dynamic antidotes are advocated by Homoeopathy to correct dynamic derangement.

iii) **Dynamic Means :** Effects of dynamic causes of diseases, by which is meant all those intangible and medicinal or toxic agents and influences which primarily disturb the vital function of the mind and body, come legitimately, as it is the sphere of similia.

These are very numerous, but they may be roughly classified as mental or physical, atmospheric, thermic, electric, telluric and climatic, dietetic, contagious, infectious and specific. The last three including all disorders arising from the use or abuse of drugs from all bacterial agents or pathogenic micro–organisms, which produce their effects through their specific toxins or alkaloids. Dynamic medicines successfully treat bacterial or zymotic diseases and all conditions arise out of the above–mentioned causes.

iv) **Mechanical Means :** These deal with the diseases due to mechanical causes, which include injuries, destruction of tissue resulting from physical force, morbid growths and foreign substances, congenitally defective or absent organs, prolapsed or displaced organs etc.

So it is clearly understood that surgery is a specialised branch of medical science with deals with diseases caused by mechanical means. So its field in therapeutics is limited and irrespective of pathies or systems of treatment, it can be practised.

To handle smoothly such a branch of therapeutics, those surgeons are necessary who have an eagle's eye, a lion's heart and a lady's hand. In other words, their power of observation should be acute, clinical examination astute, diagnosis absolute and decision precise.

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# CASE REPORTING

**Dr. M. L. Dhawale, M. D.**

**Ref.** 5.1.57

**CASE No. I** Rev. Fr. P.V.N., 27 yrs.

**Presenting Features :**

Insomnia and Headache

**Diagnosis :**

Neurosis precipitated by the strain of preparing for an examination.

**Previous History :**

Similar breakdown when preparing for the B.A. in his home country, Belgium

**Symptomatology :**

1. Head : Pain, heavyness, all over the head, prevents concentration; smoking
2. Insomnia : Sensitive to music (loves) —prevents sleep—tunes appear to possess him—appearing for examination
3. Flatulence : < 4 P. M. to 1 A. M. : 3–4 hrs. after food ; > Hot drinks ; < Onions; < Eggs
4. Sleep, afternoon < heavy feeling
5. Sleep, unrefreshing, morning
6. Bath : cold all the year round
7. Desires : hot food and drink and sweets

**Selection of the Remedy :**

i) Sleep, afternoon < K. 1402–2
ii) Warm drinks > K. 1364–1
iii) Sleep, unrefreshing morning K 1255–1

The remedies common to the above Rubrics are Sul. 2+2+3=7, Graph. 2+2+2=6, Bry. 2+2+1=5, Graph. is a chilly remedy and Bry. is low in evaluation. Hence, Sul. was selected.

**Administration of the Remedy and Follow Up Report :**

5–1–57—Sul. 200, one dose, c.m. No. 2 pills 3 t.d.s. 7

12–1–57—Better sleep; headaches less

25–1–57—Sleep good ; Gas less ; Head pain increased after initial amel. Sul. 200, one dose, c.m. pills 3 c.m.

1–2–57—Headache only on concentration

15–2–57—Headache continues. Better in other respects. To report after 3 weeks.

**Ref.** : 29.3.57

**CASE No. II** Smt. S. A. B., 35 yrs. 6 children (last 2 yrs.)

**Presenting Features :**

Leucorrhoea bloody discharge and burning.

**Diagnosis :**

Carcinoma of the Cervix during pregnancy (17.9.56); Radium and Deep Therapy; removal of foetus in Sept.'56 (N.W.M. and Tata Hospitals)

**Symptomatology :**

1. Pain in abdomen, back; < Night[3]— burning, > Cold applications

2. Bleeding—offensive—leucorrhoea—burning
3. Not chilly
4. Heat, burning, palms and soles—>cold applications, burning, micturition during
5. Thirsty
6. Appetite—poor; Distension abdomen; Sleepless till 12 mid-night; Bath—warm Stool—1/day, hard pain—low back and abdomen during stool.

**Physical Examination:**

1. Severe Anaemia and debility
2. Wt. 100-8 Pulse 120/mt.

**Selection of the Remedy:**

All the general features point to **Sul.** and this was given in the 30th potency, early morning on empty stomach on 30th March 1957.

**Comment:**

No follow-up Report from the patient or the relatives was received. The physician who referred the case stated that after the treatment started the patient had symptomatic relief. She started sinking rapidly and had a peaceful death.

**Ref.** : 1.10.57

**CASE No. III** Kumar N.M.B., 9 yrs.

**Presenting Features:**

Asthma and Obesity

**Symptomatology:**

1. Asthma since the age of 4 yrs. H/O Asthma in father and grand-father. Eosino. 10-13% X-ray clear. No Asthma for 3 yrs. Tonsillectomy in 1956. Relapse of asthma for 15 days.
2. Vomiting, tendency to
3. Iced food and drink $<^3$; Thirsty during attack
4. < Mid-night, after
5. Fan—desires$^3$; Air, open, uncovering>
6. Bath, lukewarm all the year round.
7. Cough, < Eating, after; Laryngeal moist
8. Sweets (fatty) — Desires$^3$ but < Desires hot food and drink (milk)
9. Hot patient$^3$——

**Physical Examination :**

Wt. 105, 80/mt Tongue--yellowish white, Prolonged Expiration Rales and occ Rhonci

Palms--warm

**Selection of the Remedy :**

The indications pointed to **Sul.**; however, in order to avoid the deep acting constitutional remedy in acute state, Carbo. veg. was selected and administered (C.V. 30, 6 doses, 1st 3 every 2 hrs. and then 4 hourly). The day following (2.10.57), the patient reported that the cough and dyspnoea was the same in the night, although it was less during the day. Sul. 30 was administered on the 3rd morning. The patient reported progressive relief after that. On 29th Nov. he reported slight cough and difficulty in breathing for the preceeding 10 days. Sul. 30 was repeated and he has been well thereafter



Attempt at regulating the diet proved futile as the mother had her own ideas of feeding the boy and was quite refractory.

**Ref.** 6.5.58 **CASE No. IV**

Dr. S., 36 yrs.

**Presenting Features :**

Eczematous dermatitis (contact type) of the fingers (< Spirit) and Piles--bleeding as well as painful

**Symptomatology :**

1. Piles : painful, during stool (2 yrs.) bleeding (10 yrs.)
2. Fullness---gasseous distension--after meals (Felt only if sitting or or standing). Has to relieve himself by passing gas both ways. At times, the distension interferes with breathing.
3. Bath--cold, all seasons.
4. Tea--hot$^3$
5. Burning of the soles as soon as he lies down; < hot season; > uncovering.

**Selection of the Remedy :**

On the basis of the characteristic symptom of burning of the soles, < heat, > uncovering, Sul. was selected as the constitutional remedy as it covered the other features of the case.

Sul. 200 was administered and relieved him of his troubles for about 2 weeks; for the relapse, he took the same madicine and felt better.

He reports subsequently that whenever he feels he is having a set-back he repeats the medicine on his own as he practises Homoeopathy.

He was asked to minimise contact with spirit by using forceps or swabs on applicators in the dispensary. He was also asked to avoid hot food.

**Ref.**: 27.1 58 **CASE No. V**

Kumari R.T.S., 6 yrs.

**Presenting Features :**

Cough without fever 1½ months. No dyspnoea

**Diagnosis .**

Asthmatic Bronchitis

**Symptomatology :**

1. Cough, dry, paroxysmal, < mid-night, after 2-3 A.M. and 5 A.M. < change of temp. > Warm drink
2. Temperature : upto 98.6°F in the evening occ.
3. Appetite--poor (usual complaint)
4. Stools : hard
5. Does not like covers; prefers lukewarm bath
6. Desires hot milk
7. Palms—moist and hot (objective)

**Physical Examination :**

Throat—N.A.D. Chest—prolonged expiration with rhonci.

**Investigations :**

W.B.C.—Total 7,300/c.mm. P 65, L 20, E 15%

**Selections of the Remedy and Follow-up**

On the basis of the early morning < and > warm drinks, **Ars. alb.** was selected as the acute remedy and the constitutional remedy was determined as **Sul.** on the basis of the objective finding of the palms being hot and moist and the patient, in general, was a hot patient. Ars. alb. 30 failed to help; it was repeated in the 200th potency and there was amelioration; 4 days later, Sul. 200 was administered after the acute phase had passed off.

A relapse was reported 5 weeks later. This was brought on by being late for dinner. It yielded to Sul. 200.

The child developed these attacks as a reaction to the environmental stress—serious illness of the father which proved fatal.

The child reported in Aug. 58 (after the death of the father) relapse for 2 mths. which did not yield to routine allopathic treatment. Reacted immediately to the administration of Sul. 200.

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# From Our Case - Records

**Dr. (Smt.) Sarla Sonawala,** Vice-Principal, C.H.M. College
**Dr. (Kum.) Tara Patel,** House-Surgeon, C.H.M. College

5.1.1981

Mrs. J. S. a widow, aged 54, came to our college O.P.D. with the following complaints:

The outer and lower quadrant of the right breast presented an abscess of size 3"×3", continuing for the last 2½ months. The whole breast looked angry red with blue veins visible underneath, and was bigger than its left twin. There was also a contact boil on the underlying skin of the right upper abdomen.

On palpation, the tenderness was severe making the patient wince with pain which was throbbing as well as burning with> from cold application. The edges around the abscess were indurated and few axillary lymphnodes on the affected side were palpable, though soft.

Rx CAL - SULPH 6× - 4 hourly × 4 days.

9.1.1981

Pains and burning - 20%>, the discharge was purulent and no blood.

Rx Continue CAL - SULPH 6x - 4 hourly × 3 days.

12.1.1981

Pain and induration - 50% >, no discharge, wound healing.

Rx CAL - SULPH 6x - 4 hourly × 3 days.

30.1.1981

The wound was completely healed. No adenopathy. No complaint.

Hence, the abscess that was unhealed for last 2½ months was healed within 10 days with Homoeopathic remedy.

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# A Case of Still Birth and A Life Born

**Dr. R. B. Sharma,** H.M.D.S.

In 1974, Mrs. Ratta, wife of a Carribou pilot Flt. Lt. Ratta consulted me for her reproductive condition which had resulted in her last delivery being a still-birth. The reasons were not established at parturition. The still-born was very healthy and over-grown.

The over-grown and giant still-born infants are very common in diabetic pregnancies. They can also be attributed to excessive stimulation with Anterior Pituitary hormones; other endocrine anomalies and disturbances present during pregnancy are due to eclampsis, Polycystic disease of kidney Syphilis or any thr atened Septioeamic involvements.

**Observations and Symptomatic Description of the Patient**

She was robust, hereditarily obese and had been a physical instructor in a college. She had given birth to two healthy babies prior to the still-birth. Periods regimen was regular and normal. She was of mild temperament. Dyspnoea on walking or ascending stairs (obviously, being obese), feeling of a tight band about the lower abdomen on deep breathing (Nat.M.) cursing children, fear of death during pregnancy or labour, causing an aversion to coition. Fearful anxiety at the thought of coition (Kreos, Op.), flatus from vagina during menses (Kreos), sensation of electric shocks arising from abdomen to vagina (Kreos) were the other symptoms noticed. She had no history of Diabetes in the family, or any other infection.

**Treatment etc.**

For removing the effects of fear of bearing a still child and aversion to coition due to fear, she was given Op. 200, 2 doses at an interval of an hour and two intermitant doses of Pyrogenium 1M spreading over a period of 4 months. For correction of morbid condition of the reproductive system, the possible causes of her previous still delivery as revealed in her various symptoms like (a) aversion to coition, (b) flatus from vagina during menstruation and (c) sensation as if of electric shock from abdomen to private parts, she was prescribed to take Kreos 30, b.d. for 15 days with an intermittent withdrawal for an equal period. This spread over 4 months. At the time of consulting me she was overdue for her periods by 20 days. Obviously, she happened to be pregnant.

After 4 months of the above treatment, she was advised

- Kali phos 4 x gr. v. t.d.s. till onset of labour
- To attend Air Force Family Wing for Pre-natal check-up regularly.
- To see me for any abnormal condition.

Lady doctor i/c of the Family Wing, on seeing here abnormally obese, referred her to a Graded Gynaecologist at the nearby Military Hospital, who after careful examination got her X-rayed. As intimated to me by Flt. Lt. Ratta, the

specialist, after examining her condition and her X-ray, was of the firm opinion that she had been growing a tumour in her womb and that she urgently needed an operation for its removal. However, Mrs. Ratta having experienced three pregnancies earlier, felt all the prenatal indications of pregnancies. She, therefore, asserted that she was pregnant. Giving a thought to her having a morbid system, namely, 'Pseudo-Pregnancy', she was given Thuja and Sabadilla in 30th potency for about a week, confirming her to be pregnant. By this time, she was passing through 6th month of gestation period. She was again referred to the Gynaecological Specialist. Again X-rayed, she was told that there was a fast devoloping tumour in the womb which needed immediate operation. The patiant declined firmly, claiming herself to be pregnant. Ultimately, when she was running 7th month of pregnancy and had already been exposed to X-ray thrice, I had to advise her husband to send her to Chandigarh. There, she did not consult anyone. She only followed my advice.

I had also administered to her X-ra
30 to remove the bad effects of exposu
to X-rays.

At full term, she gave birth to
healthy female child at the Post-Gradu
Institute of Medical Sciences, Chandig

This case makes one inclined
to think in two ways :

1) Either the Graded Gynaecolog
mistook the foetus for a tumour wh
was almost imposible because X-ray
always scrutinised by Radiolog
Specialist's report before reaching
Gynaecologist; or

2) A tumour turned to be a hum
life in mysterious Divine Ways. O Go

(Swami Mangala Bhilas
(Dr. R. B. Sharm
H.M.D
390, Sector
Faridabad-121
HARYA

# Chromatographic Studies for Differentiation of Homoeopathic Drugs Prunus Spinosa, Prunus Padus and Prunus Virginiana

By **P. N. Varma,* B. R Lohar,** & N. K Upadhyaya*****

## INTRODUCTION

**Prunua spinosa** is used as a substitute for tea and in adulteration of tea in China. It was introduced into homoeopathic practice in 1834 by a proving by Dr. Wahle (Allen's Encyclop. Materia Madica VIII, 157). It is a valuable drug in neuralgia, anascara and cadema. It has a special affinity for urinary organs. Also used in leucorrhoea and monorrhagia.

**Prunus padus** : Named after Theophrestus, was introduced into homoeopathic practice in 1853 by a proving by Dr. Lembke (Allen's Encyclop. Mat. Med.VIII. 156). It is used for headache, sore throat, pressure behind sternum and sticking pain in rectum.

**Prunus virginiana** : Does not find a mention in Allen's but in Homoeopathic Materia Medica. Boericke speaks highly of it as a cardiac tonic for distended ventricle. Its proving has not come to our notice.

Prunus, a genus of deciduous and evergreen trees and shrubs (family – Rosaceae), distributed chiefly in temperate region, is widely used in various systems of medicines. **Prunus spinosa, Prunus padus** and **Prunus virginiana** used in homoeopathy have confused identity.

## OBJECT OF STUDY

To differentiate the tinctures of the above three drugs chromatographically.

Chemically **P. spinosa** is reported to contain quercetin, kaempferal and their mono and di-glycosides 8-14. **P. padus** was reported to contain prunasin, a glucoside of L. mondalonitrite 15, whereas **P. virginiana** was reported to contain ascorbic acid, thiamine and riboflavin. No more literature was available on these drugs.

Anatomical differentiation being difficult, an attempt has been made to differentiate them chromatographically.

## MATERIALS AND METHOD

Powdered plant materials of **P. spinosa** (buds just before flowering), **P. padus** (leaves and bark of small stem, 10 gm

* Deputy Director, Homoeopathic Pharmacopoeia Laboratory
** Scientific Officer (Chemistry), Homoeopathic Pharmacopoeia Laboratory
*** Scientific Assistant (Chemistry), Homoeopahic Pharmacopoeia Laboratory

each twigs) and **P. virginiana** (inner bark of stem) were placed in separate percolators with 100 ml, 40% aqueous ethanol for 24 hours. The filtered extract was made up to 100 ml with the same solvent. The alcohol extracts (25 ml each) were evaporated on water bath to remove ethanol, and then extracted with chloroform (2x 0 ml). The two layers thus obtained were separated and studied on thin layer chromatographic plates of silica gel 'G' (BDH, 20 x 10 cm, 200, u thick) chromata-

## RESULTS AND DISCUSSION

### (a) Chromatographic study of aqueous extract :

Thin layer chromatographic study of aqueous extract in benzene, methanol (8:2 v/v) revealed one spot at Rf 0.22 on spraying with aluminium chloride solution (1% ethanolic) and viewing under long wave ultraviolet light; in case of P. virginiana two spots at Rf. 0.15 and 0.46 but **P. padus** did not give any spot. The second plate of aqueous extract was developed in ethyl acetate butanone formic acid: water (5:3:1:1 v/v) and sprayed with aluminium chloride (1% ethanolic). Six spots in **P. spinosa**, five spots in **P. virginiana** and only two spots in **P. padus** appeared. (For their Rf. please see table at end of the paper.)

### (b) Chromatographic study of chloroform extract :

TLC of chloroform extract was d in four different solvent systems lis in the table and sprayed with satur solution of antimony trichloride in c roform. The plates were also view under longwave UV light. It revea that the plate developed in benzen ethyl acetate (95:5 v/v) under UV li had two identical spots at Rf. 0.12 0.68 in case of P. spinose and P. pa and at Rf. 0.12 and 0.21 in case P. virginiana. On spraying the same p with antimony trichloride solution th spots appeared with P. spinosa, spots with P. padus, whereas P. vi niana did not give any spot. table )

With a second plate which was de loped in benzene methanol (95:5 v P. spinosa and P. padua gave two sp at Rf. 0.36 and 0.93, whereas P. virgini gave two spots at Rf. 0.36 and under UV light. On spraying with a mony trichloride solution, P spinosa P. padus gave four spots, whereas spot appeared with P. virginiana (5 table.)

The third plate was developed in pe leum ether benzen (1 : 1 v/v). Un UV light it gave one spot with P. spin (Rf. 0.69) and P. padus (Rf. 0.77), wh as in the case of P. virginiana it did



not give any spot. On spraying with antimony trichloride, **P. spinosa** and **P. padus** gave two spots, whereas **P. virginiana** did not give any spot. (See table.)

The fourth plate was developed in toluene: chloroform: acetone (40 : 25 : 35 v/v ). Under UV light one spot appeared with **P. spinosa** and **P. padus** (Rf. 0.74), whereas four spots developed with **P. virginiana** (Rf. 0.46, 0.60, 0.69 and 0.78).

From the above study it is concluded that all the three drugs or their mother tincture of **Prunus species** having different therapeutic values could be differentiated by the chromatographic method.

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Table 1 Chromatographic results of aqueous extracts and chloroform extracts

| Plant Sp / Solvent System | Prunus spinosa | P. padus | P. virginiana |
|---|---|---|---|
| | | Aqueous extract | |
| 1. Benzene : methanol (8 : 2 v/v and sprayed with AICl 3 (1%) and seen under UV light | 0.22 Yellow | | 0.15 blue<br>0.46 blue |
| 2. Ethyl acetate : Butanone formic acid water (5 : 3 : 1 : 1 v/v) spraped with 1% AICl 3 and seen under UV light | 0.49 blue f. 0.97 Yellow f.<br>0.66 blue f.<br>0.71 yellow f.<br>0.90 brown f. | 0.77 blue f.<br>0.94 blue f. | 0.57 blue f. 10.89 blue f.<br>0.64 ,, ,<br>0.77 ,, ,,<br>0.81 ,, ,, |

**Chloroform extract**

| | Under UV | With Sbcl 3 Soln | UV light | Sbcl 3 Soln | UV | Sbcl 3 Soln. |
|---|---|---|---|---|---|---|
| 1. Benzene, Ethyl acetate (95 : 5 v/v) | 0.12<br>0.68 | 0.046 brown<br>0.064 yellow<br>0.110 red | 0.12<br>0.68 | 0.55 aq blue<br>0.25 aq blue<br>0.35 blue<br>0.55 pink<br>0.92 light red | –<br>0.12<br>0.21 | –<br>–<br>– |
| 2. Benzene : chloroform (95 : 5 v/v) | 0.36<br>0.93 | 0.12 yellow<br>0.17 brownish<br>0.23 redish<br>0.81 pink | 0.36<br>0.93 | 0.28 aq. blue<br>0.70 aq. blue<br>0.77 aq. blue<br>0.81 pink | 0.36<br>0.58<br>– | –<br>– |
| Pet. ether : Benzene (1 : IV/v) | 0.69 | 0.29 bluish red<br>0.47 bluish red | 0.77 | 0.29 aq. blue<br>0.38 aq. blue | –<br>– | –<br>– |
| Toluene : Chloroform : Acetone (40 : 25 : 35 v/v) | 0.74 | not sprayed | 0.74 | not sprayed | 0.46<br>0.60<br>0.69<br>0.78 | not sprayed |

# A Milestone for Homoeopathy

**Dr. Diwan Harish Chand**

4th March 1981 was a historical day for Homoeopathy, when the First Lady from the country of Hahnemann expressed her desire to meet the President of the International Homoeopathic Medical League, instead of a proposed visit to an Allopathic institution during her state visit to India. In a letter received from the Central Homoeopathic Medical Society of Germany, Dr. Diwan Harish Chand was informed that Her Excellency Dr. Veronica Carstens is actively engaged in Homoeopathy, is a member of their Society and also of the Liga and that she was keen to know about Homoeopathy in India.

Accordingly she was most cordially invited by Dr. and Mrs. Diwan Harish Chand at their residence and the most interesting session lasted for two hours, in which Dr. Diwan Vijay Chand also actively participated. A though she wanted to stay much longer, yet, during her one and a half days visit to Delhi, this was the only available time in between her numerous official engagements. In fact, she wished she had more time so as to also visit the Homoeopathic Medical College in Delhi.

She was presented some recent publications on Homoeopathy. She showed a very knowledgeable interest in Kent's Final General Repertory (Revised Edition) and looked into the changes that had been made therein. She was also very enthusiastic about the new book on Chronic Miasms by Dr. Ortega, an English translation of which has just been published in India. Dr. Carstens was also given reprints of papers presented by Dr. Diwan Harish Chand at the International Homoeopathic Congresses, some of which have been translated into German and have appeared in the German Homoeopathic magazines. She made a note of these journals so that she could study them in her own language. She was very appreciative about the stamps of Hahnemann issued by India in 1977 which were also presented to her.

A brief note on Homoeopathy in India was prepared to acquaint Her Excellency with the great patronage that the Government of India extended to Homoeopathy. Apart from many technical discussions about the science of Homoeopathy and the Classical approach and Unicism practised by most of the good homoeopaths here, she was informed of the pattern of Homoeopathic education.

Shri N.R. Laskar, Minister of State for Health and Family Welfare, Shri T.V. Antony, Joint Secretary, inchaige of the traditional systems of medicine (which includes Homoeopathy), Dr. V.T. Augustine, Deputy Adviser (Homoeopathy) were cordially invited to join in towards

the end of the meeting. Shri Laskar informed Dr. Carstens about the wide practice of Homoeopathy in India and how the Government was promoting it. Shri Antony presented the honoured guest with the three volumes so far published of the Homoeopathic Pharmacopoeia of India. He alse gave in very precise terms an outline of the different systems of medicine practised in India including the preventive and promotive aspects of Yoga. Dr. Carstens expressed a keen interest in the Experimental and Clinical research work in the Homoeopathic field going on in India.

It was interesting to learn from her that for three generations Homoeopathy had been in her family and that in the library they have as many as 800 book on Homoeopathy. Dr. Carstens great impressed everyone with her charm dignity, poise and knowledge of medicine and Homoeopathy.

Mrs. Harish Chand expressed h gratitude by presenting a traditiona Indian gift to the First Lady of Germa for the great honour she had done t the Chand family by visiting the home.

In a touching farewell Dr. Carste observed that the afternoon had be one of the most interesting ones in h life.

---

" Tact is the rare ability to keep silent while two friends are arguing, and you kno both of them are wrong. "

* * *

"If you can find a path with no obstacles, it probably doesn't lead anywhere. "

* * *

" A man who enjoys responsibility usually gets it. A man who merely likes exercisi authority usually loses it. "

* * *

" The search for a scapegoat is the easiest of all hunting expeditions. "

* * *

" One way you can often do more for your child is to do less. "

* * *

"It is a mistake to look too far ahead. Only one link in the chain of destiny ca be handled at a time. "

* * *

# A Brief Note on Homoeopathy in India

In India immediately after Independence in 1947, a resolution was unanimously adopted by the Parliament for setting up a Homoeopathy Enquiry Committee. Its report confirmed the scientificity of Homoeopathy and as per its recommendations the Government took steps to promote and develop Homoeopathy.

The Government of India has been appointing Hony. Homoeopathic Advisers – Dr. Diwan Harish Chand is the present Honorary Homoeopateic Adviser to the Government of India.

In persuance of this promotion the following steps have been taken:

1. The Ministry of Health & Family Welfare has a Homoeopathic Cell for its development and to advise in matters pertaining to Homoeopathy with an Hony. Adviser as mentioned above, a Deputy Adviser (Homoeopathy) and other Technical and Administrative staff to support.

## 2. Central Council for Research in Homoeopathy

The Central Council for Research in Homoeopathy was established in 1978 as an autonomous body by the Government of India. It has at present a network of 29 different units spread all over the country, which are carrying on the following activities :

i. Provings

ii. Clinical Research

iii. Drug Standardisation

iv. Literary Research

## 3. Homoeopathic Pharmacopoeia Committee

As in any system of medicine, the efficacy of the system depends not only on the skill of the physician, but also on the quality of medicine administered to the patients. Therefore, Drugs & Cosmetic Act, 1940 was extended in in 1944 to cover the manufacture and sale of Homoeopathic Medicines also. In the absence of a Pharmacopoeia, quality control could not be exercised. Hence the Government of India constituted a Pharmacopoeia Committee for the purpose. The Committee has so far finalised more than 400 drugs and these have been published in three volumes.

## 4. Homoeopathic Pharmacopoeia Laboratory

To feed the technical data in Homoeopathic Pharmacopoeia Committee, the Government of India have set up a Homoeopathic Pharmaceutical Laboratory at Ghaziabad in 1975 as a surbordinate office. The Laboratory is now well equipped with the necessary staff and equipment to carry out the work.

---

* Note prepared for H. E. Dr. Veronica Carstens on the occasion of her visit to India and discussions with Dr. Diwan Harish Chand, President, International Homoeopathic Medical League on March 4, 1981.

5. **National Institute of Homoeopathy**

This Institute was set up in 1975 to promote the growth and development of Homoeopathy and to provide facilities for advanced training and research and patient care in Homoeopathy. The following are the aims and objects of the Institute:

i. To promote the growth and development of Homoeopathy

ii. To produce graduates and post-graduates in Homoeopathy

iii. To conduct research on the various aspects of Homoeopathy.

iv. To provide experiments and develop research of teaching in under-graduate and post-graduate education on the various aspects of Homoeopathy

v. To provide medical care through Homoeopathy

vi. To provide and assist in providing services and education related to Homoeopathy

6. **Central Council of Homoeopathy**

The Council was constituted in December 1974 by an Act of Parliament. The main functions of the Council are as under:

i. To evolve uniform standard of education in Homoeopathy

ii. Registration of Homoeopathic Practitioners on Central Register



7. The President of India has Homoeopaths also on his Panel of Personal Medical Staff.

There are about 106 Homoeopathic Colleges and 50 Homoeopathic Hospitals in the country.

Twenty Homoeopathic Dispensaries are functioning under the Central Government Health Services Schemes of the Government of India.

In India Homoeopathic education is at undergraduate level and is quite different from what exists in most other parts of the world. Homoeopathic education in India is exclusively devoted to teaching on the pattern of colleges as existed in the USA in earlier times. The basic or allied medical subjects like Anatomy, Physiology, Pathology, Hygiene and Public Health, Forensic Medicine, Midwifery and Gynaecology, Surgery and Homoeopathic Pharmacy are taught along with practice of medicine, Homoeopathic Materia Medica, Organon and Philosophy of Homoeopathy and Repertory in the same Institution. Thus their orientation is entirely homoeopathic and we find it particularly useful in ensuring availability of Homoeopathic doctors in adequate numbers.

There are thousands of Homoeopathic practitioners enrolled on the State Registers of Homoeopathy, besides the few hundred thousands practising without registration.

There are many Homoeopathic pharmaceutical concerns, using machines for trituration. In addition to these, there are hundreds of small pharmacies in the country, running their business in sale of Homoeopathic medicines and who import medicines from Messers Schwabe, Germany and also from other countries.

**Publications**

The largest number of publications of books is now in India and they are much less expensive than similar books from other countries. These are published in English, in Hindi and in many regional languages.

**International Congresses**

Two International Congresses have been held in India (in 1967 & 1977) with the patronage and assistance (financial and otherwise) of the Government of India. After 1959 the International Homoeopathic League was resuscitated in India by Dr. Diwan Harish Chand, who worked as its National Vice-President till 1975, was elected Senior Vice-President and in 1979 was elected its President at the International Congress held at Hamburg.

---

## Question From Readers

**Dr. Padmanabha Sharma,**
P. O. Hulas (Saharsa), Bihar.

Hulas,
9th March, 1981

The Editor,
Indian Journal of Homoeopathic Medicine,
Near Irla Naka, Vile Parle (West),
Bombay 400 056.

Dear Sir,

Reference : Psorinum : Pages 533-34, Ninth edition, POCKET MANUAL OF HOMOEOPATHIC MATERIA MEDICA by William Boericks, M.D., (B. Jain Publishers, New Delhi-16)

In the last paragraph on Page 534, under the sub-heading Dose, we find "Psorinum requires something like 9 days before it manifests its action..... (Aegedi)".

Recently, I treated a case of Scabies. A dose of Psorinum 10M was given on first prescription, on the basis of totality of symptoms. The patient reported to me the next evening severe aggravation of his skin symptoms. The affected part of the skin had swollen much and there appeared some blisters too. He could not sleep well that night on account of pain and burning. Thus Psorinum's action appeared within 36 hours. I wonder how or why such precipitate action came about. While I will certainly watch the action of Psorinum in other cases, I would be grateful to learn from the clinical experience of others on this point, through your esteemed journal.

Yours sincerely,
**(DR. PADMANABHA SHARMA)**

This question is open to the readers for an adequate reply from their experience.

Editor.

# ABSTRACTS AND EXTRACTS

**Boy with X-ray Eyes**: Young Wei Rouyan has added another chapter to the histo of China's "wonder boys" - children whose peculiar psychic powers have defied a known laws of Science.

Last year the parents of 12-year old Wei discovered that their son had X-r eyes. They found that he could see through brick walls, identifying objects on th other side, and even diagnosed tumours in sick people.

The chance discovery resulted from press report that children in sever provinces could "read" with their ears.

--- Times of India, 10.3.19

❊ ❊ ❊

**Too Strict**

The mercury poisoning in Minimata in the 'sixties, which was caused b industrial pollution, highlighted the fact that this metal is ingested by human through fish. Soon afterwards, a joint committee of the UN Food and Agricultu Organization and the WHO recommended the maximum permissible intake of mercury Except for a couple of European countries, most stipulated that each Kg. of fis should not contain more than 0.7 mg. of mercury. Initially India did not bother t take any precautions because no assessment had been made about the quantities o mercury dumped into the water sources. But since the water pollution boards have been set up, it has been found that the rivers and creeks near the industrial belts o Bombay and Calcutta in particular, have a much higher level of mercury than those considered safe by the UN agencies.

However, scientists from 18 countries, who met recently under the United Nations Environment Programme, now say that the regulations on the level of mercury in fish from the Mediterranean at least are too strict. The Mediterranean fish contain higher quantities of selenium - used to treat mercury poisoning - than fish from the other seas. And the maximum stipulated levels make no sense if account is not taken of the quantity of fish eaten. For instance, the average consumption of fish in Spain is 17 Kg. and in Algeria 600 grams. Even within countries there is a variation. The members of fishing communities eat more fish than the rest of the population. But since they tend to sell the expensive tuna and swordfish - which contain more mercury as they are higher up in the food chain - and the other varieties, they too are safe.

--- Times of India, 3.2.1981



**Foetus Inside a Boy** : A six-year old boy, who had been carrying a foetus inside his abdomen for over two years, was successfully operated upon at the Patna Medical College Hospital, according to a report in the Journal of Indian Medical Association.

The foetus when removed was found to weigh 2.3 Kg. and reached a length of 28 centimetres, the report said.

Hospital doctors, Dr. P. C. De, Dr. A. K. Bannerjee and Dr. G. N. Seal, who reported the case said the lump in the boy's abdomen which had been growing for two years was found to be a foetus on X-ray examination.

The foetus had well developed lower limbs with toes, one arm with fingers, buttocks and back, tuft of hair long and black, and undeveloped jaws and teeth.

Describing it as a rare case of 'foetus in foetu', the doctors said it could happen in twin pregnancy in which one twin that is abnormal in growth develops inside the body of the other.

--- Times of India, 26.12.1981

❊ ❊ ❊

An ongoing study of mental and physical adjustment recently reported in the 'New England Journal of Medicine', goes to show that those who are happy with their jobs, marriages, leisure time, etc. — enjoy longer, healthier lives than those who are not. Dr. George Vaillant of Harvard University and his colleagues measured the overall mental health and medical condition of 188 persons, from 1942 to the present, with yearly or bi-annual questionnaries and with extensive interviews every two years. Each rating was made by a doctor unaware of the person's previous mental or physical state. Of the 59 men evaluated as mentally healthy in 1967, 97% were rated in excellent health in 1975. Those who were unhappy about their lives or were anxious and depressed were subject to chronic health problems.

# The Homoeopathic Education Society

Chairman : Shri Mohanbhai I. Patel

Vice-Chairman : Dr. M.B. Jo

Hon. Treasurer : Shri C. B. Patel

Hon. Secretary: Shri B.R. Desa

**Short History**

The Homoeopathic Education Society was founded in the year 1956 with th
Late Shri Mangaldas Pakwasa as founder President with the aim of promoting th
spread of scientific homoeopathic practice and research by establishing medical college
hospitals and charitable dispensaries. In the year 1957 the Society started th
Bombay Homoeopathic Medical College to train up students for the four-year L.C.E.H
Diploma Course recognised by the Government of Maharashtra (Licentiate of th
Court of Examiners of Homoeopathic and Biochemic Systems of Medicine).

**Recent Activities**

(1) **Expanded O.P.D.**

The expanded O.P.D. was started on April 10, 1977. Thus the College has bo
morning and evening O.P.Ds.

(2) **Research Centre**

The Central Council of Research in Homoeopathy allotted a Clinical Researc
Unit to the College in February 1979. The Research Unit is presently engage
in research on Bronchial Asthama and the results are very encouraging.

(3) **20 Bedded Hospital**

The Society started from September 1979 a twenty-beddet Homoeopath
Hospital on the College premises, to augment facilities for clinical training. Th
was in addition to the thirty-bedded Homoeopathic Hospital maintained by th
State Government on the College premises.

(4) **Renaming the Bombay Homoeopathic Medical College**

The re-naming ceremony of the Bombay Homoeopathic Medical College as
"Smt. Chandaben Mohanbhai Patel Homoeopathic Medical College" was held o
7-3-1981. This was one of the conditions on which the Surajba Charitab
Trust has donated a sum of Rs. 5,00,000 to the Society for development projec

(5) **Kurar Dispensary**

A Homoeopathic dispensary was inaugurated by his Worship the Mayor Dr. A.U
Memon on Sunday, January 3, 1982 at Kutar Village. Malad (East), Bombay.

(6) **Examination Results:**

For the December 1981 examination held by the Court of Examiners in
Homoeopathy and Biochemic Systems of Medicine, the College sent up 6
students for the final L.C.E.H. examination, 43 were declared successful, giving
a result of 71.6%.

(7) **Constructing Work**

The work of constructing a storey over the existing College Annexe to provide
100 beds is in progress.




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(Published by the Homoeopathic Education Society)

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The views and opinions expressed by the various writers do not necessarily coincide with those of the Editors.

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EDITORIAL

# Homoeopathic Materia Medica

## A STUDY IN PERSPECTIVES - I

The Homoeopathic Materia Medica is a vast treasure of symptomatology gifted to the Homoeopathic physicians by the herculean labours of our illustrious predecessors. These have been derived from three sources : Provings, Poisonings (animal and human) and Clinical Data, the last having been incorporated into the materia medica from clinical experience. The source books of the Homoeopathic materia medica are essentially the Provings, the voluminous record of functional human pathology, the subjective data mainly. These are : Allen's Encyclopaedia, Allen's Handbook of Materia Medica, Hering's Guiding Symptoms, Hahnemann's Materia Medica Pura & Chronic Diseases, Allen's Nosodes, Stephenson's Materia Medica, etc. The source books embodying the data derived from Poisonings essentially are : Richard Hughes' Encyclopaedia of Drug Pathogenesy & Pharmacodynamics, Hempel's Materia Medica, Clark's Dictionary of Homoeopathic Materia Medica. The Clinical Data we find represented chiefly in Hering's Guiding Symptoms; the physicians' clinical records and experiences supplement the same, thus enriching the materia medica.

The symptoms experienced by the provers were entered in the log-books maintained by them and checked by the Master-Prover. They were maintained in a chronological sequence, which is of great clinical significance – indicative of the correct dose and the right time of administration of the drug to the patie Unfortunately this time-dimension of homoeopathic materia medica was during the process of transfer of this d from the log-books into the mate medica according to the regional schem of Hahnemann (from head to foot). T has become the standard since then in the materia medicas. The original lo books are not readily accessible to us the present day, hence this lacuna of absence of time-dimension in the stand materia medicas has persisted to this d This can only be made good by the clini al experience being gradually incorpora ed into the homoeopathic materia medi thus restoring the lost time-dimension.

The homoeopathic materia medica a record of concrete facts, so massive not to be contained in the book volu of the human brain, although incomplet The problem is how to handle the sam so as to be able to harness it in the cu /palliation of the sick individuals throug the establishment of symptom-similarity correspondence. Hahnemann in th 'Organon' (6th Aphorism) writes of th **'Portrait of the Disease'**. The proble resolves into evolving the 'Portrait of th Drug-Disease' out of the facts/data record ed in the materia medica, the 'Drug Image or Drug-Picture', 'The Conceptu Image', 'The Drug Totality'. The similarity we are called upon to establish is not between the symptoms of the 'Natura Disease' (the Patient) and the 'Artificial D



Drug-Disease', **but** between the 'Portraits of the Natural & the Drug Diseases'. In reality, symptom-similarity is perhaps a misnomer; portrayal-similarity would be the right substitute in terms of Aphorism 6. To evolve 'Portrait/Totality' out of facts demands abstraction at increasingly subtler levels of Concepts up the Ladder of Abstraction. These concepts are woven together through the principles of Induction and Generalization into patterns, which are then linked up through logical correlations into a recognizable Picture/Totality/Image/Portrait. These pictures/images are more readily stored by the human brain rather than innumerable facts (isolated).

We have then the next line of homoeopathic materia medicas – the **Commentaries,** which project Drug-Pictures or -Images based on the data of the source books, reinforced by vast clinical experience. Kent's Materia Medica and Margarate Tyler's Drug-Pictures are the classics. Pulford's Key to the Homoeopathic Materia Medica and Boger's Synoptic Key follow suit. Clarke's Dictionary has a section on 'Characteristics' and 'Causation' which is of great value in practice, as also the clinical experiences given therein. Harvey Farrington's Post-Graduate Course in Homoeopathy and Homoeopathic Prescribing gives valuable hints in prescribing. Charles Wheeler's Principles and Practice of Homoeopathy is a useful guide for the new entrant to Homoeopathy from the old school of Modern Medicine, as it leads him from the known to the unknown, from physiology, pharmacology and toxicology to the materia medica. Boericke & Dewey's 'Twelve Tissue Remedies' is a classic in Biochemic Remedies.

We have the **Compendium** in Boericke's Materia Medica and Repertory, especially useful for rare remedies, 'Organ Remedies', remedies not well proved with clinical hints. It is in no way a critical study.

The homoeopathic materia medica is essentially a study in differential diagnosis of drugs, for none exists isolated in Nature. Such comparative study of drugs is well demonstrated in Robert's Comparative Materia Medica (the snakes and the spiders), as well as in Gross and Pierce's Plain Talks on Homoeopathic Materia Medica with Comparisons. Such related study is of immense practical value. Boenninghausen's "Therapeutic Pocket Book" has a section on "Remedy Relationship". It could be utilized with profit by the discerning physician in the study of the differential materia medica.

The impulse to present the drug-pictures in a more simplified manner is effected through 'Keynotes' presentation of the drugs, such as Allen, Guernsey, Lippe and Nash. Such an approach is risky, perhaps dangerous, especially for the neophyte in Homoeopathy; it presents more a caricature rather than a 'portrait'. However, the 'Keynotes' represent the 'entry point' for the construction of the 'Totality', and have to be considered as such only. In this regard, the 'three-legged stool' needs to be remembered for a stable prescription; and we may take recourse to such study **after** a study in depth of the larger works.

Kent in his 'Preface' to his 'Homoeopathic Materia Medica' writes of the conjoint study of the materia medica along

the Repertories, which has proved extremely useful. Boger's Synoptic Key and Boericke's Materia Medica contain repertories as well.

Another angle from which the drugs in the materia medica are presented is the therapeutic one, the clinical standpoint, – the specific diseases with the leading indications of remedies common in clinical practice. The following are the useful guides in practice:

Allen's Therapeutics of Fevers
Tyler's Pointers to Remedies
Nash's Typhoid and Respiratory Organs
Hering & Wells': Typhoid
Guernsey's Haemorrhoids
Underwood : Headaches
Royal : Practice of Medicine
Bell : Diarrhoea
Robert : Rheumatic Remedies
Borland : Pneumonia, Influenza, Digestive Organs, Children's Types
Cartier's Respiratory Organs
Yingling : Accoucher's Manual

The above–mentioned works can be usefully employed in the evolution of the 'Portrait'.

The problem facing the homoeopathic physician is how to study the materia medica of such a vast dimension – the source-books, the commentaries, the synopses, the compendiums, etc. To memorize the same is to end in ignominious failure, as Kent said. We have to bear in mind that we need to fit the patient to one of the drugs out of 200 odd ones in the homoeopathic materia medica, and **not** the reverse. The natural disease of the patient we have analysed and synthesised in order to evolve 'the Portriat of the Disease'. Likewise we do the same in the case of the artificial or drug–disease. And then we match the former with the latter. The differing approaches to the study of the materia medica and the evolution of the 'drug–picture', we shall present in the next editorial of this journal.

## Food for Thought and Reflection

" It is only with the heart
that one can see rightly;
What is essential is not in sight,
The eye sees only corporeal,
Vision sees beyond – THE INVISIBLE"......"

* * *

" You can't expect a person to see eye to eye with you when you're looking down on him."

* * *

" Resolve to perform what you ought; perform without fail what you resolve."

—Benjamin Franklin



# In frequently Used Remedies In Homoeopathic Practice*

Dr. M. D. PHALNIKAR, M.D., F.C.P.S.

### Case No. I

**History:**

Years ago I was called upon to examine and undertake to treat a case of 'Heart Disease' at the patient's residence.

Pt. – A highly qualified Pharmaceutical Chemist.

Age– 44 years. Residence – Bombay

**Symptom-Picture**

1 – Stitching, pricking pain in heart, with tingling and numbness along left arm and hand.

2 – The pain started after an attack of influenza, Influenza gripped him when he travelled in Air–Conditioned railway coach.

3 – Doctors had told him that Flu had left his heart weak and dilated.

4 – Pain is worse – Lying down, esp. on left side.
Movements, Physical Exertion.
Congested atmosphere, Nights.

5 – Palpitation after slight physical exertion.

6 – Pain has so demoralised him that he is always conscious of the heart action and feels that he may die any moment when the pain comes.

7 – Always examining his pulse for irregularities.

8 – Very irritable, sad, fearful, despondent, suspicious.

9 – Assurance that he is not going to die of heart diseases, by a number of well known doctors and hakims, has not been able to carry conviction with him.

10 – Physical examination–hefty, fair, well–nourished man with normal heart size and low blood pressure – 110/70.

**IBERIS**

( Bitter Candytuft)

W. Boericke's Description :

State of nervous excitement. Has marked action on the heart. Possesses great efficacy in cardiac diseases. Controls vascular excitement in hypertrophy with thickening of the heart's walls, Cardiac debility after Influenza. Liver region full and painful. White stools.

* *Presidential Address at the Annual Social of the Homoeopathic Post-Graduate Association, Bombay on 19.12.1964*

**Mind** Sad and sighing; fearful and trembling. Irritable.

**Heart** . CONSCIOUS OF HEART'S ACTION. On turning left side, stitching pain of needles through ventricles felt at each systole. Palpitation, with vertigo a choking in throat. Stitching pains in cardiac region. Pulse full, irregular, intermitte Worse, least motion and in warm room. Sensation of weight and pressure, w occassional sharp, stinging pains. Dropsy, with enlarged heart. Voilent palpitat induced by slightest exertion, or by laughing, or coughing. Darting pains throu heart, Cardiac dyspnoea. Dilatation of heart. Wakes with palpitation about 2 a. Throat and trachea fills up with mucus. Cough causes redness of the fac Tachycardia.

**Extremities** : NUMBNESS and TINGLING in LEFT HAND and ARM. Whole bo sore, lame and trembling.

**Modalities** : WORSE – Lying down, on left side ; Motion ; Exertion ; Warm room

**Relationship** :

(1) **Cactus Grandiflorus** : Congestions, Haemorrhages, Periodicity, Spasmodic pa and CONSTRICTION as from an IRON BAND.

(2) **Digitalis** : Weak, irregular, intermittent, abnormally slow pulse with signs failure of compensation. Pulse slow in recumbent posture but dicrotic sitting position. Auricular Fibrillation.

(3) **Amyl Nitrosum** : Arterial Hyperaemia of Vasomotor origign. Flushing redness of the Head and Face with anxiety and palpitation at CLIMACTERIC.

(4) **Belladanna** : All symptomatology with 3 marks. Heat Redness, Throbbing Burning with Hyperaesthesia of all senses and furious Delirium.

**Dr. J. H. Clarke's Dictionary of Materia Medica**

Dr. Hale proved it and introduced IBERIS to Homoeopathy. Proctor tried on himself in 1890 for his heart trouble (Post–Influenzal) and writes – "After about 10 days, heart fell almost suddenly into its perfect, regular, unconscious beat and retired at once and finally from further observations." He used it Tincture drop in powder form, B.D. or T.D.S. He used it in many similar cases very successfully.

**Case No. 2**

This patient was under my treatment for sudden attacks of 'Giddiness' and his constitutional remedy was CALC.C. After 2–3 monthly doses, dizziness entirely disappeared. Astrologer by profession, he had to work with small figures and letters every night for late hours, in artificial light. During the study of horoscopes and concentrating over them, he had developed a nasty habit of holding the papers too near his eyes. The net result of this was asthnopia which produced the following–



**Symptom Picture**

1–A Sensation as if the eye balls were being pulled back by a thread towards the brain, so that further reading was impossible.

2–A A sensation as if the scalp were drawn tightly over the skull ; the brain might burst out.

In spite of the cover of **CALCAR-CARB.** in general, this particular symptom troubled him so much that his work almost came to a stop.

**Kent-Rep.** : P.255/2 rubrics :

Pain in the eye ball drawing backward.
Crot tig. 2, Graph 2, Hep. 2, Lach. 2, Mez 2

**PARIS. 3, Puls. 2**

On the same page, another exact rubric as–

Pain in the eye ball as of drawing with a thread backwards to the back of head or in to the brain –
Crot. tig. 2, Lach.2, PARIS. 3,

Giving intermittently a few doses of 30 pot. of Paris. made my friend the astrologer entirely free from his troublesome affliction.

**PARIS QUADRIFOLIA**

(One Berry or True Love)

Description : Causes symptoms of irritation of mucus membranes like the Arums and Lilies. Eyes, Ears, Nose, Throat, Face and Head symptoms predominate. Provings made by Hahnemann, Stapf and others.

Peculiar Symptoms or Keynotes :

Head : Sensation AS IF the scalp were contracted too tight and the contents of the skull were forcing out through temples and eyes or head distending.

Eyes : Sensation AS IF the eyaballs were swollen, too large, projecting out of too small orbits. Eyes feel heavy in morning with jerking and twitching of upper lids and A SENSATION THAT A THREAD WAS PULLING THE EYEBALLS TOWARDS THE CENTRE OF THE BRAIN.

Ears : Otalgia with tearing sensation–AS IF ears forced out.

Nose : Stuffed condition and fullness at the root region. Alternately dry and fluent. Green mucus discharge. Imaginary foul smells.

Throat : BALL SENSATION. Burning pain on eating and drinking. Mucus in fauces leading to constant hawking.

Relationship : 1 SIL., 2 CALC., 3 NUX–V., 4 RHUS – TOX...

## Case No 3

Master V. D. Aged 4 years

Attacks or convulsive seizures since about 5–6 months. Attack comes suddenly, ch twitches hand and feet, turning his head to left side.

Attacks, when they appear, come in successively, with long periods of no attacks.

Child shown to a paediatritcan who asked the child to be treated continuously w GARDENAL for 2 years, father got fed up after a month of treatment and desired th I should treat the child homoeopathically.

**Symptom-Picture**

1 Child was seen many times rubbing his thighs together.
2 Child very irritable and excitable.
3 Child talked in sleep, grinding of teeth, sleep–walker.
4 Child had the first attack when he witnessed his elder brother being flogged b father for mischief.
5 Attack has no aura, during the seizure the head was turned to left, heavy swea during attack.

This child made a marvellous recovery after a few doses and encouraged me t undertake treatment of difficult cases.

## ARTEMISIA VULGARIS

(Mugwort or Wormwood)

**Description :**

Prominent in Convulsive Disorders. Indicated where the patient is excitabl and irritable before the attack of Epilepsy. Epilepsy after fright or grief; after a blow on the head; with menstrual disturbances; with teething. Attack accompanied b profuse sweat of offensive or garlicky odour; by seminal ejaculations. Frequent attacks followed by long intervals of absence of attacks. SOMNAMBULISM. PETIT MAL EPILEPSY WITHOUT AURA; after fright and other violent emotions and after masturbation Gets up at night and works, remembers nothing next morning. (Kali phos).

**Clinical Tips :**

History may show 'Tendency to Stealing'.

Head drawn back by spasmodic twitchings; bent backwards and sideways with the twitching face turned towards the left side.

CHEWING MOTION OF THE JAW. (Caust., Cham., Ruta., Secale. Bry.) Grinding of teeth.

Looking at coloured lights produces dizziness; eyes turned up before attack.



**Relatoinship :**

1 **Absinth** : Seizure preceded by nervous tremors. Nervous excitement and sleeplessness. Sudden, severe giddiness, dilirium and hallucinations and loss of consciousness. Vertigo with tendency to fall backwards. Unequal pupils.

2 **Cina** : Big, fat, rosy, scrofulous children's remedy. Irritable (3) temper, variable, usually glutton's appetite; grinding of teeth esp. in sleep; chewing movement of mouth. Child abnormally cross and ill-humoured; does does not want to be touched, crossed or carried. Desires many things but rejects every thing offered. Desires to be carried with pressure on the abdomen.

3 **Cicuta** : Hiccough, trismus, tatanus and convulsions. Violent bending of the head, neck and spine backwards, with frightful distortions. Moaning and howling.

## Case No. 4

Mrs. S.V. aged about 26 years, Munici. School Teacher.

Pain in left breast since last 4 days, started as a result of the nipple being bitten hard by her child. The nipple shows a crack, swelling and redness of the nipple, areola and surrounding part of the left breast. Pain of a lancinating type extending to the inner side of the left arm. The nipple is drawn inwards. There is pain in left axilla.

She was very much scared of CANCER as one of her near relations got it in similar circumstances.

**Symptom Picture :**

1 – The above described together with mentals (peculiar)
2 – Very sensitive type, easily moved to tears but CANNOT BEAR CONTRADICTION
3 – Intelligent and very diligent in her duties
4 – Sense of impending misfortune
5 – 'Bearing down sensation', very nervous at the time of periods– 'Feels menses would appear any moment.'

Family set up was not conducive to her happiness of married life. The mother–in–law never appreciated her good qualities, but always harped upon her slightest failings.

## ASTERIAS RUBEN

(Red Star Fish)

**Description :**

Was used by Hippocrates in uterine diseases.

Has pathogenetic relationship with Sep. and Murex.

Ancient remedy in use for Epilepsy and Apoplexy.

Causes congestion of the head and face — RED head AS IF surrounded b hot air – feels so because of congestion.

A remedy for SYCOTIC DIATHESIS; flabby, lymphatic constitution, with h head and red face.

**Mind:**

CANNOT BEAR CONTRADICTION: EASILY MOVED TO TEARS; At other time times extraordinary MIRTH. Desire to give oneself up to INTELLECTUAL LABOU or VIOLENT PHYSICAL EXERTION. (Compare PULS., IGN., NAT. M., SEP.P.) SENS OF IMPENDING MISFORTUNE.

**Sexual Organs :**

Sexual desire increased: Erotic thoughts. Twitching pushing downward sensatio in the womb: Sensation AS IF MENSES WOULD APPEAR. LANCINATING PAIN IN THE BREASTS, ESP. THE LEFT BREAST, WHICH FEELS DRAWN INWARDS: Th PAIN EXTENDS ALONG THE INNER SIDE OF THE LEFT ARM TO THE LITTLE FINGE Axillary glands swollen, hard and knotted.

HAS UNQUESTIONED INFLUENCE OVER CANCER BREAST EVEN WHE IN ULCERATIVE STAGE.

Cancer pains aggravated at night. Other complaints aggravated in cold dam weather Tests group the remedy with 'SUL' group of antipsorics.

**Relationship :**

1– **SEPIA** : Quite well known; Butterfly brown pigmentation on the face. Les thin, chilly, backachy females. Asterias would probably END UP in Sepia.

2– **MUREX** : Conscious of the womb Desire easily excited ; Nymphomania Least contact of parts causes – violent Sexual Excitement. Must kee tightly crossed. PAIN FROM RIGHT SIDE OF THE WOMB TO RIGHT O LEFT BREAST.

**Case No. 5**

Baby Sunita, age 6 months.

History of Diarrhoea since 2 weeks.

Has been continuously under treatment form the beginning but to no avail.

Those of us who have a large general practice and have some experience o treating children, will think after reading this that this case is the easiest to treat It is so, but if one's **NOSE** functions properly. The ACID ODOUR solves the case.



**Symptom–Picture :**

1– Frequent stools, green, acrid or dirty brown, having ACID ODOUR.

2– Temparamental baby, a prize–screamer.

3– THE ACID SMELL pervades in the room.

The baby made remarkable recovery in 2 days.

## RHEUM

### ( Rheum Officinale - Rhubarb )

**Description :**

Rhubarb with Magnesia and Ginger formed the well known Compound Rhubarb Powder or Pulv. Rhei Co. or GREGORY'S POWDER. It was a cathartic mainly and this action was followed by an astringent action which brought constipation in the wake of diarrhoea.

In Homoeopathic therapeutics, Rhubarb or Rheum has no such terrors. Hahnemann has done its provings. We make use of Rheum for the express purpose of curing Intestinal Disorder leading to Diarrhoea colic and attending symptomatology.

**Predominant Features :**

1– If a suckling baby or a teething child usually belongs to the 'Screaming Type', like say 'Chamomilla', Peevish, Impatient, Screams for things and when given, throws them away, throws away his pet things because of temper – ACID TEMPER – change brought about by the G I disorder.

If an adult, the temper is seen in the tongue and taste of mouth which turns ACID SOUR and then bitter. History of havin eaten Unripe Fruits.

2– The baby has ACID DIARRHOEA with pappy, sour, brown, green, fermented, slimy or acrid stools along with Colic, which makes him bend double and which is worse by cold or by uncovering and better by heat, warmth and covering.

3– All the secretions and excretions are SOUR or ACID.

A– PERSPIRATION of the head is found of the acid sopping–wet variety. "on face–acid round the mouth and nose."
These emanate an acid sour smell.

B–SALIVA acid, plentiful which makes the mouth give off an offensive sour stench.

The tip to remember is a baby or child ACID mentally and physically with G. I. disorder, worse by cold or uncovering.

**Relationship :**

Compare – Cham., Cina., Staph, Mag Carb.
Constitutional – Calcar carb.

## Case No. 6

Miss S.S.P. Age 22 years.

At every menstrual nisus she has to take to bed. M.P.s started at the age of 1[illegible] For 2 years they were late, scanty and there was not much pain, but she was alwa[illegible] irritable round the time of M.P.s.

For the last 5 years, the excruciating pain at the menses has made her fearful and ve[illegible] weak. She is fed up of getting treated almost continuously and can't get married [illegible] advised by the doctors. (Conception and confinement are the best treatment [illegible] primary non–obstructive dysmenorrhoea.)

**Symptom-Picture**:

1 Pain of crampy, drawing type in the left side of lower abdomen, FLYING [illegible] ALL DIRECTIONS.

2 Migrainous headaches.

3 Painful stiffness in interphalangeal joints.

This case responded well to **caul** and later had to be kept on **SEPIA**.

## CAULOPHYLLUM
(Blue Cohosh)

**Description** :

It is closely related to **Actea Racemosa** (**cimicizuga**). It has been proved [illegible] Burt–proved once only–the majority of its indications being derived from clinic[illegible] practice. It was a woman's remedy, very useful in conditions of :

(1) Severe dysmenorrhoea esp. due to Lt. ovarian neuralgia and dystonic uter[illegible] muscle; (2) Primary uterine inertia due to uterine muscle; (3) Leucorrhoea in sm[illegible] girls, showing Rheumatism of small joints; (4) Rheumatic girls who suffer fr[illegible] sterility, repeated abortions and Dysmenorrhoea, showing discoloration yellow brow[illegible] Chloasma, Pityrias is Versicolor–colour of the skin, of face, neck and body; (5) Ve[illegible] severe after–pains with Lochia continued for a long time.

**Characteristic Symptoms** :

(1) Female patient belonging to DYSTOCIA–DYSTONIA type showing in additio[illegible] Rheumatic affection of the small joints and/or yellow brown pigmentation of th[illegible] skin of face and body.

(2) The feature of Migraine may also be present.

(3) The pains whether of Dysmenorrhoea, Labour or post–partum, originate in th[illegible] lower abdomen on Left and FLY IN ALL DIRECTIONS, going towards the Le[illegible] Breast. The pains are INTERMITTENT, PAROXYSMAL. They are of CRAMP[illegible] DRAWING, SHOOTING, or of BEARING–DOWN type.

'gr. : open air, night. (pricking)



**Relationship** :

1 **Secale** : Pains of equal intensity but CONTINUOUS, better cold, uncovering.

2 **Puls** : Amel, in open air; Mental condition peculiar.

3 **Sepia** : The chronic and constitutional of Caulophyllum.

4 **Gels** : Allied to Caulo. Caulo. follows Gels. Well; Sepia chronic of both.

5 **Cimic** : Almost similar but more highly strung; worse morning; better warmth, Eating.

Mental: Dream of impending evil;
Fear of riding in closed vehicles;
Opening and shutting in brain;
Sensation of cloud enveloping the pt.

## Case No. 7

Mrs. R. Reubens, age 29 years. Middle School Teacher; she had piles, with some times pain and bleeding, esp. when she was constipated. Duration 5–6 years. The trouble has aggravated since 6th month of pregnancy.

**Symptom-Picture** :

1 Pain in the rectum as if sharp sticks areprobing.

2 Obstinate Constipation, Flatulence.

3 Severe itching round about the anal region.

Maternity Hospital Doctor prescribed Liq. Paraffin. It does not help. It causes leaking or does not work to produce a satisfactory stool; no other opening is allowed in pregnancy.

The piles were protruding out, very much congested and she was howling during the examination.

She was of atonic type, with laxity of her muscles and shivery.

**Collinsonia** put her right in no time.

## COLLINSONIA CANADENSIS
(Horse balm – Rich weed Stone – root)

**Description** :

First proved by Burt and then again by Dowla. It causes Pelvic and Portal Congestion which results in CONSTIPATION and BLEEDING PILES. The congestion is due to General Atony of the muscular fibres and Depressed Arterial Tone.

The symptoms as we come across are :

Sense of sharp sticks in the rectum; Sense of constriction : Dry faeces with OBSTINATE CONSTIPATION, with PROTRUDING PILES. All the symptoms worse in PREGNANCY. Simultaneous ITCHING OF the ANUS.

Pain of piles SEVERE, contrasted to AESCULUS which is famous for its BACKACHE

Great flatulence; ALTERNATE CONSTIPATION and DIARRHOEA.
Another situation is a case where HEART AFFECTION alternates with SUPPRESS
HAEMORRHOIDAL BLEEDING. The heart pain is also of CONSTRICTIVE TYPE.

In the Genitals, DYSMENORRHOEA of MEMBRANOUS variety with Constipa
Pruritus Valvae, swelling and redness of extremeties. Genitals causing PAIN w
sitting down.

ALL SYMPTOMS ARE WORSE ON SLIGHTEST EMOTIONAL EXCITEMEN
EXPOSURE TO COLD, AND ARE BETTER BY WARMTH OR HEAT.

**Relationship** :

1 - **Aesculus** : Both have 'sticks' but Aes. has fulness and Collins has not.
BLEEDS PERSISTENTLY, Aes. does not. Aes. has pain, soreness and aching
back. WORSE WALKING while Collis has more COLIC, constipation.

2 - **Aloes**: SENSE OF INSECURITY IN RECTUM; Plug between symphsis o
Coccyx. Burning in anus better. Cold application. Lot of mucus with pain
rectum after stool.

3 - **Hamam** : VENOUS TONE AFFECTED causing BRUISED SORENESS OF T
AFFECTED PARTS. Bleeding of a dark colour, and oozing profuse.

**Case No 8**

Mr. R. B. Age about 40 yrs. Flower-vendor.

Pain in the left lower limb along its back side since 2 weeks.
Pain is of a shooting type and makes him cry.
It remains for some time but when it goes away the limb becomes numb - it almo
dies as if.
This pain has come after he got himself treated for diarrhoea.
His vocation makes him sit in cross-legged position for long hours.

**Symptom-Picture** :

1 - Pain worse walking, lying, cold and damp.
2 - Pain better drawing limb up, flexing thigh on abdomen.
3 - ALTERNATING PAIN AND NUMBNESS.

**Gnaphalium Cured**.

Site another case of Sciatica where indications were for **Bry**. But the presence o
numbness alternating with pain needs Gnaph. for cure.



## GNAPHALIUM

(Cud–Weed; Sweet–scented Everlasting Flower)

**Clinical Conditions** :

1 – Of unquestioned and unparalleled ability for benefitting Sciatica, where pain disappears and numbness takes its place, or pain and numbness alternate.

2 – DIARRHOEAL and DYSENTERIC SYNDROME. Early Cholera with Borborygmy, Colic, vomitting, loss of appetite and taste, Mental irritability.

3 – Prostatism and gout of small joints, Dysmenorrhoea with menses very scanty, severe pain on 1st day and 'A sensation of weight and fulness in the pelvis.'

**Modalities** :

Sciatic Pain

Worse : 1–walking, 2–lying, 3–cold, damp.

Better : drawing limb up, flexing thigh on abdomen.

**Characteristics** : Pain alternates with numbness.

**Relationship** :

1 – **Colocynth** : Also affects the sciatic nerve, but modalities are different.
Worse : Emotional excitement, vexation, chagrin, anger, lying on painless side.
Better : Hard pressure, lying on painful part.

2 – **Chamomilla** : Sensitive, irritable, thirsty, hot, numb. CAPACITY TO BEAR PAIN IS ZERO, SO EVEN the slightest pain is UNENDURABLE. Pain drives him to walk the floor, whining, restless, impatient, intolerant, snappish, patient frantic with pain.

3 – **Rhus Tox** : Cause is sprain and exposure to wet and cold. Characteristic of pain is FIRST MOVEMENT CAUSES TERRIBLE PAIN, BUT AS MOVEMENT IS CONTINUED, THE PAIN WEARS OUT AS IT WERE. Patient has to be on the move to feel comfort, i.e., physical restlessness.

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# Case Reporting

**Dr. L. D. DHAWALE (Late)**

**Case No. I** (3444/54)

Miss S. P., aged 13 years, reported on 15.9.54 in the Out–Patient Dept. of the Government Homoeopathic Hospital with complaint of **Bronchial Asthma** for 7 yrs. There was a strong family history of Bronchial Asthma : the mother and two sisters (one of them case No. II) were subjects of a severe type of asthma.

**The following symptomatology was recorded :**

1. **Bronchial Asthma** for the last 7 yrs. H/O repeated attacks of cold in nose without fever for many years —— probably allergic rhinitis. Frequency of attacks —— irregular.

   (i) **Aggravations :** Full moon and New moon Summer Bath, cold

2. **Prodromata** : Itching in the ears with discomfort, followed by pain in the throat and then nasal discharge —— ASCENDING COLD. Cough for 1 day and then an attack of asthma.

   **Aggravations** : Bath, cold, sour food or drinks

3. **Generals** · (i) Chilly patient : likes to be covered even in summer; cold bath agg., takes warm bath.

   (ii) Menstrual history; menses not started as yet.

**W.B.C. total and differential count** was as follows :

W.B.C. Total Count —— 10,950 per c. mm

Diff. Count —— Polymorph 47%
Eosino 13%
Lympho 39%
Hyaline 1%

**Selection of the Remedy** :

The following rubrics were selected from Boger–Boenninghaussen's Characteristics & Repertory :

(i) Moon, new agg. P. 1132 –1
(ii) Moon, full, agg. P. 1132 –1
(iii) Summer, warm weather agg. P. 1144 –1
(iv) Sour agg. P. 1122–2



Alu. 2+2+0+0 Ars. 1+1+0+3 Calc–c 1+2+1+0 Caust. 2+1+0+2
Crol 1+2+0+0 Lyc. 2+2+2+0 Sep. 5+2+1+3 Sil 3+2+0+0

The only drug common for all the rubrics is **Sepia;** moreover, it is the only drug in the above list which is indicated for 'Nose, ascending into' from Boger's Synoptic Key, Pp. 50–2. **Sepia 200**, one dose was administered at bed-time on 15.9.54.

**Follow up Notes** :

20.9.54 —— Severe cold of the usual type (throat); Chest : N. A. D.

29.9.54 —— Attack 2 days back from mid–might till morning mild, attack, could lie down
Sepia 200, one does at bed time.

18.10.54 —— Mild attacks (2) in 15 days, Last full moon no attack.

22.10.54 —— Irritation, throat, cough
Sepia 1000, one dose at bed-time.

5.11.54 —— Cold in the nose (not throat) 6 days, after Sepia 1000 one dose, the cold lasted for 2 days; no asthma

10.12.54 —— No regular attack or cold

3.1.55 —— Patient better

31.1.55 —— Attack of cold with throat symptoms;
Sepia 1000, one dose at bed-time.

23.3.55 —— Mild attack 2 days back,
Sepia 1000, one dose at bed-time.

22.4.55 —— Relapse since 19.4.55; intensity less than last year; summer agg.
Sepia 10m, one dose at bed-time.

25.4.55 —— Fever —— 101° F; sore throat, better by warm drink, cold in the nose, cough; no dyspnoea.
Sabadilla 30, 6 doses : first 3 doses 2 hourly and then 4 hourly.

16.5.55 —— Cough worse at night
Sabadilla 30, one dose.

1.6.55 —— Dyspnoea worse at night; no fever or throat complaint
Sepia 10m. one dose at bed-time.

**Note** : Where not stated, Placebo was administered freely in the form of pills (3 t.d.s.).

**Conclusion**

This patient is not cured as yet; but she has remissions of an increasing duration; the attacks of asthma are also milder as compared to the summer of last year. The constitutional remedy is repeated after every attack of asthma; the acute remedy is administered on the basis of Relationship and whenever acute throat symptoms are better with warm drinks. After the acute symptoms respond to Sabadilla, the constitutional remedy ought to be administered. By treating asthma cases on these

lines, one can expect progressive increase in the duration of remissions, and whatever attacks of asthma occur, those would be of lesser severity.

**Case No. II** (3490/54)

Miss K. P., aged 19 years reported in the Out–Patient Department of the Government Homoeopathic Hospital on 17.9.54 with the complaint of **Bronchial Asthma** since the age of 5 years. She was referred to the hospital by her farher (who was a physician) on account of the intractable nature of her illness and, as he was advised by his friends to try the homoeopathic line of treatment. There was a strong family history of bronchial asthma: the mother and two sisters were subjects of a severe type of asthma.

**The following symptomatology was recorded:**

1. **Bronchial asthma** since the age of 5 years; more severe for the last three years.
   (i) **Aggravations** · Afternoon, Eating after Full moon and New moon, Summer.
2. **Prodromata** : Itching in the ears followed by congestion in the throat, which was worse by cold drinks.

Nasal discharge followed the throat symptoms —— ASCENDING COLDS.

**Concomitants** :

(i) Pain, left side of the chest.
(ii) Pain, abdomen left side.
(iii) Eructations, worse after eating.
(iv) Vertigo and headaches, worse after washing head.
(v) Menstrual history

5, scanty, intermittent/30 dysmenorrhoea for 6 mths. Pain in abdomen and back during menses.

**The W.B.C. --- Total & differential count** was as follows :

W.B.C. Total Count —— Polymorph 46%
Diff. Count —— Eosino 21%
Lympho 29%
Mono. 4%

**Selection of the Remedy:**

**Sepia 1000**, one dose was administered on 17.9.54 at bed-time, for the following reasons :

(i) Nose, ascending into (B.S.K. P. 50–2)
(ii) Head Washing agg. (K.P. 233-2)
(iii) Moon, Washing agg. (B.G.A Card 173)
Merc. 1 + 1 + 0 Sep 1 + 2 + 2



**Follow-up Notes** :

20.9.54—— Flatulence less, Mild attack --- Placebo 11 P.M. to 8 A.M. discountinued Ephedrine since the 17th.

24.9.54—— No attack, no trouble in the throat, Sleep -- good, no gas or cough. L.M.P. on 12.9.54.

8.10.54—— Mild attack on 6.10.54 at 11 P.M. but could sleep; better early morning, no headache, cough or throat complaint, flatulence less, sense of oppression in the chest.

18.10.54—— Attack on 13.10.54, milder than on 6.10.54; but was from 3 P. M. to 4 A.M. Sepia was repeated in view of the longer duration and lesser remission.

(i) Sepia 1000 1 dose H.S. (ii) Placebo for 15 days.

5.11.54—— Attack on 26.10.54 (new moon day) from 9 P.M. to 7 A.M.; but was not required to sit up; could get sleep. Severity was less than on 13.10.54. No cold or pain in the throat.

Placebo.

15.12.54—— Mild attack on 9.12.54
Attack after five weeks was regarded as evidence of the waning influence of the drug; hence, Sepia was repeated.

(i) Sepia 1000 one dose H S.
(ii) Placebo for 15 days.

31.1.55—— Mild attack 15 days back (I) & (II)

21.2.55—— No attack (II)

23.3.55—— Mild attack on 28.2.55, 1.3.55 and 2.3.55 (I) & (II)

16 5 55—— No attack since 2.3.55 (II)

**Conclusion**

This is a long standing refractory case of bronchial asthma which was requiring daily maintenance dose of ephedrine in spite of which she used to have acute attacks at frequent intervals. Under the infuence of Sepia, she has recorded satisfactory progress over a period of 8 months. The period of remission between two attacks has progressively increased and illustrates the type of improvement that one expects in a long–standing chronic case. Another interesting feature of this case is that the patient's sister suffering from bronchial asthma (Case No. 1) recorded similar improvement under the same drug —— **Sepia**.

**Case No. III** (2322/54)

Shri B. D. C., aged 40 yrs. reported in the Out-Patient Department of the Government Homoeopathic Hospital on 28.6.54 with the complaint of **repeated attacks of common cold and sinusitis**.

**The following symptomatology was recorded :**

1. **Common cold of and on** for the last 20 yrs. Starts with pain in the throat and then **ascends in the nose :** Pain in the maxilliary & frontal sinuses ( tender to pressure ). Nasal discharge yellow; at times bloody discharge from the left nostril.

2. **Generalities and Modallties :**

Chilly : Bath — warm ; cold bath agg.
Fan agg.

Throat pain worse after cold drinks.

**Selection of the remdey :**

**Sepia 200**. 3 doses 2 hourly were administered on 28.6.54 on the indlcation of Ascending Colds.

**Follow up Notes :**

| | | |
|---|---|---|
| 5.7.54) — Better<br>21.7.54) | | Placebo |
| 4.8.54 | — Pain in the throat for 5 days,<br>Talking or cold drinks, agg.<br>Warm drinks amel. | Sabadilla 30, 6 doses:<br>1st 3, 2 hourly and<br>then 4 hourly. |
| 6.8.54 | — Better | |
| 20.10.54 | — No attack since 6.8.54<br>Pain left side joints.<br>Cold in the nose.<br>W. B. C. Total 9200 per c.mm.<br>Diff. Polymorph 62%<br>Eosino 8%<br>Lympho 28%<br>Hyaline 3% | Sepia 200, one dose<br>at bed-time. |
| 5.11.54 | — Cold better giddiness | Sepia 200 one dose<br>at bed-time. |
| 22.11.54 | — Pain in sinuses; no cold | Placebo |
| 8.12.54) —<br>5.1.55) | | Sepia 200 one dose<br>s.o.s. |
| 25.5.55 | — Relapse | Placebo |
| | | Sepia 200, one dose. |



**Conclusion**

The frequency of attacks in this case has been cut down significantly. In other words, increasing periods of remissions have been noted. The sinusitis appears to be on an allergic basis. The acute remedy is selected on the basis of relationship and throat complaints better by warm drinks. The constitutional remedy is administered immediately following the subsidence of rhe acute throst symptoms.

**Case No. IV** ( 4701–54 )

Smt. S. T. S., aged 30 yrs. reported in the Out-Patient Department of the Government Homeopathic Hospital on 6.12.54 with the complaint of **Mastodvnia** ( left breast ) for the last two months. There was similar pain in the month of March 1954.

**The following sympotology was recorded :**

1. **Breast :** Itching heaviness and pain for two months.
Menses, before, agg. (10–15 days)

2. **Menstrual History :** 2–4 days, scanty/21–28 days, irregular L.M.P. — 18.11.54/ for 2 months, Pain in abdomen, beck & legs — 1st 2 days of the menses.

5. —Pain in the breasts: agg. before menses.

**Obstetric History :**– 2 daughters 1st —— 6 yrs. Delivery
2nd —— 3 yrs. normal

4. **Severe Disappointment at having two female children**

**Marital History :** Fear of conception on account of the possibility of having a third daughter.

Fear of coition, aversion, to coition ; coition enjoyment absent.

Even previously she used to submit to the act out of a sense of duty to the husband and did not derive any plesure out of the act.

No marital connections since the birth of the last child 3 yrs. back; difference of opinion between the husband and wife about having more children. Husband has become irritable of late.

5. **Respiratory System**: ASCENDING COLDS starting in the throat for the last one month.

6. Throat pain— agg. by cold drinks and sour drinks.

7. **Skin** – Pigmented spots (brown & white) on the cheeks and nose, since the last delivery.

**Generalities**: Chilly patient; warm bath in all the seasons.

**Selection of Remedy :**

**Sepia 1000**, one dose was administered on 6.12.54 at bed–time for the following reasons :

(i) Ascending Colds, (ii) Skin Pigmentation, (iii) Marital mal–adjustment, (iv) Menstrual irregularity with scanty menses and agg. before and during menses, and (v) Chilly Patient.

Repertorization was not considered necessary with the above clear–cut symptomatology.

**Follow up Notes :**

27.12.54 — Pain stopped 4 days after Sepia 1000 on 6.12.54. L.M.P. on 8.12.54, 2 days, scanty, pain + pigmented spots on the face slightly more intense during menses.

Hoarseness —— Worse from exposure to the sun; nil for last 4 days.

Morning migraine — left side—7 a.m. (on waking up) 9 a.m. —— 7 to 8 days following the dose of Sepia. THIS WAS AN OLD COMPLAINT, but the intensity of headache was less. No headache for the last 10 days.

Sexual adjustment—— better; but, fear and aversion still present.

Placebo

4.5.55—— No pain for 4 cycles after Sepia on 6.12.54, Menses regular and flow better. L.M.P. 11.4.55.

**Relapse** of breast complaint following receipt of news of sudden accidental death of her husband's brother–in–law.

Sepia 1000, one dose at bed-time after menses.

**Conclusion**

This case demonstrates many of the multiple facets of Sepia and the response that follows the administration of the indicated remedy. The morning migraines (which the patient had forgotton to report) — an old complaint two year back — returned for a few days before it finally dissappeared. This clearly vindicates the choice of the remedy and fixes once for all the constitutional remedy in this case. These old symptoms that come up in a chronic case after the indicated remedy is prescribed, should not be prescribed for as they disappear of themselves; morever, any prescription at this stage will definitery spoil the progress of the case and has to be avoided at all costs. In evaluatjng the progress notes, every care must be exercised to determine the significance of the symptoms that crop up after the 1st prescription. In this connection, the importance of a well–taken history recorded in a chronological sequence cannot be overemphasised. In this particular case, the generals and concomitants guided towards the selection of Sepia and I was able to obtain the history pertaining to the marital maladjustment on further questioning the patient, knowing the mental and other features of aSepia patient : This advantage in unravelling the difficult case is denied to the practitioner of the regular school evan when he is interested in the case and is trained to take the history from the psycho–somatic



standpoint. Another feature of this case, which I failed to record so far is the fear that she has a lump in the breast, which on account of the pain may turn out to be cancer. Actually, this was the reason that brought the patient to the physician. This patient was sensible enough to accept the opinion of the physician that she hadn't any cancer and that the ailments stem from maladjustment to her environment. But one does come across cases in which a cancer–phobia take root. Well, this is the price we pay for the public propaganda conducted for the early detection of cancer, and I do not think that there is anything we can do about it.

**Case No. V** (3022–54)

Shri S. D. V., aged 27 years, reported on 13-8-54 in the Out-Patient Department of the Government Homoeopathic Hospital with the complaint of frequent attacks of **nasal colds**, with difficulty in breathing through the nose since the age of 6 yrs. Previous treatment included tonsillectomy and sinus punctures. He was advised operation for deviated nasal septum which, he was told, was responsible tor his symptoms. But one of his friends advised him against it and suggested to him to give a trial to homoeopathic line of treatment before submitting to an operation.

**The following symptomatology was recorded :**

1. **Ascending Colds** : Off. and on since the age of 6 yrs., more for the last 1½ months. nasal discharge, white for the 1st fortnight and then yellow. The attack accompanied by difficulty in breathing through the nose, which is worse at night on falling to sleep, and in damp weather.

2. **Generals** : Chilly — Bath, warm.

Thirst — Small quantities for.

Aversion — Cold drinks aud sour food.

Family relations strained with elder brother and sister-in-law over financial matters.

Patient is married for 4 yrs and is non-earning.

A student of architect's course, in the final year; no issue.

Tongue — white in the centre.

**The following investigations were done :**

1. Screening chest — clear.

2. W. B. C. Total & Diff. : Total – 10,000 per c. mm.

Diff. – Polymorph – 46%
Lympho – – 50%
Eosino – – – – 2%
Mono – – – – 2%

**The clinical diagnosis was ALLERGIC RHINITIS.**

**Selection of the Remedy :**

The following cards from **Boger's Card Repertory** were picked up :

| | | | |
|---|---|---|---|
| 245 — Sleep, falling to, or 1st agg. | ) | Ars. ) | |
| 60 — Dampness.....agg | ) | Pul. ) | These drugs |
| 36 — Chilly | ) | Sep. ) | showed through. |
| 186 — Nose and Accessory cavities | ) | Sul. ) | |

Pul. was excluded as the patient desired warm bath and warm food. Ars. and Sul. are not indicated for the rubric 'Nose ascending into' from Boger's Synoptic Key, P. 50.2.

**Sepia 200**, one dose was administered on 13.8.54 at bed-time.

**Follow up Notes :**

20–8–54 — Difficulty in breathing less by more than 50%; one nostril is always clear, difficulty in breathing present for ½ hour while going to sleep; nasal discharge yellow. Placebo

30–8–54 — Diarrhoea — 4–5 stools per day for 2 days. H-O having taken ground-nuts; tongue — whitish yellow; abdomen – distension.

No cold in the nose or other complaints Nux vom. 200 one dose, at bed-time.

10–9–54 — Immediate response to Nux vom. No obsruction, Sepia 200, one dose s. o. s. at bed-time.

29–9–54 — Absolutely normal; has not taken the dose given on 10–9–54.

**Conclusion :**

This case illustrates that no local treatment can be useful in the management of allergic rhinitis unless the allargic basis is treated simultaneously. Another important point from the diagnostic standpoint is that an allergic inflammation may exist in the absence of eosinophillia in the peripheral blood. This case again underlines the **'red line'** symptom in the symptomatology of Sepia — ASCENDING COLDS — which serves as a key in unlocking the case.



# Case Presentation And Case Discussion

**Dr. (Smt.) VISHPALA PARTHASARATHY**, L.C.E.H.

The earlier issue had dealt with a study of a case of Sepia. Today we shall take up another study of a case, working out the evolution of the mind and the repertorial analysis, to the final synthesis of the remedy. Since this will be the second such study undertaken in the 1982 series, we would like our readers to send in their views.

PLAN OF PRESENTATION :

1. COMPLETE INDIVIDUAL HISTORY, including the life situation and development from childhood onwards.

2 CASE ANALYSIS AND SYNTHESIS :

   A. Discussion of the patient's mental traits leading to the development of the personality structure.

   B. Repertorial Totality and working, differentiation of the indicated group of remedies.

   C. Planning and Programming of Treatment.

3. A brief FOLLOW–UP of the case and CONCLUSION.

Case Reference – VP/B/51/80

1. CASE HISTORY :

Shri H. L. B., 25, is an Engineer employed in a Textile Mill. He is married six months. Wife, 23, B. A., is a housewife. Father is 51, working with Air–India. Mother is 47; Brother 24, married and working in Dubai.

Patient reported on 11.12.'80 for chronic flatulence since six years, more since a month. Abdomen gets bloated with dals and fried food. A. F. irregular meals during his stay in U. S. A. for his studies. > morning > Flatus After.

Other complaints are daily sore throat with hoarseness; daily headaches since 1978, with almost continuous pain in temples : ∠9–11 a.m., $SUN^3$, > Coffee, not better pressure.

Occasionally he also gets Right shoulder dislocation from playing tennis. X–Ray shows a curvature of Humerus Head which readily slips out. Occasionally gets constipation with dry stools, and no urge for two days.

All discharges are offensive, including perspiration, urine, flatus and bad breath. Teeth CARIES after '76 caused by excessive Coca–Cola in U S. A. Perspiration profuse, especially face and hair. Partial colour–blindness, with 0.5 Astigmatism.

Patient is HOT, likes monsoon, winter, full fan, yet covers feet. He is dark, MOLES all over, nails white spots, the nails ridged. He is 5ft 11. in. tall and obese, weighing 95 kg. Appetite and thirst excessive, especially at 6 p.m. Craving EGGS[3], Coffee[2], SALT[3], SWEETS[3]. He is averse to bathing, due to laziness – goes only when pushed. Sleep good. Dreams of greatness. Sex is normal.

**Milestones** : Teething 4 mths., Talking 1 yr., Bottlefed till 5 yrs !

**LIfe Situation :**

Father in Air India, therefore subject to frequent, International transfers. Patient is the first son born in 1954. He has one younger brother. As a child he had few fears; travelled alone in a London bus at 6 yrs.! He always settled his own scores with friends, never got bullied, and never tattle-tailed to Mother. Possessive about his mother (and after marraige about his wife!). Active in SPORTS[3]– Tennis, Badminton, Bridge, Crosswords. Good at studies in school – obtained a Scholarship. But after leaving Australia, he attended college in Bombay, but here his performance took a severe drop and in B. Sc. he could obtain only 45%! This grand total could not get him admission in Engineering college; till finally, an uncle in U. S. A. arranged for him in Montana University in U. S. A. There, to reduce the financial burden on his father he also worked as a waiter, while obtaining his degree. This led to very erratic eating hours, and was the cause of many of his ailments. Now, after graduation in 1979, he is back in Bombay, lives with his parents and works in a textile mill, but is unhappy as the scope is limited, work is light and not enough to keep him occupied – so feels frustrated. So, though while he was in U. S. A., he was homesick and longed to get back, now because of the unsatisfying work situation, he is even considering going back. He had an arranged marraige six months ago, and enjoys a close relationship with his wife, and is quite possessive– the only bone of contention being her 'too frequent' visits to her parents ! He is generally an easy going type, sociable, but avoids large crowds; has one or two close friends. Fond of music. A stickler for punctuality.



He has a good relationship with his mother; but with father he has drifted away, especially since his marraige. Younger brother married a rich girl, and lives in Dubai, so father tends to compare.

F/H; Father: Piles, peptic ulcer, tonsillitis, fistula and prostate. Mother: sinusitis, disc lesion, obesity. Maternal grand–mother : Diabetes; Paternal Grand–mother : Hypertension; Brother: Measles, Mumps. Paternal luncle: congenital Heart Disease operated P/H: Jaundice.

## 2. CASE ANALYSIS AND SYNTHESIS

A. Now let us evolve an understanding of the **mental development**. Here you have a child, subject, from an early age, to ever–changing environment – people, countries – able to hold his own, adjust and becoming prematurely independent – travelling alone on a London bus at six years : Does not need or call for parental support when in trouble with peers. He also demonstrates strong attachments and possessiveness – mother – and a need for emotional stability to give out his best perfomance; –as seen by his excellent scholastic and sports record in Australia; and the severe drop in performance in college in Bombay, where he probably did not adjust well to the situation.

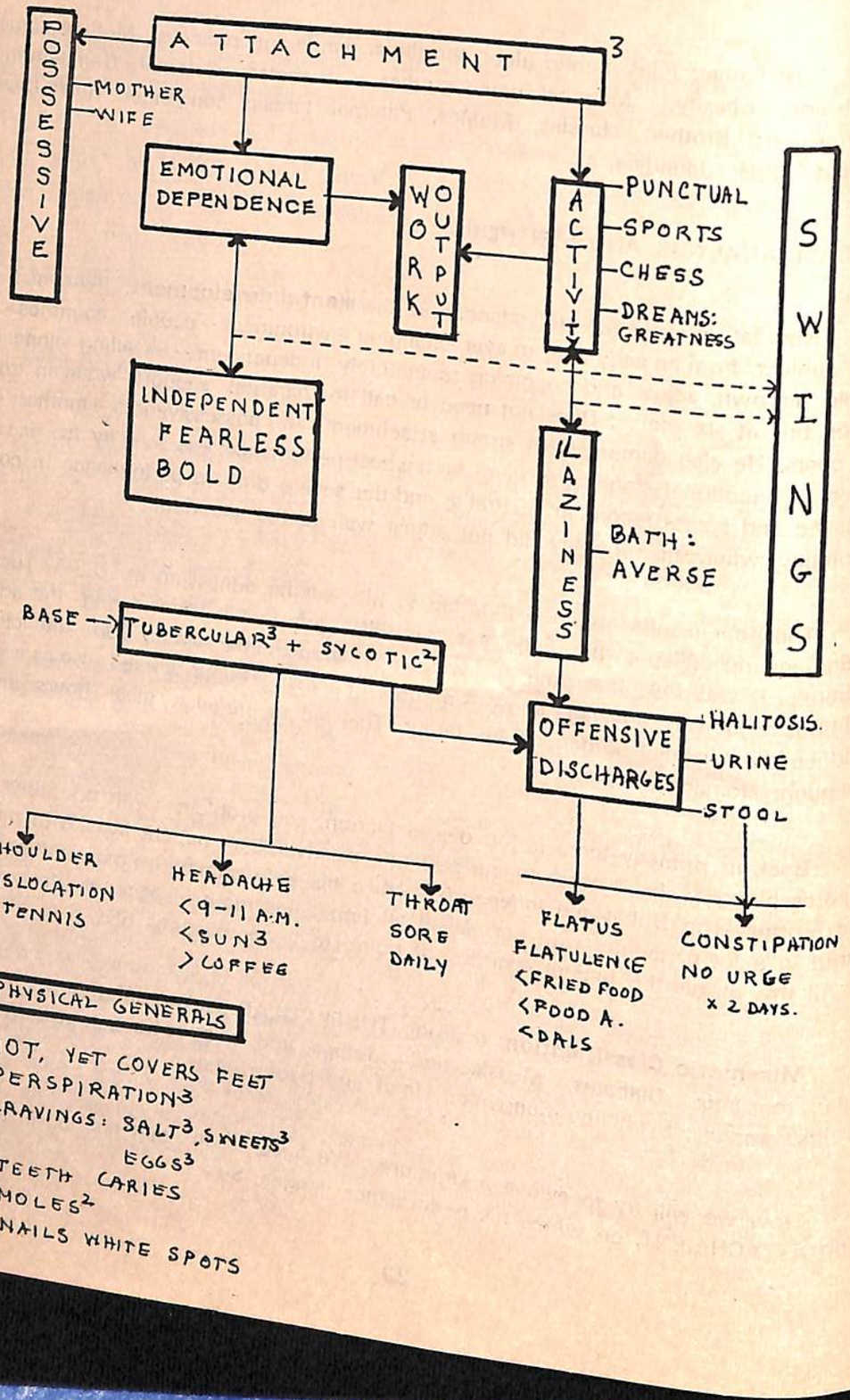
The poor results obtained thus led to his seeking admission in U.S.A. There in the Engineering college, he acquitted himself fairly well, considering the adverse conditions. It was the first time he was away from home alone; also the climatic conditions were very adverse– snow 8 months in a year. Yet he worked also as a waiter to reduce the financial burden on his father. This led to irregular meal hours and the consequent stomach problems.

Back in Bombay there is job dissatisfaction, and problems with his father, who compares him with his brother to the patient's disadvantage: patient lives with parents, while brother is in Dubai and independent. Also his wife, coming from a wealthy family brought in a lot of money with her. All in all father has more respect for the younger son. All this makes the patient desirous of going to better pastures of U.S.A.

**Miasmatic Classification**: a strong TUBERCULAR back–ground with F/H piles, fistula, tonsillitis, Diabates, Measles and Mumps; and a **sycotic** belt with Obesity, Sinsuitis, prostate; Syphillitic–Congenital Heart and peptic ulcer.

Now we will try to evlove a structure. We have seen that his basic trait is strong ATTACHMENT, on which his performance hinges. So–

STRUCTURE :




**B. Repertorial Working:**

| | | | |
|---|---|---|---|
| 1 | A. F. ATTACHMENT Loss of | 2 | Hot patient |
| 3 | Sun ∠ | 4 | 9–11 A. M. ∠ |
| 5 | Fried ∠ | 6 | Dals ∠ |
| 7 | Obesity | 8 | Aversion bath |
| 9 | Craving: SALT | 10 | Craving SWEETS |
| 11 | " EGGS | 12 | Feet covers |

Translating the above into the Reportory language, we have:

**Repertorial Totality:**

| | *Rubrics* | *Reasons* | *Page Rep.-Kent* |
|---|---|---|---|
| 1. | Excitement, emotional ailments from | Causative Emotional Modality | B–279 |
| 2. | Warm, agg. | Physical General Modality | 1412 |
| 3. | Sun, from exposure to | " " " | 1404 |
| 4. | Forenoon | Time Modality | 1341 |
| 5. | Food, Fat, agg. | Causative Physical Modality | 1363 |
| 6. | Food, beans and peas | " " " | 2" |
| 7. | Obesity | Physical General | 1376 |
| 8. | Bathing, Dread of | " " | 1345 |
| 9. | Craving: SALT | " " | 486 |
| 10. | " SWEETS | " " | 486 |
| 11. | " EGGS | " " | 485 |
| 12. | Uncovering, ∠ | " " | 1222 |

**Group of Remedies** which come out of the repertorial filter:

**Acute :**

| | |
|---|---|
| Bryo | $10^{20}$ |
| Puls: | $8^{18}$ |
| Ars. A. | $6^{10}$ |
| Carbo. V | $5^{11}$ |
| Merc. S. | $5^{6}$ |
| Arg. Nit. | $4^{11}$ |

**Chronic Hot**

| | |
|---|---|
| Calc. D. | $10^{19}$ |
| Sulph | $8^{18}$ |
| Nat. M. | $8^{17}$ |
| Kali | $6^{8}$ |
| Lyc. | $5^{12}$ |
| Lach. | $4^{7}$ |
| Mag. M. | $5^{5}$ |
| Tub. B. | $2^{3}$ |

**Selection of Remedies**

**Constitutional :** In this case, the appreciation of the mind with strong attachments, a disturbance in which leads to a drop in performance; the swings of Activity and Laziness, the Independence, together with the Physical data ∠ Sun, ∠ Forenoon, the strong craving for salt. Hot patient yet covers feet – all this leads to the selection of Natrum Mur as the Constitutional Remedy.

**Acute :**

1 Flatulence : ∠ Fried and Dals. Pulsatilla comes up high even in the repertorial working. Carbo Veg can also be considered.

2 Colds, coryza with profuse sneezing – Arsenic Iod. since patient is hot.

3 Headache : Patient gets daily, so no acute remedy required unless the severity is marked – then Bryo. can be used. Otherwise the Constitutional Remedy itself will help.

**Intercurrent** : We have already discussed the Family History which shows a strong Tubercular base– so Tuberculinum Bov will be required periodically in the quiescent phase.

C. PLANNING AND PROGRAMMING :

**Acute :**

1. Pulsatilla 30 – 4 hourly/S. O. S. – Flatulence
2. Arsenic Iod. 30 " – Colds
3. Bryonia 30 2–4 " – Headaches

**Constitutional**

Natrum Mur 30.

**Intercurrent :**

Tuberculinum Bov 1M.

3. FOLLOW UP :

| Date | Symptoms | Comments | Prescripttion |
|---|---|---|---|
| 12–12–'80 | Not Acute Stage | So Chronic ℞ | Nat. Mur 30 for 3 nights till Headache => |
| 18–12–'80 | Was >. 16th–Coryza[3] | Acute | Ars. Iod. 30 4 hourly/SOS |
| 23–12–'80 | Cold >. Throat, Flatulence Headache better Constpation–strains + | Acute => ∴ Chronic ℞ | Nat. Mur 30 3 nights/SOS |
| 26–12–'80 | >[3] – all complaints | Quiescent Phase – | Tub. Bov 1M one dose |
| 1–1–'81 | >[3], also bathes regularly ! | | Report S. O. S. |



After this patient has kept quite well except for an occasional acute episode. He has now gone to U. S. A. and reports off and on from there.

CONCLUSION :

This case effectively demonstrates not only the importance of a Total Study – the mind and the body; but also the understanding of the phase in which the patient presents. Here, no Acute Remedy was required. The Chronic Remedy which was the exact Similimum, made short work of all his long standing complaints, and only a few doses were sufficient to put him right. Effective Homoeopathic Practice is not based on "The Rule of Thumb" – single dose, nor multiple repetitions – it is based on a proper study of each case and the judgement of the Sensitivity and Susceptibility of the patient, which allows one to put into practice aphorism 2 of the ORGANON.

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# Glory be to Homoeopathy

**Dr. Leo Rebello**

Oh Homoeopathy, the Science of Health
More precious than all the human wealth
Deeper we go, the more do we find
The more we study, keener becomes the mind.

In Germany Dr. Hahnemann brought you forth
For two centuries people know your worth
You have captured the hearts of eminent men
They resort to you when it's beyond their ken.

A man comes to you with broken health
After spending elsewhere all his wealth
You hold him in your cordial embrace
And the disease leaves without a trace.

New and modern, bubbling with vigour
Studied by students alert and eager
You heal alike the rich and the poor
And turn away the death by your cure.

Even Allopathic doctors resort to you
They find in you something useful and new
You are a science modern and true
Whatever might be the others' view.

May every patient be cured by you
To every devotee, may you prove true
May you be a boon alike to the rich and poor
May your future be bright, firm and sure.

Time has come to gain your glory
And continue further your glorious story
May hundreds of students learn at thy feet
May under thy dome they take their seat.

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# The Phenomenon of Suppression

DR. MAGANLAL B. DESAI

*[ Late Dr. MAGANLAL B. DESAI had written and spoken on various occasions. All his essays, talks and notes have been collected, arranged and edited by his friends, DR. (Smt.) SARLA SONAWALA of Bombay and DR. P. I. TARKAS of Akola.*

*– Editor ]*

The concept of life–force with the cycle of birth and death of the organism through which it has to play the role of a living being, is not at all mechanical. The soul under the impress of past life seeks, through its intuitive faculty, a circumstance resembling its own image and yields to the cycle of existence. The life thus germinated has triple factors to mould itself into a living entity :

(1) Influence of the former life.

(2) Inherent quality of the soul.

(3) Effects of environment during the course of life.

The life evolving out of such wide and diverse factors is essentially away from a state of perfect health. Following the instinct of survival, the organism adapts to varied environmental influences, and every stage of adjustment is marked by its own complex. The conglomeration of these complexes exists in the system as the dormant state of ill–health, termed susceptibility. Of all the complexes, the inherent ones are most stubborn, as they exist in life at its inception and so incorporated into the constitution.

The continual exposure to the untoward environments as well as the incessant drain on resistance employed against them, further deviates the functioning of the life–force. Such anomalies, if occasional, could be adjusted without stress or leaving any impress on the harmony of life.

No ailment can take its root independently. The organism carries within its soil, a germ to favour it. This germ – the stigma – is termed "Miasm", hence Psora, Syphilis and Sycosis are three miasms responsible for all human ailments on the earth, each one of them having its specific mode of manifestation.

The vital force subjugated under the morbid influence of the miasm has to function under the impediment, and this state of life is called "Background". It is the state of latent threat, to become active at an opportune time.

What is "Suppression"? The word implies a condition to be suppressed, and some agent to cause suppression. Moreover, the living organism works up its defences to halt the disease at every stage.



Suppression occurs when the acute manifestations are torn out of their context of chronic links and treated singly with a view to writing them out of sight.

To understand the process of manifestation of suppression. one has to take cognisance of the conditions under which a disease manifests itself. Susceptibility – the sensitive focus of the biological radar–like complex – when excited, yields to mould the external adverse impressions into ill–health. The discomfort experienced under the unaccommodative circumstances, finds its expression as symptoms. These symptoms in reality represent :

(1) Disease phenomenon.

(2) Resistance of the organism.

(3) Eliminative attempts of the defence mechanism.

Hence any disease–condition, if tackled by crude medication, or even by homoeopathic palliative method, will weaken the resistance of the organism. The nature then will reconcile under stress. The disease–force and the medicinal force will have their sway over the region captured, to consolidate their position for further onslaught on the resistance. Nonetheless the general order of the system is maintained, yet the poverty of resistance to the unaccommodated circumstances will be noticed throughout. Suppression denotes a state of defeat of the organism.

The medicinal poisoning is no doubt responsible for the suppression as it opens out the channel for the disease to penetrate as deep as the medicinal influence. Higher the effect of medicine, greater is the suppression and deeper are the inroads of the disease

The role of inherited miasmatic background need not be undermind as it is ever alert to play its role at every available opportunity. Hence suppression in alliance with the background can impoverish the resources of the organism that are pledged for its survival.

Most of the aberrant immunity responses, as created by suppressive measures, are necessarily iatrogenic.

*(To be continued)*

## Food for Thought and Reflection

" Even if you are on the right track, you'll get run over if you just sit there. "

* * *

" Great minds have purposes, others have wishes. Little minds are tamed and subdued by misfortune: but great minds rise above it. "

* * *

" There is sufficiency in the world for man's need, but not for man's greed. "

* * *

" The most powerful weapon on earth is the human soul on fire. "

# Rural Health Service – Financial Schemes

D. O. No. P. 18015/23/80–RHD

Government of India
Ministry of Health and Family
Welfare, Rural Health Division
New Delhi, Dated the 20-9-81

N. N. VOHRA
JOINT SECRETARY

Dear Sir,

As you are aware, the Government of India as well as the Stata Governments attach great importance to the strengthening and enlargement of health services in the rural areas. With this objective, the State/U. Ts are offering a number of incentives to the medical practitioners, to attract them to serve in the rural areas.

Our Ministry had also taken up the matter with various Banks, to ascertain details of the various financial assistance schemes offered by them. From the replies received, we find that Banks offer assistance to the medical practitioners, including practitioners of Indian Systems of Medicine and Homoeopethy, who establish practice/ nursing homes in the rural or semi-urban areas in the country. A statement indicating details of such incentives is enclosed for your information.

We shall appreciate it very much if you would please consider affording the widest possible publicity to the financial assistance schemes offered by the Banks, with a view to attracting a growing number of medical practitioners to the rural areas.

Yours sincerely,

Sd/– N. N. VOHRA

## SCHEME OF FINANCIAL ASSISTANCE TO MEDICAL PRACTITIONERS

### 1. State Bank of India

The State Bank of India extend financial assistance up to Rs. 25,000/– to Medical and Dental Graduates (including doctors of Indian systems of medicine and Homoeopathy) in rural or semi-urban areas. A medical practitioner/dentist owning or establishing a clinic/nursing home is financed for purchase of equipments, as also medicines or premises upto a maximum of Rs. One lakh.

### 2. Bank of Maharashtra

The Bank of Maharashtra have a scheme, under which any person who is a qualified doctor and who has registered himself as a medical practitioner is eligible to



get financial assistance. The quantum of term loan shall not exceed Rs. One lakh to doctors setting up practice in urban, semi-urban and rural areas. The repayment of loan is in 5 years and the rate of interest is 13% to 14% per annum The borrower has to open a Recurring Deposit a/c and maintain regular accounts of expenditure and income

### 3 Allahabad Bank

The Allahabad Bank have a scheme for providing financial assistance to Indian doctors, returning from abroad for setting up their own clinics in India. Qualified doctors wishing to return from abroad and to set up clinics in the country are eligible for financial assistance under the scheme. The scheme is also applicable to doctors in India who have qualified from recognised Indian Medical Colleges. The maximum limit of loan for setting up a clinic in rural areas is Rs. 50,000/– and that in urban or semi-urban area Rs. 1,00,000/–. The rate of interest is 13½% upto Rs. 25,000/– and 15% above Rs. 25,000. The entire loan is to be repaid over a period of five years, to be effected by monthly/quarterly instalments.

### 4. United Commercial Bank

The United Commercial Bank have a scheme under which medical practitioners who desire to set up a clinic or nursing home are eligible for financial assistance and the maximum limit of loan is Rs. 1,00,000, depending upon the minimum needs and repaying capacity of the borrower. The loan carries interest at the rate 12.40% per annum. The maximum limit of instalments for the repayment of the loan is 36. For the present, the scheme is applicable to practitioners of Allopathic medicines only. The matter of extending the scheme to medical practitioners following Ayurvedic, Unani and Homoeopathic medicines is under consideration. The assets acquired by the borrower should be properly insured.

### 5 Bank of India

The Bank of India have a scheme for financial assistance to medical practitioners under which need based loans upto a maximum limit of Rs. 1,00,000 are given to qualified registered medical practitioners for setting up clinics. Repayment of loans is spread over a period of five to seven years in monthly/quarterly instalments. Rates of interest on the advances range from 11% to 13% per annum. The scheme is also applicable to doctors of Indian systems of medicine and Homoeopathy.

### 6. Indian Overseas Bank

The Indian Overseas Bank extend financial assistance ranging from Rs. 5,000 to Rs. 8,000 to young medicos for setting up practice in rural or semi-urban areas. The loan is repayable in 30/40 instalments and the rates of interest range from 13% to 14% per annum. The Bank also extend financial assistance to doctors of Indian systems of medicines to meet their need based requirements. The scheme provides assistance for living expenses also, besides equipment and medicines.

### 7. Union Bank of India

The Union Bank of India provide financial help to doctors for setting up dispensaries at rural centres and for purchase of equipment and medicines, by giving loans upto a maximum limit of Rs. One lakh. The Bank also finance doctors and chemists under the Half a Million Jobs Programme and different rates of interest schemes, provided they meet the stipulations of the scheme. Rapayment has to be done in 36 equal instalmants, spread over 38 months, with interest @ 13.50% to 16.15%. The number of persons/units to be financed by the Bank and allocations in the credit plans in their lead district for a period of 3 years has been provided by the Bank.

### 8. Punjab National Bank

The Punjab National Bank offer assistance to doctors practising in various systems of medicine. The Bank offer assistance to qualified doctors to the extent of Rs. 20,000 for setting up new practice and Rs. 90,000 to those already in practice. Loans upto Rs. One lakh are also available for setting up Nursing Homes in urban areas. The Bank also offer assistance to doctors to purchase scooters or motorcycles, even though they do not borrow from the Bank for setting up practice. The rate of interest is 12½% per annum.

### 9. Canara Bank

The Bank have formulated a scheme for credit assistance to doctors. The facilities are available for the purchase of equipment, medicines, essential furniture and transport vehicles (cycle or scooter). The quantum of assistance ranges from Rs. 3,000 to Rs. 5,000. The loan carries interest at 15½% with ½% rebate for prompt payment. The Bank, however, offer concessional rate of interest of 12½% in case of advances to unemployed doctors for setting up practice in rural areas. The maximum number of instalments for the repayment of the loan is 36. While extending assistance, no distinction is made between Indian Medicine and Homoeopathy.

### 10. Syndicate Bank

The Bank have a liberalised scheme viz. Self–Employment Scheme for financing educated persons, desirous of taking up self–employment. Under this Scheme the Bank extend finance from Rs 5,000 to Rs. One lakh to doctors who are setting up clinics, without insisting on additional security guarantors, margin etc. There is also provision to finance doctors of Indian systems of medicine and Homoeopathy. The rate of interest will be 10½%, with a rebate of ½% for prompt repayment.

### 11. Dena Bank

The Bank have the following schemes for the purpose of rendering financial assistance to doctors for setting up clinics, especially in rural and semi–urban areas.



1. Scheme for concessional financial assistance to dental surgeons for establishment/expansion of dental clinics in rural and semi–urban areas. Under this, loan assistance upto a limit of Rs. 20,000 at an interest rate of 13% p. a. is available.

2. There is also a scheme in collaboration with the Government of Maharashtra to assist general practitioners/graduates or diploma–holders in Allopathy or other branches as recognised by the Medical Council of India. Under this scheme, term loan upto a maximum of Rs. 10,000 carrying interest @ 13% to 14% is available for establishment of dispensaries/clinics in the mofussil areas of Maharashtra.

3. Scheme to encourage unemployed Ayurvedic graduates (B. A. M. S.) to set up dispensaries in rural and semi–urban areas of Gujarat. Under this scheme, loan assistance is available upto Rs. 3,000 bearing interest at 13% per annum for the purpose of purchasing tools, equipments etc.

### 12. Central Bank of India

The Bank have a scheme for financing medical practitioners (including doctors of Indian systems of medicines and Homoeopathy) upto a maximum extent of Rs. One lakh to help them to set up their dispensaries, consulting rooms etc.

### 13. Bank of Baroda

The Bank have a scheme for financing medical practitioners. All the qualified doctors, including those of Indian systems of medicine and Homoeopathy, are eligible for credit facilities under the scheme. The loan assistance is available upto Rs. One lakh bearing interest at 12% per annum.

### 14. Vijaya Bank

The Bank have a scheme for medical practitioners, veterinary surgeons, dentists including a pharmacist to assist them to persue and develop their professional skills independently for their gainful self–employment. The total financial assistance should not exceed Rs. 50,000 per individual.

### 15. Indian Bank

The Bank have a scheme for qualified doctors/Registered Medical Practitioners setting up medical practice for improving existing clinics/nursing homes/for purchase of of equipment upto a maximum of Rs. One lakh, carrying interest @ 11.85%.

### 16. State Bank of Indore

The Bank have a special scheme for extending financial assistance to medical and dental graduates who propose to set up their practice in semi–urban and rural areas. The rate of interest varies from 11.85% to 13.50%, depending upon the amount of loan.

17. **State Bank of Mysore**

Medical and dental graduates are eligible for loans. The scope of the scheme can also be extended to cover qualified medical practitioners following Ayurvedic, Homoeopathy, Siddha and Unani systems of medicine. The entire financial requirements of the medical practitioner to set up his practice would be met by the Bank. The rate of interest is 16.10% p.a. subject to fluctuations as per directives of RBI. All assets charged to the Bank should be fully insured against fire, at the borrowed expenses, in the joint names of the Bank and the borrower.

18. **United Bank of India**

Qualified and registered doctors holding degrees/post-graduate diplomas recognised by I.M.C. will be eligible for the facility. Dental surgeons registered on the dentists' registers of the respective State Dental Clinics and having a current certificate issued by Dental Council of India (essential pre–condition) are eligible. The loan amount will not exceed Rs. One lakh. (The limit of loan is being considered for an upward revision.) Minimum 13½% p.a. interest will be charged besides tax on interest. (A downward revision in interest rate is being considered.) The loan amount will have to be repaid by a maximum of 60 instalments. Insurance policy in the joint names of the Bank as well as the borrower as covering risks of fire, strike, burglary, etc. will have to be taken.

19. **Corporation Bank**

The Bank finance doctors and registered medical practitioners who want to conduct professional practice of their own. If the borrower is a firm, everyone of the individual partners should be medical practitioners. The rate of interest is 16.15% p.a. for small loans (Scheme 1971) and 13.35% p.a. for advances which cannot be brought under the Small Loans Scheme 1971, payable at quarterly rests within a period of 5 years.

20. **Oriental Bank of Commerce**

The Bank provide financial assistance for setting up maintenance clinics, consultancy offices including library, for having uptodate knowledge in their field, upto a maximum of Rs. 50,000. The amount has to be repaid within a period of 36 months with interest at 13.50% p.a. for capital investment in priority areas and 15.10% p.a. for other purposes.

21. **New Bank of India**

The Bank have a scheme for financing anybody who is trained in any art in medical line, i.e. physical (external and internal) mental case and holds either a degree or diploma. The maximum limit of loan is Rs. One lakh which has to be repaid within 5 years, depending upon the nature of limits and income of the borrower from the proposed investments. The rate of interest varies from 13.5% to 16.15% p.a.



22. **State Bank of Bikaner**

The Bank have a scheme for medical and dental graduates. Persons having qualification and experience in Unani and Siddha systems are also eligible for assistance. The medical graduates will be getting an amount of Rs. 25,000, dental graduates Rs. 22,000, persons experienced in Unani medicines Rs. 9,000 and that of Siddha system Rs. 10,000. The loan will be repayable in 18–24 months, with interest at 14% p. a.

23. **State Bank of Saurashtra**

The Bank have a scheme to assist medical and dental graduates in setting up their practice in semi–urban and rural areas where medical facilities are not adequate. A loan of maximum Rs. 25,000 for medical practitioner and Rs. 22,000 for dentist can be granted, carrying interest 1½% over State Bank advance rate minimum 10% p.a.

24. **State Bank of Hyderabad**

The Bank finance doctors/dentists for setting up their practice in semi–urban areas, where they have better prospects and where medical facilities are not adequate. The dispensary/clinic should not be far away from the office of the Bank i. e. it should be within a radius of 15 k. m. from the office. The maximum limit of advance for a medical practitioner is Rs. 25,000 and for a dentist Rs. 30,000, with interest at 0.65% below State Bank advance rate minimum 15.65% p.a. The repayment period for a medical practitioner/dentist is 7½% to 8½ years including 1½ to 2 years start up period.

25. **State Bank of Travancore**

The Bank have a scheme for medical and dental graduates for setting up their practice in rural and semi–urban areas. Medical practitioners following systems of medicines other than Allopathy i. e. Ayurveda or Homoeopathy having recognised qualifications are also eligible. The dispensary/clinic should be within the limits of the Municipality or panchayat or a radius of 15 k ms. from the branch. The aggregate limit should not exceed Rs. 25,000 in any case. Normally no margin is to be retained. The repayment period including start up period of 1½ to 2 years is extended upto 7½ years for a medical practitioner and 8½ years for a dental graduate. Financial assistance is extended to medical practitioners for the purchase of jeeps/motor vehicles, if the need for a private transport is established to the satisfaction of the Bank and he does not already own a vehicle.

26. **State Bank of Patiala**

The Bank have drawn up a special scheme to meet the credit requirements of medical practitioners expeditiously. The amount of loan will depend upon the requirements of each individual, but it should not exceed Rs. One lakh, both for purchase of equipment as well as working capital requirements. The period of repayment should normally not exceed 5 years but in no case 7 years. Insurance against loss or damage by fire and theft of stocks/equipment constituting main security will be obtained in the joint names of the Bank and the borrower.

# Queries From The Readers

**Dr. TULSI KUKREJA**

R.M.P., Delhi–110034

A lady – 22 years old – had recently recovered from chickenpox; she came to me for advice that she had been running 2 months' pregnancy now; and the lady doctor had advised her to go in for an abortion, as her chickenpox may have some effect on the baby. Since chickenpox is a virus disease, it must perhaps have no effect on the baby. Kindly give your advice and suggest what medicines would be better for smooth delivery and that there should be no effect of chickenpox.

**Editor** : The answer to this specific query would be a general one on account of the time–lag. The chickenpox virus is not known to be teratogenic, as is the virus of German Measles (Rubella) which is definitely proved to be causing Congenital Heart and other anomalies. The virus of Mumps and Influenza is suspected to be teratogenic but not positively demonstrated. The mother who has developed chickenpox in the first trmester of pregnancy should be allowed to carry to full term. Harrison has reported mild infection in the new–born babe, as well as intrauterine death; but, the latter has not definitely been demonstrated to be due to chickenpox. If the mother has developed chickenpox in the last trimester of pregnancy, there is a likelihood of the new–born being born with Congenital chickenpox, or at least within few weeks. The mortality of Neo–Natal chickenpox is, however, higher than in an older infant or in an older child, and has to be treated vigorously.

As regards the medicines for the smooth delivery of the child, the **constitutional remedy** should be given to the mother during pregnancy at intervals, as per the demand. **Caulophyllum** – 6, 12 or 30 given during the last trimester, especially during the last month, has the reputation to effect an easy delivery. These should be given twice or four times a day. **Pulsatilla – 10M**, frequently administered at the onset of labor promotes uterine contractions and eases labor and quick delivery. **Refer**: Yingling's Accoucher's Manual. The Editor has had remarkable success with Pulsatilla, earning for him the nickname of 'the doctor with the delivery pills'. It has the reputation of even rectifying the abnormal presentations of the foetus in the maternal womb. For Uterine Inertia and Rigid Os, refer to the appropriate rubrics in Kent's Repertory and Yingling, and act accordingly.

There is no homoeoprophylaxis for any disease; so also with chickenpox. Kent in his 'Lectures on Hom. Mat. Medica' mentions **Tub. Bov.** as a prophylactic on infants and children born of tubercular parents. Please refer the same for the dosage schedule. The nosodes have been administered in appropriate infectious diseases, but their prophylactic actions have not been positively demonstrated.



Dr. K. Vaidyanathan, (Deputy Chief Engineer)
Research Dept.,
Indian Telephone Industries Ltd.,
Bangalore–560 016.

....It is found that the articles are mostly very abstract and academic in nature in the Journal, Jan.–March 1980 issue. It will be useful if more articles of a practical and down–to–earth nature, which actually help practitioners, are included.

**Editor** : The query comes from one holding a responsible post in the research dept. of an Engineering Institute. The term 'mostly' in the query has not been specified. Accuracy is the hallmark of a research student in the scientific field. This lacuna is amazing. Will the questioner kindly specify precisely the articles he has in mind, so that the Editor will pass on the query to the authors of those articles for an appropriate reply ? As oft repeated by the Editor, theory and practice go hand–in–hand, like the inseparable Siamese twins; witness – Theoretical & Applied Physics/ Mathematics. But more when the articles are clearly specified.

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## Food for Thought and Reflection

" Truth is a gem that is found at a great depth; whilst on the surface of this world all things are weighed by the false scales of custom. " **—Byron**

* * *

" In learning to love one's country one but learns to love humanity the more. "

* * *

" There is a purpose to all existence, just as there is a purpose to your existence. Learn that neither purpose is antagonistic to the other. "

* * *

" I heard flowers that sounded, and saw notes that shone. " **—Saint-Martin**

* * *

" Nothing is so contagious as enthusiasm : it is the real allegory of the tale of Orpheus; it moves stones, it charms brutes. Enthusiasm is the genius of sincerity and truth accomplishes no victories without it. **—Sir Edward Bulwer-Lytton**

* * *

" The magnetism of pure love is the originator of every created thing and a man, free from worldly incentives and sensuality, may cure the most 'incurable' diseases. "

# Abstracts & Extracts

**Pill Users Warned :**

The risk of heart attacks from past use of birth control pills is concentrated among older women who smoke and who were in their 30s when taking oral contraceptives, researchers in New York have reported.

There is no evidence of a residual risk of heart attack among women who had used the pill when they were younger ( under 30 ) and then stopped, said a report in "Family Flanning Perspectives", Journal of the Alan Guttmacher Institute on Monday.

*The Times of India, 5.5.1982*

**Drug Overused : Chloromycetin,** the specific drug against Typhoid fever, is being grossly overprescribed with dangerous consequences, according to Dr. Kabra of Ajmer Medical College. In studies conducted by several workers of all the drugs that may cause depression of blood–forming cells, Chloromycetin is the commonest cause of fatal aplastic anaemia, he says.

The indiscriminate use of the potent, but potentially toxic drug, by the qualified allopathic and the unqualified practitioners, and the virtual over-the-counter sale, is responsible for the increasing number of aplastic anaemia in the country, Dr. Kabra says.

**Cancer – A Family Syndrome**

Chicago, May 22 (UPI): People who suffer from cancer may be victims of a "family cancer syndrome" characterised by chromosome defects or inherited diseases that result in cancer, researchers say.

National Cancer Institute doctors who detected an unusually high incidence of breast cancer, soft–tissue sarcoma and other neoplasms in members of four different families, said the combination of malignanices may constitute a family syndrome.

Drs. Fredderick P. Li and Joseph F. Fraumeni, of the N.C.I. reported in the current issue of the Journal of the American Medical Association that they found 52 cancers among 40 of 57 individuals in the four families.

More than half were breast cancers and soft–tissue sarcoma, while others included acute leukaemia, nerve tissue tumours, and cancers of the lung, skin, pancreas, throat and prostate.

Eight members developed two or more primary cancers, the two physicians reported.

Thirty–six members of the families died, all but three with cancer. Among the 21 survivors, six currently have one or more malignancies.

Although no chromosomal defects were found, Li said the distribution of the cancers "follows a common patten of inheritance" and suggested "family cancer syndrome".

Exposure of family members to a cancer–causing agent in the environment could have caused some of the cancers. Interaction between genetic and environmental factors also increase the incidences of cancer within a family, Li said.

*Indian Express, 23.5.1982*



**Cancer Detection Test**

A quick simple method of detecting cancer by analysing a patient's urine with an enzyme extracted from soyabean sprouts has been developed at Nagoya University. This method, it is said, not only makes it possible to conduct a large number of tests in a short period of time, but also serves as a means of finding out how effectively anticancer medication is working and whether cancer has recurred after surgery.

In this test method, the amount of an organic substance called **polyamine in the urine** of the patient determines whether cancer is present or not. Other methods of detecting cancer by checking the amount of polyamine are already in use, but these methods are time–consuming and require expensive equipment which can handle only one specimen at a time. In the new method developed at Nagoya University, a few dozen specimens can be tested simultaneously, and the test takes only three hours. So far, the polyamine tests have been found highly accurate in testing breast cancer, stomach cancer, and cancer of the liver, pancreas and gall–bladder.

The state of cancer–cell growth within the patient's body can also be detected from the amount of polyamine in the urine. This is helpful in determining the degree of effectiveness of the anti-cancer medication being prescribed for the patient in finding out whether cancer–cell removal was complete or whether the cancer has metastasized in patients who have undergone surgery. The new test method can be thus used for both the detection and the treatment of cancer.

However, the method cannot be used on pregnant women, and also fails to detect cancer in the early stages.

*The Times of India, 24-5-1982*

**Drug Addiction**

According to the U. N. Narcotics Control Agency, drug addiction is on the rise all over the world, with the younger generation increasingly turning to stronger drugs (The Times of India, 30-1-1982). In its report for 1981 published in Vienna in January this year, the agency called for a massive public opinion drive to combat drug abuse, noting that concern for the 'young' victims no longer meant only adolescents but also children. This is certainly disturbing.

The report states that addiction is on the rise for all drugs : opium. heroin, cocaine, cannabis and amphetamines and other synthetic drugs. To make things worse, a flood on the heroin market is expected, as there has been a bumper poppy harvest last autum.

The problem is indeed grave. It is universal, socially contagious and apt to lead to crime. The drug habit is worse than alcohol for man's psychic condition and his moral and spiritual growth. Wine and spirit-drinking is only less distructive to the development of the inner powers than the habitual use of hashish, opium and similar drugs.

# Third World Congress Of Alternative Medicine

**19th to 24th October, 1982, Colombo, SRI LANKA (Ceylon)**

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"Allopathy is not the last word in the field of the healing art. Despite its striking success in the field of Anaesthesia, Surgery and Acute Diseases, it has failed miserably in the treatment of Chronic Diseases, wherein the drugs used have acquired handsome notoriety by way of toxic side-effects. It has created more drug-diseases than it has cured, earning the pompous name of 'Iatrogenic Disorders'. WHAT IS THE ALTERNATIVE ?"

To discuss this, experts from all over the world are meeting at Sri Lanka from October 19 to 24, 1982, at the THIRD WORLD CONGRESS OF ALTERNATIVE MEDICINES. To be held at the famous Bandarnaike Memorial International Conference Hall, Colombo, it is sponsored by the World Health Organisation; The Academy of Traditional Chinese Medicine, Peking ; Medicina Alternativa, France, and organised by the Sri Lanka Institute of Acupuncture.

The Congress will deliberate on Acupuncture, Ayurveda, Akabane, Chiropractice, Chinese traditional medicines, Common Herbs, Diet Therapy, Electrotherapy, Ginseng, Home Remedies, Homoeopathy, Hypnotherapy, Hydrotherapy, Macrobiotics, Massage, Music Therapy, Osteopathy, Physiotherapy, Shiatsu, Siddha, Tai Chi-Chuan, Unani, Yoga Therapy and several other alternative healing methods. There will also be work-shops on many of the above topics.

The Congress proposes to raise funds to award a Nobel Prize in Traditional Medicine, annually.

Those wishing to participate may register their names with Dr. LEO A. REBELLO, *Chief* of Publicity, Third World Cangress of Alternative Medicine, at 3/2 Jakeria Estate, S. V. Road, Malad (West), Bombay 400 064, on or before 10th July, 1992.

**Dr. LEO A. REBELLO**
Chief of Publicity
INDIA


# Indian Journal of Homoeopathic Medicine

(Published Quarterly by the Homoeopathic Education Society)

EDITOR : **Dr. K. N. KASAD,** M.B.B.S. (Bom.), M.F. Hom. (Lond.)

ASSISTANT EDITOR : **Dr. (Smt.) Vishpala Parthasarathy,** L.C.E.H. (Bom.)


| | |
|---|---|
| असतो मा सत्यं गमय | Lead me from the false to the true. |
| मृत्योर्मा अमृतं गमय | Lead me from mortality to immortality. |
| तमसो मा ज्योतिर्गमय | Lead me from darkness to light. |
| आ नो भद्राः क्रतवो यन्तु विश्वतः | Let noble thoughts come to us from every side. |


Vol. 17 July – September 1982 No. 3


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The views and opinions expressed by the various writers do not necessarily coincide with those of the Editors.



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EDITORIAL

# Homoeopathic Materia Medica

## A STUDY IN PERSPECTIVES - II

In our last issue we dealt with the sources and the types of the homoeopathic materia medicas available. To handle this massive data and to facilitate our study, retention, easy recall and ready application at the bedside, different methods and approaches have been evolved in the course of time through experience. An adequate understanding of the drug implies and demands :

a) Ability to evolve an undistorted, characteristic conceptual image from the mass of symptoms, the 'Portrait of the Drug–Disease'.

b) Ability to progressiveiy differentiate similar conceptual images – the study of the Remedy–Relationship at the levels of the symptoms, miasms, pathology, etc.

c) Capacity to assimilate additionai data and newer clinical interpretations and correlations so that a progressive improvement in the conceptual image is assured.

d) Ability to recognise the conceptual image at the prodromal stage of an illness when definitive treatment can abort it.

e) Ability to evolve a plan of treatment that takes into account the clinical data in all its ramifications and the Relationship of Remedies; this involves the pre–selection of the acute, the chronic, the intercurrent and thc anti-miasmatic remedies.

f) Ability to divine cryptic clinical data, pathological as well as emotional, taking a clue from the pathogenesis of the drug.

Multiple disciplines of knowledge can be availed of by us in our attempts at understanding of the drugs. The classical approach is **from the known to the unknown** as well illustrated by Charles Wheeler. This approach affords no scientific explanation of the drug effects, but enables us to have an easy grasp and recall. The Inorganic Homoeopathic Materia Medica is susceptible to the **Chemical, Bio-Chemical** and **Physiological Approach**, as first presented by Otto Lesser, who tried to group elements in relation to their chemical properties. This approach, however, does not give us the prescribing totality of the drug, but facilitates understanding. The biochemical and the physiological role of the essential elements of the human body gives us an idea of the location, sensation and pathology, when considered along with the symptoms due to the poverty or the excess of the element. The Natrums, Kalis, Calcareas,



Magnesias, Iodium and Iodides, Halogens in general, Phosphorus and Phosphates, Ferrums, etc. are eminently amenable to such a study. The recent advances in Biochemistry of the known elements, and further, of the **'Trace Elements'** in the human body afford us an additional help; e. g. Zincum, Manganum, Cuprum, Nickel, Cobaltum, Silica, Sulphur, etc. The Inorganic World of the Elements with their effects is incorporated actively by the Vegetable and the Ainmal Kingdoms through their association with organic compounds principally derived from Carbon, Hydrogen, Oxygen, Nitrogen, Phosphorus, Sulphur and the Halogens. Many of the effects of the drugs in these two kingdoms are due to elements; e. g. Constipation of **Lyc.** is derived from its content of **Sil;** many of the effects of **Sep.** are due to its inorganic contents of Calc., Mag., Sul. and Zinc. Our understanding improves radically if we could understand with total clarity the chemical composition of the Drugs we employ at the level of Structure and Structural Relationships that obtain in the crude preparation.

**The Periodic Table of Elements in Inorganic Chemistry** affords a fertile field for study of Inorganic Materia Medica. It is an expression of Similarity in Nature and was conceived of on the basis of similar groupings of elements on the basis of their qualitative expressions. The properties of the Kations and the Anions can be perceived in a Group as well as individually in the Group. The Anion effects will appear stronger with the steady shift of the Kations to the middle ground of the Periodic Table. **Carbon** is the most neutral and will affect least the Kation in the combination; the **Carbonates,** thus, are the 'representative types' in the Homoeopathic Materia Medica. The **Halogens** are the most active negative Group and leave a strong impress on the Kation. We have in this Group the Fluoride, Chloride (muriate), Bromide and Iodide. Phosphorus, Sulphur, Arsenic, Nitrogen with the assistance of Oxygen provide a set of combinations tnat modify the action of the Kation in the direction of the properties exhibited by these Anions. Silica also comes in this category. The **Acids** are a class by themselves with common properties; so also the **Bases**. We find that certain clusters have similar effects : the physiological cluster of Na., K., Ca. and Mg., and the Alkaline Earths. The radioactive elements also have similar effects, such as **Radium** and **X ray**, which belong to the imponderable realm of Nature; so also **Magnetism** and **Electricity**, mentioned in Allen's Nosodes. In practice, this **Group Approach** in the study of the Inorganic Materia Medica becomes very useful; we first identify the Kations as the basis of our Group, and then individualize the drug in the Group on the basis of the Anion as the differentiating field. Kent has hinted on the concept of **Synthetic Prescribing,** in his lectures on **Ferrum-phos** and **Kali sulph**. The study of the drugs along these lines proves very useful in clinical practice, in mixed–up, messed–up cases, especially when these cases are worked out along the lines of classical Repertorization. The reference to the materia medica should always be resorted to in the final phases.

A variant of the Physiological Approach is the **Endocrinological Standpoint,** from which the drug–picture can be evalued; e. g. **Sepia** – on the basis of relative Oestrogen deficiency and Androgen preponderance.

The **Pharmacological Approach** also enables us to comprehend readily some of the locations and types of changes induced by the drugs like **Bell.** and **Nux-v. Strychnine,** the active alkaloid of Nux-v. can also be studied along these lines.

The **Toxicological Approach** is especially suited for poisonous substances in Nature; abundant data exist in this direction. Snakes, Spiders, Milks, heavy metals such as Arsenic, Aurum, Mercury, Lead, Silver, Phosphorus, Gelsemium, Agaricus, etc. These effects furnish us with a good idea of the Locations, Pathological changes, Scope and Sphere of application, as well as coarse indications of drugs in clinical practice.

**The Doctrine of Signatures or Analogy** enables us often to relate some of the drug–effects to the characteristics of the substance or source or to its natural habitat. Snake venoms, Spider venoms and Sepia, as well as Pulsatilla and Gelsemium thus can be studied and effectively presented.

**The Language of Universal Symbolism** as presented in Analytical Psychology by Edward Whitmont is another viewpoint of study as carried out with **Sepia**.* Most of us are not well conversant with this Language, very much in use in Religion, Philosophy and Mythology, hence its limited use. Thomas Paschero's presentation of some of the drugs as reported in the British Hom. Journal on the philosophical basis of Existentialism is also worth noting. Important case histories have been analysed along these lines.

The study of the homoeopathic materia medica essentially a study in Differential Diagnosis, and not of isolated drugs. It is based on the Interrelationships existing in Nature on the basis of Similarity–Dissimilarity between the substances. Study by **Grouping** drugs together for their similar effects or their opposite characteristics has proved rewarding in practice. The books of Homoeppathic Therapeutics illustrate the similar grouping; the differential study of the repertorial analysis is another instance of such a study. This provides a vast field of Comparative or Differential Materia Medica. It is in this field that the **conjoint study of the materia medica and the repertory** is found to be very useful. Substances from a similar source tend to have similar effects. The **Relationship Section in Boenninghausen's Therapeutic Pocket Book** illustrates a comparative evaluation of drugs on the basis of Similar grouping. This is invaluable in the planning of homoeopathic therapy, short–term as well as long-term. The similarity may be at the symptomatic, pathologic, diagnostic, miasmatic and phasic (acute, chronic, intercurrent) levels of the disease process, as well as the individuality behind the disease. The latter includes Typology (Constitution and Diathesis).

The evolution of the **'Drug Picture'** or **'Portrait'** out of the mass of building blocks, the symptom–data, in the homoeopathic materia medica has been well demonstrated by Kent and Tyler. Pulford's Key to the homoeopatic materia medica also illustrates the same idea under the 'Essentials' and the 'Characteristics'.

*(Hom. Recorder, 1949, p. 230) and (British Hom. Journal, July 1950, Vol. XL, p. 163)



The characteristic symptomatology can be grouped under the **Trinity** of :

i) Chief Complaint ii) Concomitants iii) Patient as a Person: i.e. the characteristics of the individual behind the disease in both the general as well as the particular sphere, which would not be regarded as symptoms or complaints. This approach is illustrated fairly well in Guernsey's 'Haemorrhoids', Bell's 'Diarrhoea', Robert's 'Rheumatic Remedies' and Allen's 'Fevers'.

The picture of the patient in his illness can also be analysed under the caption **Conceptual Image'**; it may be considered under the following :

i) Framework : Cause – precipitating as well as predisposing.
ii) Form : Aggravations and Ameliorations.
iii) Individuality : Mental, Physical Generals and Pathological Generals
iv) Differentiation : Characteristic Particulars (P–C–R–S : peculiar, queer, rare and strange, strong, striking, singular)

This has been succinctly brought out by Dhawale in the textbook, Principles and Practice of Homoeopathy, Vol. I, Homoeopathic Philosophy and Repertorization. The Approach; Cause to Effect; Generals to Particulars.

A variant of this approach is the **Key–Note Approach**, well illustrated by Lippe, Guernsey first, and Allen later. The three–legged stool of two Characteristic Generals and one Characteristic Particular should be borne in mind. This is often much abused in practice at the expense of the total dimensions of the drug pathogenesis in its panoramic perspective. Key–Notes are no substitute for the full, comprehensie and diligent study of the Hom. Mat. Medica.

The **Nosodes** should be studied not only from the historical perspective (the past and the family history), but also from the standpoint of their acute and chronic dimensions, as well as an opening dose and not as the usual intercurrent. The prophylactic use of the nosode **Tub-bov.** through the clinical experience has been projected by Kent in his 'Lectures' on Hom. Mat. Medica.

Systematic study of a drug in all its aspects coupled with a critical clinical application develops newer correlations and interpretations, especially in the field of Psychosomatic Medicine. A critical re–study of the Source–Books at this stage, along with the interpretations of the various authors and the study of journals occasionally leads us to the central theme of the drug that logically relates the various aspects of the drug–picture and thus simplifies our understanding of it. This central theme or thread has been termed by Tyler **The Genius of the Remedy**. Thus, **Sepia** is a subject at variance with the self and the environment; **Nux-v.** as one who craves all the good things of life but is unable to enjoy the same; and **Lyc.** as an intellectual aristocrat with standards to maintain, a perfectionist and a connoisseur who insists on the best of everything, who brooks no opposition in any form and whose ailments sally forth from mortification.

**The Miasmatic Approach** is another useful one, where the data in the materia medica could be arranged along the four miasmatic levels of Psora, Sycosis, Tubercular and Syphilis through the three stages of Normality, Diathesis and Disease, as well as through Pre-Disposition to Disposition to Expression. **The Evolutionary Totality** of a drug can thus be achieved as conceived by Hahnemann and represented in the Standardized Case Record as evolved by the I. C. R., Bombay, on Pgs. 68 to 77. Total Integration has thus been achieved of the disease process in Time-Space Continuum – the causal axis, the concomitant axis and the phases. The multi-dimensional reality totality has been sought to be represented on the two-dimensional surface, which itself presents intrinsic difficulties of its own.

**Boger's View of the Drug-Totality** as represented in his 'Synoptic Key' has been discussed exhaustively in the I. C. R. Symposium Volume on The Hahnemannian Totality 1978, Area D-2. Atlas, Areas A-1, B-2, C-1, D, F (whole section) and G could be utilized wifh immense profit by the interested reader bent on the study of the matsria medica in extent as well as in depth. Boger's is essentially an Analytic Approach, with total representation of the data in all its evolutionary aspects. The Synthesis has to be achieved by the human mind that has to dwell on it so as to be able to conjure up before the mind's eye the 'Image' of the Drug so difficult to translate on paper, but which can be experienced. The Atlas and the Area F – Papers F-2, 4-8 and F-11 present the Concept and Method of Structuralization of tne Hom. Mat. Medica which combines in a rational manner the Analytic as well as the Synthetic Methods of study supported by clinical appreciation derived from the Life Situation of of the patient. An extension of the Method is **'Synthetic Prescribing'** first introduced by Kent, through the use of his intuitive faculties. But all these again can be followed sagely only by those fully conversant with the Concept, Method and Techniques of Repertorization and Boger's Approach to the Totality. Perceiving the enlarged Frame of Reference for the Mind and its application to the Structuralization of the Mind from the mass of symptoms recorded in the Hom. Mat. Medica, evolves the **Central Perceiving** well emphasised by Kent for appreciating the Genius of the Remedy. This has been futher evolved as the **'Gestalt'** view of Direct Synthetic Perceiving without the intermediate analytic process and 'Centering' around the central core – projected through a series of Case Material of the patients with full details of the life-situation. An attempt is made during the discussion at the I. C. R. Symposia on the Hom. Mat. Medica ('Living') where the situation is provided wherein there could emerge the 'Gestalt' of the Remedy during the course of the discussion in the mind of the participants who have worked upon the cases provided, as an actual experience.

Perceiving the Hom. Mat. Medica in Depth as well as in Extent demands the multidisciplinary approach stated above. Unfortunately there are no short cuts to 'Perceiving' this treasure; and it does not permit the slipshod and perfunctory manner of functioning by the Perceiver – the Physician.

# Suppression

## Philosophy & Management in Homoeopathic Practice*

DR. MAGANBHAI B. DESAI H.M.B. (Cal.)

INTRODUCTION
MAN : EVOLUTIONARY CONCEPT
VITAL FORCE : EVOLUTIONARY EXPRESSION – HIERARCHIAL PATTERN
SUPPRESSION : PHILOSOPHY & RECTIFICATION
- Vital Force and Suppression
- Theory of Suppression
- Phenomenon of Suppression
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- Suppression : Effects
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CONCLUSION

### INTRODUCTION

Hahnemann discovered the Law of Similars and gave us a reasonable account of it in 1810 in **Organon of Medicine,** after nearly 20 years of critical experience of practice. Hahnemann took many years to organize his clinical experiences in the management of chronic diseases. We do get a glimpse of it in the **Organon of Medicine**. Hahnemann could present us his **'Theory of Chronic Diseases'** in 1828. It took him quite some time to reflect on the clinical evidence before him and to check the results of his formulations before he could, with confidence, address himself to the profession.

Homoeopathic profession has always found it rather difficult to accept Hahnemann's views on Miasms. Structuring successfully Homoeopathic Practice on the Miasmatic Approach to Disease has been a difficult proposition to all, except a few.

*Edited by Dr. M. L. Dhawale, Hon. Director, I.C.R., Bombay.

We shall examine in adequate detail the Philosophic basis of Suppressions and how this guides accurately the Homoeopathic Physician to discover cure in full accord with the Law of Direction of Cure (Hering).

Our experience indicates that no cure can ever be delivered in Homoeopathic Practice unless the suppressions are brought to the surface and the toxins eliminated from the system.

It is not possible to understand anything pertaining to Hahnemann's views on Miasms unless we have a clear understanding of how Vital Force functions to maintain health and how its deranged state is reflected in disordered expressions in different planes, levels and regions. Further, we need to find out the how and why of this state before we can hope to restore health in the best possible manner with least trouble and possibility of relapse/recrudescence.

## MAN : EVOLUTIONARY CONCEPT

Life evolves through diverse forms over a period of time. Evolution is change in a direction allowing better functional competence. This is achieved through greater differentiation of structure, so that the evolution always proceeds from simple to progressively complex structure. This change demands continuous application of Force which is achieved through expenditure of Energy.

We need to understand Evolution as a manifestation of the Principle of Causation that expresses itself in 'Cycles', each cycle being a self–ordained Phenomenon lasting over a span of time. We thus experience a continuum – arrival, evolution, devolution and destruction – and wonder : the Why of it all.

What starts the whole business ? Why the innumerable forms ? Why and how the step–ladder of evolution ? These questions have involved Philosophers as well as Scientists. Explanation of life has baffled both.

The following intuitively perceived view of life appears to commend itself as affording the best possible explanation for Health, Disease, Recovery and Cure :

1. The **Vital Principle** seeking experience, descends into our physical universe to establish itself as an individual entity.
2. The **Vital Principle** expresses itself as **Vital Force** that animates the structure to deliver diverse functions through various forms.
3. The structure itself we appreciate through our preceptive faculties as two distinct entities :
   a) Mind
   b) Body

This erroneous appreciation on our part produces a fundamental dichotomy, that results in a serious consequence – the Mind / Body Problem of Inter–Relationship.



4. Thus, the Individual is available to us as an entity in constant functional inter–relationship with the Environmental Forces.
5. These Forces deliver to the system certain experiences, stored as Memories.
6. Experience alters the reactivity and through the operation of Freedom and choice which the system claims and the Environment supplies, we discover a directed movement which we appreciate as change.
7. These 'Memories' (**Sanskaras**), through the Principle of Causation, act as a determinator of Experiences that still lie in the Future and thereby permit satisfaction of desires unrealised, which exert a tremendous drag on the system.
8. This drag, the system can reduce only through passing through the experience specifically capable of satisfying the peculiar susceptibility expressed as cravings – Physical as well as mental.
9. These cravings can be satisfied only through contact with an environment capable of satisfying them.
10. When such contact is not possible, the system has to adapt – has to compromise – to settle for a less satisfying experience.
11. These leave a void, a state of imbalance in the system which is reflected in the altered susceptibility, not visible outside. This we could regard as a dormant form of unhealthy state.
12. Same unhealthy state is also produced through Forces in the surroundings which are uncongenial, inimical to the substenance and evolution of the Vital Force. The Vital Force continues to seek its destiny and in the unequal fight is forced to come to terms and survive at a lesser level of functioning conceding valuable ground to the inimical forces. The new adaptation, though silent, is achieved at the cost of vitality and renders the system highly susceptible to a host of other inimical forces, not capable normally of affecting adversely the system. Quite often the vital force throws out on the surface troublesome manifestations of the continued fight within. We try to get rid of these troubles by whatever means are at our disposal. The troubles are got rid of, but at a price – of vitality. We are rendered weak and fall a prey to the inimical forces around by developing continued troubles of a progressive chronic type.

This unhealthy, hidden state of susceptibility, which when confronted with difficult environmental forces beyond the capacity of the system, gives rise to the evolution of progressive dysfunction of internal organs and followed by appropriate structural disorders we term Miasm. Hahnemann related these to heriditary as well as environmental influences of a detrimental order; he further classified them as originating from non–venereal as well as venereal diseases. He thus identified for us the Miasms of — (1) Psora, (2) Sycosis and (3) Syphilis. Later on, we find the definition of a new Miasm – Tubercle with its distinctive properties and

features. Experiencs of clinical practice allowed us to focus our attention on various drugs employed readily in Allopathic as well as Ayurvedic practice for immediate relief of complaints. Even drugs given in Homoeopathic Practice can act as suppressive agents when they are not truly similar to the patient.

All these experiences are readily verifiable by the critical clinician who is disposed scientifically.

We shall now try to discover a rational explanation for this clinical Phenomenon. We can discover it **only** if we are able to analyse the evolving functional competence of the vital force as reflected in the system Mind – Body.

## VITAL FORCE : EVOLUTIONARY EXPRESSION – HIERACHICAL PATTERN

Vital Force expresses itself in a definite hierarchy that signifies order in nature. Any deviation from this pattern definitely denotes disorder. This, unless speedily rectified, manifests itself in a progressive disease expressing superficially and peripherally as a **Primary** disorder of function leading **secondarily** to gross structural disorder. The latter, when it occurs beyond a critical level, produces a reinforcing action to further adversely affect function. A vicious, progressively eccentric dynamic disorder is thus set up. The disharmonic vibrations produce a mobility of the *'Centre'* giving rise to a trajectory of the mobile system. This is an expression of the loss of central control and is of an erratic order. Regular frequency and intensity of expression and a response proportionate and adequate to the qualitative and quantitative aspects of the environmental stimulus is lacking. Thus, all the fundamental and essential demands for the evolution of a progressive chronic destructive disorder are satisfied.

The **Hierarchy of Function** of the Vital Force we can define as under:

(i) From the highest to the lowest in terms of complexity of Function;

(ii) From the centre to the periphery;

**and**

(iii) From Depth to the surface.

In interpreting this, we must follow the principles of evolutionary Embryology, especially the Principle of differentiation, that gives rise to specialization. We also need to take into account the common origin of the Nervous System, Skin and Mucous Membrances from the Ectoderm. Further, the close interdependent and reciprocal relationship that obtains between the Mind and the Brain we cannot afford to forget.

All cellular function is related to Metabolic processes and these determine the overall functional competence of the system. Assimilative and degradative processes, their balance, delivers the equilibrium for the reactivity essential to maintain the system in a state of Repair.



Eliminative Functions from the Skin, the mucous membranes, the Urinary Tract, the Gastro–Intestinal Tract and the Respiratory Tract are important for the Balance. But the actual transport is Mechanical and does not participate directly in the origin and early evolution of any disorder.

Exocrine glandular function is related either to the maintenance of functional competence of the Envelopes – Skin and Mucous Membranes of the Body – or to the competence of the processes of absorption and assimilation. (Metabolic Function).

Endocrine glandular function is concerned with the basic cellular susceptibility and thus governs the fighting and adaptive capacity of the system.

The Reticulo – Endothelial system is also a glandular one and is vitally and directly connected with the maintenance of Equilibrium. Its adequate functioning is an expression of the normalcy of metabolic and eliminative functions. Any interference with these naturally will throw this system into disarray and promote progressive disorder of increasingly wider functional significance.

Progressive and extensive functional incompetence effects the basic supportive structure of the body – collagen and connective tissue–derived from the Mesoderm. These form the basic pathological structural change in most of the chronic Diseases.

The only means available to the system to rectify structural defects is to clean them up through scavenging action and relacement of lost cells. Such replacement is possible only when the cells are not highly differentiated functionally. Otherwise relacement is with much inferior tissue like fibrous tissue which later organizes itself into a scar. Collagen is the least differentiated tissue and thus has few options by way of response to insults. Thus, diverse etiologic factors produce a common end–point.

Inflammatory response is the scavenger having recognizable effects, local as well as general.

Since rectification demands inflammation, therapy has to induct it, but within the limits of tolerance of the system.

All rectification implies travel backwards till normalcy in restored – a painful, troublesome business. It is our responsibllity to proceed with this in an efficient businesslike manner, seeking co-operation from all concerned.

Our therapy, of course, should never be worse than the disease. This limitation, were we to observe strictly (and 'Hahnemann wants us to be gentle'), would go a long way to render Homoeopathy more acceptable and less feared than it is currently.

We are thus able to define the Hierarchial pattern as under:

1. Vital Force expresses itself **first** through the **Mind** – will and understanding.
2. **Brain and the Nervous system** are the control system through which the Vital Force operates through the medium of the Mind. The controls are the last to yield to an onslaught.
3. **Metabolic Order** is the **third** Hierarchial expression which is vitally concerned with repair.
4. **Transport System**: though important, does not have a direct role to play and gets involved **Secondarily** only.
5. **The Envolopes** (skin and mucous membranes) and **Eliminations** along with the **Fighting Machine** bear the first onslaught. Hierarchially, they are way down although functionally their competence is all–important. Their incompetence can have grave consequences.

Smooth functioning of the Vital Force down the line allows balanced Expression, to Functions leading to competent functioning in relation to Time and circumstance. This is Health which we are committed to restore to our patient.

Free expression, thus, is essential for the Evolution as well as adequate maintenance of Health.

Conversely, suppression of Free Expression, by whatever means, would guarantee the Evolution of disorder terminating in destructive Diseases.

We are now properly equipped to understand the Philosophy of Suppression and their Rectification.

## SUPPRESSION – PHILOSOPHY & RECTIFICATION

### VITAL FORCE AND SUPPRESSION

Vital Force is the Energy that drives the System. The System gives rise to characteristic Expressions at the level of the functioning of the Mind as well as that of the Body. We have already studied the Hierarchial Pattern which is available to to us as observers. This taken together gives us the Totality of Experience. We term this the Constitution which is known to us **primarily** through the responsiveness to the Environmental circumstances and **secondarily** by the attributes, mental as well as physical. Clarity in these Expressions is available only when there is no impedence to the drive delivered by the Vital Force. As soon as impedence is met with, eddies are inevitable and result in dysfunction leading to incompetence. The easiest way to



produce this will be by blocking the Expressions at the surface. We often do it through the administration of drugs to get rid of troublesame peripheral/local effects. Similar effects can be had when, in an already depleted state, the system is called upon to give a protracted battle to inimical environmental forces that are strong.

### THEORY OF SUPPRESSION:

The Theory of Suppression implies the presence of :

(i) A thing or some material to be suppressed;

(ii) Agent causing suppression; and

(iii) Resistance on the part of the system which was faulty in the sense it could not halt the process at the surface but halted it at a deeper level after conceding considerable ground to the forces inimical to the system.

### PHENOMENON OF SUPPRESSION

The phenomenon of Suppression occurs when effects are considered singly or out of context and regarded as worthy of elimination through active effort that only helps to delink the acute manifestations from the chronic base which is responsible for their expression. Once this delinking occurs, further orderly expression of effects is rendered an impossibility and confused expression, recognition and ineffective management become inevitable.

Under the circumstances described, we could regard the manifested symptoms as belonging to :

(i) Disease – phenomenon;

(ii) Resistance of Nature, and

(iii) Resultants of Disease that require to be eliminated out.

The inimical forces consolidate their position in the new ground now under their survey to later on mount an attack with renewed vigour and reinforcements. During this period of lull, the system appears to be functioning normally, but the total absence of assistance to inimical environmental forces will be evident throughout.

This compromise results from the acceptance of the influence of disease as well as that of medical agents or against that of Nature. It is thus a state of revolt – progression towards chaos.

All curative efforts will have to take this into account and imply a travel in a direction reverse from that of chaos, so that order gets restored progressively. During this phase resultants of Disease will need to be eliminated through the Envelopes and orifices. Re–establishment of Discharges and Re-Appearance of suppressed old expressions of Disease, necessarily must occur during a successful "Operation Cure".

**MEDICAL POISONING AND SUPPRESSION :**

Medical poisoning is no doubt responsible for suppression and the degree and consequences are determined jointly by :

(a) the power of medicine to penetrate and produce effects,

(b) the nature of the inherited as well as acquired Miasmatic influence that materially alters the susceptibitity.

Mechanical interference in acute troubles will cause a shift to another place while maintaining the same pattern (metastasis). The order of plane is not changed.

In chronic troubles, however, the Disease progresses on account of low resistance in the following manner, altering the plane-involvement and effecting a reversal of direction. Thus, we find affection proceeding from the surface to the centre, from below upwards and from less vital to the more vital organs. Plane–involvement is characterized by the maintenance of links on both sides.

**SUPPRESSION EFFECTS :**

Suppression produces diverse effects as under :

(i) **Superficial :** Involvement of the Envelopes and Muscular plane only expressed externally as functional disturbances only.

(ii) **Severe :** involving essential metabolic functions, circulation and the glandular apparatus. These together affect the channels of Excretion and adversely determine the efficiency of the Fighting Machine and repair process.

(iii) **Inflammatory States :** (non–malignant) – leading to tissue deposits.

(iv) **Wasting States :** in which general resistance capitulates and the system accepts extinction by stages. These, we can sub–divide as under :

(a) **Elimination :** of faulty tissue with or without the intervention of fever and general repair response.

(b) **Tissue decay :** e. g. gangrene. Both are evidenced by pus formation and we should be careful to avoid missing one state for the other.

**SUPRESSION LIMITS :**

Since the Vital Force expresses itself through the Nerve Structure and Suppression proceeds from the periphery to the Centre, the 'Nerves' are the last to offer resistance, no further road is available.

By contrast, any intermediary plane can offer transmitting and transforming capacity. The expressions associated with these, therefore, are susceptible to change e. g., glandular expression shows alterations, (taste, perspiration, salvation). By contrast, poisoning does not alter expressions of the Nerves like cravings and aversions, sleep, positions during sleep, modalities, etc. (e.g. in mercury poisoning).



Since the Nervous system is the primary channel of expression, no further avenues of expression are available on the event of suppression. If we infer that in a particular instance the expressed manifestations on the surface are a result of suppressed nervous disorder, then no lasting cure is available unless we succeed in bringing back these manifistations in the original form, though in a lesser intensity. The remedy selected, when it covers both these aspects, acts in a curative manner.

Physical expressions in other channels can remain dormant till suitable environmental circumstance capable of drawing them out become available. Not so with Nervous Expression. They can never be rendered dormant, their suppression is immediately reflected in a disorder at the surface.

Current symptomatic expressions are not the origins of disease. It is essential that our enquiry faithfully retraces patiently the course followed so that the origins are uncovered and the reason (suppression practised) is clearly understood as the **fundamental cause** (**Organon of Medicine** § 5) and dealt with judiciously with the assistance rendered by the potentised Similar remedy repeated in a suitable manner so that the suppressed poison is drawn out to the surface and eliminated through the various channels detailed earlier.

We must convince ourselves first of the absolute necessity of conducting ourselves in this manner before we are able to present ourselves effectively to the patient, his relatives and friends. This is so because this phase of cure can be really troublesome with all sorts of running manifestations on the skin and mucous membranes as well as through the orifices. These not only discourage but also may assume frightening proportions. At this stage, the temptation to again resort to suppressive measures is great. Everything is lost and the patient is doomed if in this state of reactivated Vital Force Suppression is resorted to in an effective manner through the reintroduction of drug agencies.

Before we proceed further to secure clarity of understanding essential for effective Homoeopathic Management, we need to clear up certain issues/misunder–standings :

1. **The dormant stage of the Disease :** how and when it becomes active by itself and the role it plays.
2. The disease–force, after striking a new balance with the Vital Force, continues as a tendency to behave in a devious, detrimental manner.
3. This deviant manner of behaviour is seen in an acute from at the slightest provocation or apparently without anything in the surroundings accounting for the same. This is so because of the poor state of resistance and the precarious balance left as a result of the earlier onslaught. The truce is over and the battle is joined on terms most disadvantageous to the vital force.

4. **Acute manifestations** that evolve under these circumstances express as Periodic Disorders that keep on recurring with progressively increasing frequency/intensity, debility and ramifications, in extent as well as depth. The course is seen as a natural progression as well as when mere palliation is attempted. The free interval of apparently good health is encroached upon and is also characterized by progressive debility, mental as well as physical and ineffective irritability and erraticity of response. The final decline becomes inevitable in this setting. We find this course af events in evolving Rheumatic States and Asthma.

5. **Inheritance and the Dormant State**: The cell inherits its quality from the parents. In its heightened state of sensitivity, it has the capacity to express these qualities readily – they appear to acquire an increased mobility. The defective qualities inherited favour certain circumstance for ready expression e. g. :

   (a) **Tubercular expressions**: are associated with the period of intense growth and consolidation of tissues as between the ages of 16 – 30 years.

   (b) **Diabetic expressions** are favoured when the vitality is low; e.g., after the age of 45.

   These states are the resultant of a suppurative tendency and liver dysfunctfon respectively. Consequently, we are able to deal with them most effectively by bringing out the suppurative tendency on to the surface and by overhauling the liver.

6. **Disease evolution gets modified**. by the twin forces of inheritance and medicinal effects (suppression) that produce the dormant state.

7. **Involvement of the plane**. after suppression with medicinal agents is also determined by the Miasmatic Background as well as by the quality of the medicinal agent :

| | Miasmatic Background | Medical Agent | Effect Produced |
|---|---|---|---|
| 1. | Psora–Itch | Sulphur Crude | → Mucous Membrane |
| 2. | Psora–Itch | Zinc Ointment | → Nervous plane directly. |
| 3. | Sycotic Background | Sulphur | → Muscles |
| 4. | Sycotic Background | Zinc | → Nervous Plane |
| 5. | Syphilitic Background | Sulphur | → Metabolic order ↓ Wasting type |
| 6. | Syphilitic Background | Zinc | → Total Depression prone to be affected by very slighest disease–influence which may take a serious turn. |



8. Superficial symptom similarity of the presenting complaints alone, will rarely help in such cases in securing anything of permanent value. We need to go deeper to secure an evolutionary understanding of the entire process from the centre to the periphery.

9. The Evolution of a Disease–State can be fully understood as an orderly state of disorder. This "order" can be understood only in the light of the background and of suppressions practised which have given rise to the Dormant State with its highly peculiar susceptibility giving rise to adverse response to environmental circumstance. Complications or untoward sequelae can never occur suddenly. They can be anticipated. If they appear while under Homoeopathic Treatment, they damand a proper rational explanation for effective management. Evolutionary links are all-important and it is necessary to appreciate them step–wise. Only then we are able to read the present in the light of the Past and discern the future.

## OBSTACLES RECOGNITION & MANAGEMENT

Constitutional expressions will not yeild to the administration of the indicated constitutional remedy if we have a supernatent layer of complications resulting from suppressions, medications and other deleterious influences.

Quite often in medicinal poisonings we discover the absence of direct characterstics e. g., perspiration and salivation in the case of Mercury Poisoning. Instead, we find non descript remote expressions like boils with Mercury modalities. This is so on account of a block to a suitable expression.

Under the circumstances we need to administer the remedy till we are able to initiate as well as sustain such effects indicative of established eliminations. Remedies like Mercury and Plumbum are often found useful here. The absence of expected symptoms or response to remedy indicates obstacle.

| | Condition of presentation | Obstacle | Management |
|---|---|---|---|
| 1. | Asthama–Sulphur–no effect | Tea$^s$ → weakness ≮ summer$^s$ | ℞ Selenium ↓ Sulphur–worked |
| 2. | Migraine–Temporary response to Arg. Nit. | H/O suppressed Malaria | Anti–malarial 1 like Cedron China, Sulph |
| 3. | Metallic poisoning Gold, Mercury, Zinc | | Syph/Hepar Potentised metal |

**CONCLUSION**

Effective Homoeopathic Management in Chronic Diseases demands a thorough grasp of the Philosophy of suppressions, an ability to recognize suppressions and their consequences and the facility to steer the patient through the ordeal of eliminations, so that permanent lasting cure is delivered to the patient. The physician must have the Evolutionary totality, and the requisite therapeutic expertise in handling the power released by the indicated, deep acting Homoeopathic Remedy.

This is the journey from chaos back to order. It demands a stiff price of both – the patient as well as the physician.

Not often are both agreeable to it.

Therefore, the wide prevalence of chronic states of disorder and the variety of order !

"In this modern age, mysticism once more raises its head. Snatched out of the murk of superstition by deeper and more accurate thinking, it turns calmly on its rescuer and lo, that saving science itself goes mystic. For it cannot escape the universe around it – a universe of living things which sprang somehow from unfathomed beginnings; of forces, such as magnetism and gravitation and electricity, which can be labeled but not really known; of uncanny processes by which the potent magic of thought, stemming strangely from the sodden grey mass of the brain, creates new forms, starts new sequences, sweeps inward to the atom and outward to the galaxies of space. This it sees, and this it reckons with. Never again, perhaps will chastened science expound the facts of the case with the smugness of old. Like the veriest bumpkin, it now senses the mystery inherent in the nature of things; with the humblest of men it tastes the brew made of wonder, bafflement and awe–struck recognition of all that is yet unexplained."

– DR. R. S. UNDERWOOD

* * * *

"In some way or another we are part of an all–embracing psychic life, of a single "greatest" man."

– C. G. JUNG

# Sepia - A Study in Perspectives–I

**DR. K. N. KASAD** M. B. B. S. (BOM), M. F. (HON) (LOND)

The study of Sepia could be pursued and projected along the following lines :

1. The Doctrine of signatures
2. The Endocrinological Imbalance
3. The Vasomotor Imbalance
4. Chemical Composition
5. Personality Profile :
   (a) At Variance with the Self
   (b) At Variance with the Environment
   (c) Ptotic Personality and Stasis
   (d) Universal Symbolism
   (e) The Genius of the Remedy
6. The Conceptual Image and the Miasmatic Approach
7. Relationship Spectra

## 1. THE DOCTRINES OF SIGNATURES (ANALOGY)

The Law of Analogy and Correspondence reveals oft times the hidden aspects of things in Nature. Nature has its own stamp or imprint on the object for indentification of Function and Structure. The inky fluid secreted by the cuttlefish from a sac in the abdomen darkens the water around it, probably in order to secure its prey, or to conceal itself from its enemies. The dark fluid is reflected in the dark, pessimistic, depressed nature of the Sep. individual, as well as in the dull, listless, lustreless, mask-like, 'Parkinsonian' facies with gloom writ large on the surface. The changing colour of the skin (like the chameleon) represents the changeable nature at the emotional as well as at the physical levels : Moods – alternating between irritable depression and indifference or sulkiness; irritability and depression; hysterical behaviour; changing places and positions; constipation and diarrhoea. The rapid motion of the cuttlefish for self-defence or for prey is reflected in the physical general modality of fast, vigorous motion amel. (Ars–a., and Lil–t.) and physical exercise amel. Other alternating states are : weeping and laughing, chilliness with heat in palms and cold in legs, Maniac–Depressive states, and coldness in feet with burning soles amel. uncovering, although the patient is chilly in general.

### 2. THE ENDOCRINOLOGICAL IMBALANCE

Stress, both internal as well as external, results in the gearing up of the hypothalamico–pituitary–suprarenal axis with its secondary impact on the gonadal system. When the stress is beyond the tolerance level of the system, it results in strain with the resulting overflow of symptoms from imbalance. In Sepia, there is a relative adrenal insufficiency-preponderance of androgens over oestrogens and relative oestrogen deficiency. This leads to dark pigmentation of the skin and complexion, Addsonian Syndrome & Addisons Disease, Hirsutism, brownish-yellow sadle across the nose with freckles and butterfly pigmentation on the face, seborrhoeic skin eruptions, alopecia and acne vulgaris. The maximum impact is on the **Female Pelvic Organs** with copius symptomatology resulting from failure to perform normal passive feminine role in life to be discussed later. The oestrogen deficiency and androgen excess is reflected in the typology of the individual, which Kent terms a 'He–woman' or a masculine female. Wheeler mentions the excess of thyroid secretion resulting in goitre. The hormonal imbalance also reflects itself in the suppression of the natural sexual instinct; the unsatisfied sexual life results in unrelieved tensions with subsdiary impact on other areas– the pelvis, the nose and the throat, – chiefly **Congestion.**

### 3. THE VASOMOTOR IMBALANCE

A sizable portion of the Sepia pathogenesis is concerned around this nucleus, – differential vasomotor effects:

Irregular circulation; hot flushes, waves, orgasm, ebullitions aggr. at night (menopausal/climacteric) and ascending upwards; general throbbings and pulsations; visible palpitation ascending to occiput; coldness – general & partial: in spots, on vertex feet in bed (yet burning soles at night, wants to uncover, although the individual is chilly – also Calc-c. & Mag-c ); between the scapulae. Sweat easy with orgasms. Chilliness alternating with heat.

### 4. CHEMICAL COMPOSITION

The Sepia ink contains salts of **Calcium, Magnesium** and **Zinc**; as well as **Sulphur** (12%). The pigment, **Melanine,** contains Sul. Some of the Sep. symptoms could be explained on the basis of these inorganic constituents incorporated into itself by the cuttlefish. The differential vasomotor effects mentioned above are due to Ca., Mg. and Sul. contents, and are shared by these remedies: Calc-c., Mag–c and Sul. Empty, all–gone, sinking, gnawing sensation in the epigastrium around forenoon in Sep. is due to Sul. and Zinc., which share the same symptoms in their pathogenesis. "All females with tendency to abortion require **Sep.** and **Zinc.**" (Hering)

(TO BE CONTINUED)

# Aethusa Cynapium – A Synopsis

Dr. M. L. DHAWALE, M.D.

ACUTE, SUPERFICIAL :

**SPHERE & SCOPE**

1. ONSET : Sudden, Violent, Rapid.
2. PROSTRATION & COLLAPSE with G.I. Tract and Brain Inflammations.
3. SLEEPINESS ↓
4. SPASMS, Colics, Epilepsy. Nausea & Vomiting. Diarrhoea/Obstipation
5. THIRSTLESS – Heat During.
6. APPETITE + ↓ with Digestive Upset
7. PAINS : Lancinating, Screwing. Occiput, nape → Spine.
8. GLANDS : Liver, Breast, Lymph–nodes.
9. MIND : Ordeals
   Exhausted, Confused, Indecision
   Perception changed – Animals
   Delayed Development
   Idiocy
   Irritability → Loquacious → Furore
   Alternations

| CAUSE | AGGRAVATIONS | AMELIORATIONS |
|---|---|---|
| 1. Heat | 1. After Stool Vomit Spasms | 1. Open Air (Except Mentals) |
| 2. Milk | 2. Evening 3–4 P.M. | 2. Company |
| 3. Dentition | 3. Wine (Wine Desires) | 3. Conversation |
| 4. Alcohol | | |
| 5. Coffee | | |
| 6. Over–feeding | | |
| 7. Mental Exertion | | |

**COMPARISONS**

1. COLLAPSE : Ars. – Antim. T. – Ipecac – Verat. A. – Camph.–Carbo. V. – Secale C. – Tabac.
2. STUPOR : Nux. Mosch.,–Opium – Hellebore.
3. MIND : Arg. Nit. – Gels. – Phos. Ac. – Lyc. – Sil. – Anac.–Medh
4. G. I. Tract : See 1.

CHRONIC REMEDIES Calc. C. (Sour)
Sulph. (Acrid)

# Case Presentation and Discussion

**Dr. (Smt.) VISHPALA PARTHASARTHY** L.C.E.H.

We are now presenting the third case in this series, the earlier two being of Sepia and Natrum Mur. We are glad this series has been so well received, with our readers conveying to us that they find the presentation quite useful as a guideline on How to work out a case. We would now like to expand this series, and call on our readers to let others partake of the benefits of their wide experience by contributing work on these lines for presentation in this journal.

**PLAN OF PRESENTATION** :

1. COMPLETE INDIVIDUAL HISTORY, including the life situation and development from childhood onwards.
2. CASE ANADYSIS AND SYNTHESIS :
   - A. Discussion of the Patient's mental traits leading to the development of the personality structure.
   - B. Repertorial Totality and working, differentiation of the indicated group of remedies.
   - C. Planning and Programming of Treatment.
3. A brief FOLLOW UP of the case and CONCLUSION.

Case Reference – VP/C/11/81.

## 1. CASE HISTORY

This young man of 27, a 1977 B.Com. graduate came to me on 5-6-'81. He is employed in a Pharmaceutical concern, in charge of Administration. Father, 74, is retired and since 20 years looks after the activities of the Co-operative Society in which they reside. Mother is 62. Brothers are 46 and 37. Both have done their B. Pharm. and are employed in Pharmaceutical concerns. All live together – except elder brother who was transferred to Poona 3 years ago. 2 married sisters – 43 and 37. Basically vegetarians, patient occasionally takes non-veg.

His chief complaint is frequent G.I.T. upsets, with watery brownish diarrhoea since 4–5 yrs. ∠ CHANNA ATTA[3], Pani-Puri, "Farshan", and whenever out-of-town. Also has Acidity with burning sternal area, daily since one year; ∠ Food After, SOUR[3] Spices, BEER, Tea, Early morning. ↗ ERRUCTATIONS[3], COLD DRINKS[3]. Epigastric cramps trouble him daily since one month; ∠ Stool After, > Stretching.



Headache, usually Frontal, post Orbital, and at the root of nose, once every 1–2 months, with burning eyes. ∠ SUN[3] , > Sleep, Massage. Daily sneezing after bath. Occasionally he is also troubled by low sacral backache. The pain is so severe that he cannot move, and it lasts for 3–4 hours; ∠ BENDING[3] , slight movement, > Lying on back, Massage. Attacks in October '80 and February '81.

He is well built, 66 Kg, 5' 8" tall. Skin has scars of acne which he had at 17–22 yrs. Prone to injuries. Bites nails, which habit he has now reduced except when tense. Perspiration profuse — oily appearance. Appetite good. Craving for COLD DRINKS[3], SPICES[3], SOUR[3], MILK[3], Fat, Sweets. Feels very thirsty. Hot patient, likes Fan, with no covering. Takes cold bath. SUN and SUMMER trouble him.

He is sociable, talkative, mixing and a spendthrift for food, clothes, movies and outings. Quick-tempered too, but avoids physical fights. Easy-going, poor at studies – finished B.Com. with 41% in 1977, at age of 23. Sleep good and dreams of Sex. Ambitions of making easy money and fast.

**Life Situation**

Born 1954, in average middle class vegetarian Gujarati family, with four siblings, difference with his immediate elder sister being 10 yrs. Therefore he had very little contact with his Father. Brother was almost a father figure. He went through school and college at a slow pace, conpleting his B. Com at 23! With some influence, he secured a job at a pharmaceutical concern in charge of administration. Now he has also started side business of his own, using office time, as he is a man in a hurry to make money. Excessively fond of outings, parties, good restaurants, movies – (does'nt miss a single) – and girls. Yet as far as marriage is concerned, he wants to have an arranged match, complete with Horoscope matching and all the frills.

**Past History**

Dysentery severe in 1980 for 1½ mths. Jaundice in 1979

**Family History**

Father : Haemetemesis 1980, Hiatus Hernia, Rheumatoid Arthritis, Prostate enlargement.

Mother: Rheumatoid Arthritis.

O/E : B. P. 110/80 A.S., R.S. N.A.D.

1. Tongue post third creamish coated. Throat congested, with an oedematous and
2. long ovula.

## A. CASE ANALYSIS AND SYNTHESIS

### DISCUSSION OF PATIENT'S EVOLUTION

These discussions probably form the most important part of the whole case, as here we try to understand the person and how he develops. Every person is born with certain traits; these react with the environment and together they determine the personality structure. Studying a case in this manner, also helps us to evolve a better

understanding of both the patient and the Materia Medica, and thus facilitates 'Portrait' matching, and finding the Similimum.

The three personalities discussed in the series so far have been quite distinct. In the first case of Sepia, we saw an only child of poor parents, where problems arose when she was put in a school far beyond their means; she was unable to cope both emotionally and intellectually, and this was beginning of failure. The second case of Natrum Mur demonstrated a person of strong emotional attachments, the severance of which led to his downfall.

Now here, in this case we see an entirely different personality. A child born late after a gap of 10 yrs. and most probably an accident – therefore received with mixed feelings. Then with the four tier structure above him of his siblings, he had virtually no aceess to his parents. Therefore Discipline and demonstratable love and affection were also also at a low ebb. It is also pertinent to note that when he was born his father was 45 – well past his prime, especially since he retired by 52. Hence the importance of hard work could not have been impressed very well on the young mind. We see this reflected in tne patient's attitude, where work is always relegated to second place: as a student very little was achieved – 41% in B.Com. after a couple of failures! Then in his job, he "administers" his time well, utilizing his job time for his own private enterprize! The mainstay of his life – pursuit of pleasure is highly developed: Outings, parties, movies, all of which require him to make a fast buck!

But the noteworthy fact is that even here he shows a singular lack of genuine or intense emotion (unlike Natrum). He fritters away his emotions on so many things that he is incapable of even "falling in love". He is "Modern" to the extent of taking non-veg; but on the marriage front he wants an "Arranged" match, thus ensuring social acceptance, thereby mitigating his own responsibility. A person who cannot be alone, always seeking company, demonstrates a hollowness, an emptiness, a lack of inner strength. We see such personalities all around us; the "successful", and well-liked, but having very little depth or sincerity, make poor friends indeed! These are the Kali personalities.

**Miasmatic Classification**

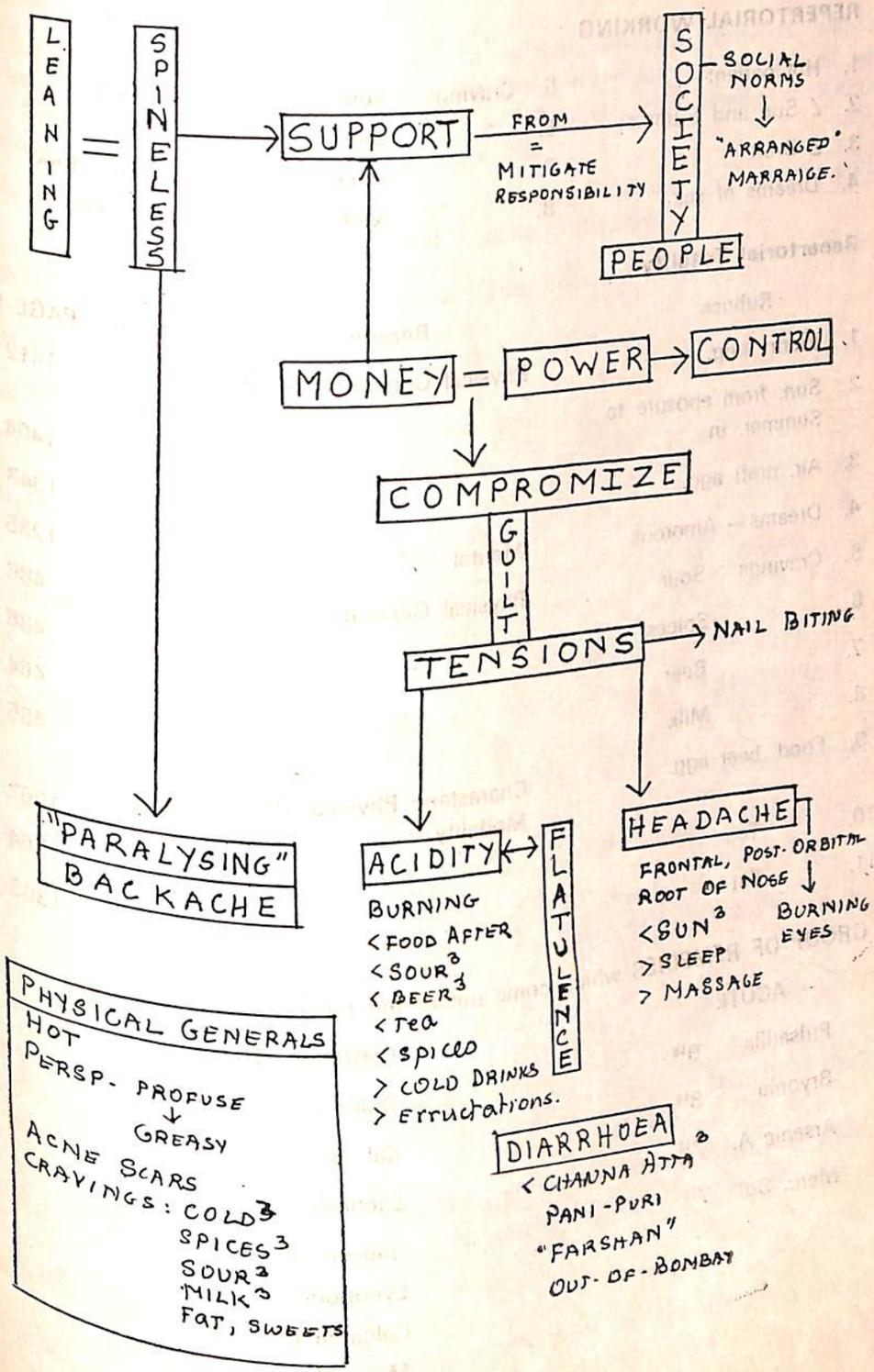
Past history of severe dysentry and jaundice, F/H of haemetemesis and Hiatus Hernia make up the Tubercular Base, together with the sycotic aspects – F/H Rheumatoid Arthritnis, prostate enlargement; and flatulence. Sinusitis

So the base is Tub. + Sycotic.

**STRUCTURE**

Now here we have basically a weak, leaning person, needing exernal support to stand upright; this support is through Society and people – and therefore his effort is not to fall out of grace! Building on this, we get –





B. **REPERTORIAL WORKING :**

1. Hot patient
2. ∠ Sun and Summer
3. ∠ Draft
4. Dreams of sex
5. Cravings – Sour
6. Beer
7. spices
8. Milk
9. ∠ Beer
10. ∠ Tea
11. ∠ Rich food
12. ∠ Spices

**Repertorial Totality :**

| Rubrics | Reasons | Rep. PAGE-KENT |
|---|---|---|
| 1. Warm, agg. | Physical General Modality | 1412 |
| 2. Sun. from eposure to Summer. in | " | 1404 |
| 3. Air, draft agg. | " | 1343 |
| 4. Dreams – Amorous | Mental | 1235 |
| 5. Cravings : Sour | Physical General | 486 |
| 6. Spices | " | 486 |
| 7. Beer | " | 464 |
| 8. Milk | " | 485 |
| 9. Food, beer agg. | Charasteric Physical Part. Modality | 1362 |
| 10. Tea | " | 1364 |
| 11. Fat | " | 1363 |

GROUP OF REMEDIES which come out of the repertorial filter :

| ACUTE | | CHRONIC HOT. | |
|---|---|---|---|
| Pulsatilla | $9^{18}$ | Sulphur | $10^{19}$ |
| Bryonia | $8^{14}$ | Kali Bi. | $9^{18}$ |
| Arsenic A. | $7^{11}$ | Lachesis | $8^{14}$ |
| Merc. Sol. | $7^{13}$ | Natrum Mar | $9^{10}$ |
| | | Lycopodium | $5^{8}$ |
| | | Calcarea I. | $3^{6}$ |
| | | Mag. Mur | $3^{4}$ |



**Selection of Remedies :**

CONSTITUTIONAL : The personality and the mind we have described, with the back giving way, the headaches with the characteristic location of root of nose, ∠ Draft, and the aggravations from Beer and Tea, all point clearly to Kali and more particularly Kali bi. as patient is also hot.

ACUTE : The Acidity with aggr. Sour, Fat amel cold drinks, the remedy coming out very high in repertorial working is Pulsatilla.

INTERCURRENT : Here both Thuja and Tub. Bov. will come

C. **PLANNING AND PROGRAMMING :**

ACUTE : Pulsatilla 30 h.s. / S. O. S.

CHRONIC : Kali Bi. 30

INTERCURRENT . Thuja 200
Tub. Bov. 1000

**FOLLOW UP**

| Date | Symptoms | Comments | Prescription |
|---|---|---|---|
| 5-6-1981 | Acidity, Indigestion | | Puls. 30– 7p<br>H. S./S. O. S. |
| 6-6-1981 | Burning more at 1 a.m. | < | Omit. ct Placebo |
| 12-6-1981 | $>^{3}$ , Heaviness >, Headache> | >, give Chronic | Kali Bi 30 H.S. (1) |
| 19-6-1981 | > | > – give intercurrent | Thuj 200 (1) H. S. |
| 26-6-1981 | on 20th Burning = > Puls Headache once, flatus + | | Kali Bi 30 (2) H. S. |
| 3-7-1981 | 2nd Burning, Headache > no flatus no < Beer | > | Tub. Bov. 1000 (1) |

Treatment was continued on these lines, till October after which he was quite all right, and able to tolerate food well, expect for an occasional episode.

**A BRIEF POST SCRIPT**

This patient got married in October, 1981; the marriage did not work out. He claims she is frigid, and now divorce papers have been filed !

# The Importance of Modality*

**Dr. SARLA SONAWALA,** D.M.S., M.F. Hom. (Lond.)

From the times of Hippocrates till the modern, Scientific era, enterprising attempts have been made to understand the nature of ailments that afflict the human race. The different branches of medical science have achieved an astonishing progress. The diagnostics of diseases have reached an excellance, not attained in earlier times. Yet none of these new discoveries and inventions, the value of which can in no way be under estimated for the sake of prognosis and diagnosis, has contributed a step further in therapeutic direction. The most penetrating and most indubitable diagnostics as offered by the best allopathic manuals is rarely, if ever, sufficient to enable a homoeopath to make a sure selection of the remedy.

Each individual reacts to the disease according to the law of his being, and his symptoms are the result of those reactions of the aggregate of symptoms, those qualified by the individual reactions to the influences which condition physical existence such as temperature, weather, humidity, rest and activity, time and periodicity, go to make the most valuable bulk by which the organism can demand and point to the remedy suited to remove the disease. They individualise every sickness as well as every drug. They affect to modify every illness, and are termed as modalities.

The word 'Modus' not only refers to the manner and mode in general, but includes all modifications which can take place in anything; thus, the measure, the rule, the aim, the relations, the changes etc., whatever that possesses the ability to produce a modification, aggravation or improvement in the patient naturally belongs, according to the usage of the language, to this rubric.

How is a modality to be defined? By modality we mean the conditions and the circumstances which affect or modify a symptom as to its occurence, aggravation or amelioration. This phenomenon of modality has an unique significance to Homoeopathy, as it was first discovered by Homoeopaths, and is therefore their indispensable and exclusive property.

All great homoeopaths since Hahnemann have stressed the supreme importance of mentals as they reflect the innermost man. They claim the highest rank, if well marked and definite. Yet these symptoms are most difficult to elicit as the patients

* Paper read at the monthly clinical meeting of the Homoeopathic Post–Graduate Association, Bombay on 25.1.1969.



recoil from expressing their hidden thoughts, erratic fears, morbid obsessions and evil tendencies. At the same time, it requires sound knowledge of human nature, capricious as it is, and a deeper insight in psychology to understand and interpret those psychic reactions so as to form infallible landmarks for the selection of the remedy. To quote R.E.S. Hayes, "There are certain mental states, stable and ingrained in the vital habit or constitution, which are very strong. But these are comparatively few and not as often uncovered."

Some of these mental symptoms, although highly significant and attracting to the choice, correct or incorrect, are not as dependable a guide against a wrong choice as the great physical generals.....It is true that there a is close relation between psychic conditions and the sympathetic system, and the reaction between the two are constant and intimate. But the sympathetic system never being the source of life, its symptoms are apt to be more stable and its expressions more vital. Therefore, they are most dependable as landmarks in the formation of totality. The cerebro–spinal system is more of the nature of a transforming mechanism, translating the pristine energy into recognised emotions, perceptions, thoughts, intentions, and volitions, with increasing depth and complexity according to energy, effort, memory, storage and experience. Although acting and reacting instantly and constantly with the sympathic life, yet it is in a way slightly removed from it and therefore, slightly less vital in fact, and should be considered not without care in the selection of remedies." From this highly subtle distinction of 'Psyche' from 'Soma', one can well understand the insurmountable intricacy of the expression of mentals. Nonetheless, the well marked and the most common mental states always, consciously or unconsciously influence our choice of the remedy, such as suicidal melancholy of Aurum, vanity of Platina, hysterical grief of Ignatia or loquacity of Lachesis.

In contrast, the modalities are readily expressed by the patient and easily elicited by the physician. They are readily recognised, easily available, and reasonably accurate. Once decided, they safely and conveniently guide us to the choice of the right remedy. Even a common symptom, trivial when alone, suffices to insure a correct prescription when qualified by a characteristic modality, e.g., Burning of Arsenic which is > by heat.

Modalities can be divided as : (1) Causation (2) Aggravation (3) Amelioration.

The causative modality precedes the ailment and is the cause of it. The causative factors listed under "ailments from" occupy the highest rank. They consist of predisposing as well as precipitating factors. The latter ones, fortunately easily found, pertain to acute illnesses. In chronic diseases, the predisposing causes encompass far and wide horizons in this life and beyond it they extend to heredity. Indeed the constitution, the inheritance, the miasm, the diathesis, the temperament, the suppressions as well as crude medications and the innoculations fill the vast material. Perhaps every data available can be linked with this extensive arena of causative modality, as each preceding illness may form in some way or the other, the causative link with its

successor so as to originate, modify, deviate and metastasise the future course of the disease, in its ever–changing forms under varied and sophisticated (often tongue–twisting) nomenclature.

Essentially the constitution can form the groundwork wherefrom all disease influences take root and get modified. The constitution means the state of health which a person is endowed with at the time of birth. It is a sort of a beseiged condition of living self or vitality, whereby it is denied a full and free expression of its function at the paycho–psysiological level. The constitution may thus be regarded as our Psychosomatic heirloom, under the adjusted order of the vital force. This constitution forms the floor on which are designed the kaleidoscopic patterns of acquired illnesses.

By aggravation is meant an increase or intensification of already existing symptoms by some appreciable circumstance or condition. The emotional factors precede physical ones, and generals before the particulars.

The word amelioration is used to express the modification of relief or diminution of intensity in any of the symptoms or the state of the patient as a whole by the influence of any agency, circumstance or condition. It seems as if ameliorations represent the patient's attempts to get well. The various measures and attitudes, even the funny caricatures, adopted by the patient to get relief, at times help to spot a remedy at a glance. Thus Medorrhinum coils into a knee-chest flexion, Psorinum keeps the arms apart; Colocynth bends double, Dioscorea stretches behind. Sulphur sloches down, Phosphoros right turn and Mercury left turn; Bryonia rests and Rhus tox moves; Lycopodium flaps his nose; Rumex covers the mouth. Ah, our drugs behave like the clowns of the circus !

The different factors that modify the diseases can be listed as follows :

(1) **Thermal** : Reactions to various forms of heat and cold e.g., Apis, Sulph, Puls, Medorrhinum, and Acid flour etc. are warm blooded and crave plenty of cold things, whereas Arsenic, Psorinum, Silicea and Hepar Sulph shiver at the least draft of air and so are well–clad with woollens. The contradictory modality renders a drug more characteristic e.g., Arsenic wants his head in the ice–box while his body is in the oven, so also its unusual modality, burning > by heat marks Arsenic a good choice.

(2) **Meteorological** : Effects of different kinds of weather, wind, thunder, sea–air, altitude and direct sun etc. e.g., Natrums are < by sun, Bromium asthma > at sea. Phosphorus < thunder–storm and so on.

(3) **Metabolic** : Effects of eating, drinking, perspiration, sleep, menstruation and other metabolic processes; e.g., Psorinum and Iodium > eating, Mercury is not relieved by Perspiration, Phosphorus and Sepia refreshed by a short nap. Lachesis and Zincum > all discharges including menstruation.



(4) **Physical** : Effects of rest, position, movement, jolt etc. Pulsatilla better slow gentle motion in open air, whereas Sepia likes violent exercise. China cannot bear light touch, but stands well hard pressure.

(5) **Psychological** : Effects of emotion, excitement, fear, anger and other emotional stresses e.g., Ignatia and Natrum Mur suffer abnormally from grief, Colocynth and Staphisagria get colic from anger, Aconite and Opium are respectively the acute and chronic remedies for the effects of fright.

(6) **Chronological** : Reactions related to the hour of the day, phase of the moon, season or showing periodicity. One can make a clock to mark the hours of aggravation.

| | | |
|---|---|---|
| Arsenic | : 1 a. m. | Cedron anticipates its trouble with clock-like regularity. Anti-syphilitic drugs suffer at night, and anti–sycotic ones during day. |
| Kali carb | : 2 – 4 a. m. | |
| Nat. Sulph | : 5 – 7 a. m. | |
| Chamomilla | : 9 a. m. | |
| Nat Mur | : 10 a. m. | |
| Sulphur | : 11 a. m. | |
| Belladonna | : 3 p. m. | |
| Lycopodium | : 4 – 8 p. m. | |

Even flowers have their hours of blooming and fragrance. The gardens have been planted in such a pattern so as to make a floral clock where each flower, opening at a certain hour, tells the time. As for the moon–phases, Cal Carb. < Full moon, Silica New moon.

Now some cases :

(1) A girl, age 9
Typhoid – Thirst, fever, headache. Bryo 1000. No change. Found to be lying with her head at foot end of the bed. R. T. 1000. Temperature dropped within few a hours to normal.

(2) A girl – age 4 1/2. Right earache. Aconite 200. No change next day. Screamed with pain when touched, yet allowed drops of warm oil to be put in. Hep Sul. 1000 – Slept within half an hour.

(3) A primigravida – 23 Excessive vomiting. Sipped ice–pieces which indicated Phos 200 – much better.

(4) A woman, age 32. Toothache – left lower molar < cold drinks. Silica 1000–No relief. Felt more pain when eating. Cal. flour 1000 – Pain – very slight and after 2 hours – relief.

(5) My own toothache, in left sided teeth, swelling, pain all over cheek and ear. Staph 1000. Mere Sol. 1000 – No relief. At height of pain, I used to press my face

on pillow. Sanguinaria 1000. Much reliaf, but still slight pain. Plantago 200. Same. Lachesis 1000 – swelling of gums and pain gone.

(6) A girl of 16. Insanity. No talk, no interest in work. Passes stool and urine in clothes which had to torn with force. The trouble ensued after her father re-married. Hyoscyamus 1000 – cured.

(7) A boy of 10. Fever for more than a month, Allopathy did not help. Resorted to Homoeopathy. Fever, headache, no thirst - Gels. 1000. No remission. Worms? Cina 1000 – No change. Uncle – Tuberculosis.
Tuberculin 1000 – Fever disappeared on third day.

(8) A girl of 12. Nocturnal enuresis – 2–3 times a week. H/o skin eruptions, psoric diathesis warm–bloodedness, desire for sweets. Sulph 1000 – Cal. carb. 1000. No appreciable change. Great grand–father died of galloping tuberculosis.
Tuberculin 1000. No enuresis; once recurred. Repeat medicine cured.

(9) A girl 1 1/2 yrs. old. High temperature for a couple of days, every few days since two months. Cham. 1000. Cina 1000 still another attack of fever.
H/o Measles. Triple antigen – scaling of skin.
Zinc. sulph. 1000. No more fever. General improvement.

(10) A girl of 2. Sleeplessness, itching of skin, recurrent cold.
Psorinum 1000 – No change.
H/o Bad vaccination at 3 months of age.
Thuja 1000 – slept well, ate well, thrived well.

(11) A woman of 26. Cardiac trouble.
H/o Rheumatism at 16, cured with Allopathy.
Aurum 1000 with warning of getting back rheumatic symptoms. Within 15 days or so, pain in the joints, with inability to walk. This subsided within a few days. Improved general health and weight. Could exert, walk and climb.

(12) A woman of 31, H/o eleven abortions, all in second or third month, within fourteen years of married life. Had erythematous patches all over body, after birth. Dysentary and ulceration in mouth often. After menarche, dysentary better. Conceived again. Slight bleeding P. V. at 1 1/2 months of pregnancy. Mere cor CM, stopped bleeding within three days. Pregnancy continued with slight bleeding every month, till full term. Normal child birth. Four children born well thereafter.

(13) An old man. Pneumonia. Stage of collapse.
Carbo veg. 1000 – condition same.
H/o gonorrhoea in young age.
Medorrhinum 1000. Patient survived.



(14) A woman of 25. Primpara. Post maturity. Plumbum 1000, as H/o working in a lead factory. Pains started withing a couple of days – easy child birth.

(15) (16) (17) All three women in labour pains; usual drugs no effect.

(15) In one. H/o snake bite two years ago.
Lach 1000, good pains – happy child birth.

(16) In another, the patient suddenly developed hiccough, constant movement of feet – Any attempt to stop that movement caused dysphoea & suffocation.
H/o eczyma during early pregnancy – ointment.
Zinc. Met. 1000. removed hiccough & fidgetiness.
Pains regular – full dilation of cervix – normal delivery.

(17) In third case, H/o gold poisoning in husband.
Aur. met. 1000. Strong pains with easy child birth.

"When you drink of the water, think of the spring."

"Nan–in, a Japanese Zen master, received a university professor who came to inquire about Zen. Nan–in served tea. He poured his visitor's cup full, and then kept on pouring. The professor watched the overflow until he could no longer contain himself. 'It is overful. No more will go in!' "Like this cup," Nan–in said, "You are full of your own opinions and speculations. How can I show you Zen unless you first empty your cup ?"

— PAUL REPS, IN ZEN FLESH, ZEN BONES

* * * *

"I see everywhere in the world the inevitable expression of the concept of infinity. It establishes in the depths of our hearts a belief in the supernatural. The Greeks understood the mysterious power of the hidden side of things. They bequeathed to us the world "enthusiasm" – 'en theos' – a god within. Happy is he who bears a god within – an ideal of art, of science. All are lighted by reflection from the infinite."

— PASTEUR

## READER'S PAGE

Our readers have sent us many happy communications, commending the "Elegant Cover" of the journal. Also, they have put foward ingenious interpretations of the same. Some have interpreted the cantral figure as an effective monogram, signifying the name of the journal. Also as symbolising Harmony and Homoeopathy; as depicting a 'Ladder' to pursue higher goals.

We thank all of them for their messages. Let us stand together, and strive for perfection.

## BOOKS

Lecture of MONOPATHY AND HOMOEOPATHY

This is a booklet written by Abani Kanta Mondal, D. M. S. on a system of theraputics which he calls Monopathy. Our readers can explore the possibilities therein.

## OBITUARY

We regret the sad demise of Dr. Mahesh J. Manker, a Homoepath of Bombay, on 19–7–'82, at the age of 46, of Malignant Jaundice.


**ACKNOWLEDGMENTS**

Following Journal were recieved :

The Hahnemanian Gleanings (Eng.) Calcutta ;

News from Israel (Eng.) Bombay ;

Journal of Homoeopathic Medical Association of India (Eng. & Hindi), Amedabad;

Homoeo–Kranti, Kanpur ;

Homoeo–Tarang, (Hindi), Patna ;

Indian Journal of Homoeopathy.


# Abstracts & Extracts

### "THE PSYCHE AND THE HEART"

The experts in cardiovascular research who met recently under the aegis of the Paavo Nurmi Foundation in Finland came to tha conclusion that privation, worry, frustration and other nervous and psychologlcal factors do play a part, and a significant part, in coronary heart disease. Though there has always been enough evidence of this fact, it has received only grudging recognition from the medical fraternity over the past couple of decades. However, tomorrow's therapies for heart complaints may well emphasise behaviour and mood.

Dr. Clive Wood, a physiologist and free-lance writer with a particular interests in the effects of personality and behaviour on disease, writes on "The Psyche and the Heart" in 'New Scientist' for Nov. 5, 1981 :

Today the emphasis is not so much on isolated clinical cases but in attempting to understand how nervous and psychological inputs exert their effects, not only on the heart but on the whole circulatory system. The interactions are complicated, but some patterns are starting to emerge. Certainly it is vital to search for them, because the 'traditional' risk factors for coronary heart disease, such as high cholesterol concentration in blood, raised blood pressure and cigarette smoking, account for only half of the new coronary patients who appear each year. There must be risk factors that we simply do not know about and an educated guess would put many of them in the psychological and social area.

One of the clearest message from the Helsinki conferencc was that psychological stress can lead either to immediate sudden death, or to a more long-term set of changes that become fatal only after years of exposure.

When we are faced with circumstances that require either combat or escape our sympathetic nervous system is aroused. Adrenaline is secreted to the blood stream which in turn directs blood flow to the muscles and liberates the energy to fuel them. The conflicts that lead us to secrete adrenaline may be struggles against circumstances or against people. The discussion about the "psychological" dimension in cardiac disease has a heavy emphasis on conflict between individuals. But this is by no means the whole story, as pointed out by David Jenkins of the Boston University Medicai Centre.

Jenkins identified four clusters of factors all related to the heart disease and and then went on to search for a common element linking them all. The first cluster relates to a socio–economic disadvantage .. The second cluster of factors is described as 'sustained disturbing emotion'– that is intense emotions either experienced over a

long period or experienced repeatedly.....Thirdly, Jenkins emphasised the importance of "Type A" behaviour in predisposing to coronary disease .. Types A's exhibit 'aggressiveness, competence, hurry, intensity of effort, and feeling of the pressure of time and the burden of responsibility." Finally, Jenkins drew attention to a cluster that he simply described as "overload". Working excessive overtime, carrying two jobs at once, or having a sudden increase in responsibility are items found among coronary patients much more often than among the healthy.

So what have these four in common? In three words, the answer seems to be "excessive psychological demand". Individuals enjoying only a low socio–economic status often live in a permanent state of insecurity which demands their constant vigilance simply to avoid things getting worse. Sustained unpleasant emotions put a continual and excessive demand on people's ability to cope. Type A personality and work overload both involve sustained attention under high pressure with the threat of being in trouble if anything goes wrong.

Something of a dispute has been surfacing progressively in circles where heart disease is mentioned. On the one hand are the believers in drug therapy – powerful but potentially dangerous. On the other hand are the adherents of biofeedback, meditation, autogenics and other programmes of behavioural change – unlikely to damage one's physiology, but sometimes producing only moderate responses. According to Stephen Weiss, chief of the Behavioural Medicine Branch of the Heart, Lung and Blood Institute in Bethesda, Maryland, we need both approaches.

## THE EFFECTS OF STRESS

Modern research on the effects of stress has concentrated on the dramatic events of life: the death of a near and dear one, divorce, marriage, retirement, etc. This research has largely ignored the effects of daily hassles – the petty annoyances, frustrations, and unpleasant incidences in our everyday life – which add up to more grief than life's major stressful events. These range from getting stuck in a traffic jam to losing a wallet, from an argument with a teenage son to a dispute with a superior or a subordinate at work. A year–long study by a professor of psychology Richard S. Lazarus and his colleagues at the University of California at Berkely, shows that these daily annoyances have a greater effect on our moods and our health than the major misfortunes of life.

In 'Psychology Today' for July 1981 appears an article by Prof. Lazarus on the results of his study. The author, who is currently working on a major analysis of research on stress and health, writes:



The impact of hassles on our physical and mental Health Depends to a great extent on their frequency, duration and intensity. A person's response to a given hassle depends on a variety of other factors: personality, coping style, other sources, and how the rest of the day has gone. When someone is under pressure, petty problems that otherwise might have been ignored – a broken shoelace, e.g., – can have a much greater effect than if they had occurred at less anxious times.

For that reason, the particular hassles cited by the people we surveyed are less important than their overall intensity and the individual reactions to them. And though our data do not yet allow us to say this, we suspect that some of the impact of hassles stems from their personal meaning and significance or from our inaptness in coping with certain interpersonal difficulties. Psychological stress resides neither in the situation nor the person; it depends on a transaction between the two. It arises from how the person appraises an event and adapts to it.

Assessing the effects of daily hassles led us to consider the effects of uplifts, their positive psychological counterparts: pleasant, happy, or satisfying experiences like hearing good news, getting a good night's rest, solving a difficult problem. Just as negative stressors or hassles can cause physical and psychological changes that may result in illness, we think uplifts may serve as emotional buffers against the same disorders..We found that particularly for men, the more hassles and the more negative emotions, the worse a person's subsequent health. Our results strongly suggest that hassles trigger unpleasant emotions which, in turn or in combination, have an adverse effect on health.

Contrary to our expectation, uplifts did not seem to have much buffer effect on the impact of hassles in this study. In fact, for women, uplifts seemed to have a negative effect on emotions and on psychological health ..We do feel we have demonstrated that the small defeats and troubles of our daily lives may cause as much harm as the great ones.

That physical and psychological health are interconnected is a reaffirmation of the ancient principle that mind and body are interactive and interdependent, a principle that has always guided the intelligent medical practitioner. The revelations of the new branch of medicine uniting physiology and psychiatry open up vast vistas to the great psycho-physical truths.

## ABORTION

The pros and cons of abortion are still being debated and it has become one of the fundamental moral issues of our time. While the debate is arousing more interest in the Western world, the problem today is a global one. 'Life' magazine (Nov. 1981)

publishes the results of a poll in the United States to find out where women stand on this issue that affects them so directly. While many protest against any infringement upon their authority over their own bodies, there is an increasingly vocal lobby of those who insist that abortion is murder and should be outlawed.

Medical men and other experts today are agreed that human life begins not at birth but at the movement of conception. Among those quoted in 'Life' is Dr. Bernard Nathanson, obstetrician and author of 'Aborting America'.

Theorically (he states) life begins at conception, although the earliest point at which we can detect the presence of the hormone HGC in the bloodstream – about nine days after conception – is the practical point at which we can say that life begins. Using new technology, we can see that the foetus behaves like any and all of us. If you make a loud sound, its heart speeds up; if you poke it with a needle, it jumps. It is the accumulation of these human qualities, responses, appearances and, for all we know, psychology, that convinces me that this is in fact human life.

Dr. Leon Rosenberg, Chairman of the Departmeet of Human Genetics at Yale University School of Medicine, is of the opinion that...."this is such a metaphysical concept. I know of no scientific evidence which bears on the question of when actual human life exists. Concepts such as 'humanness', love, faith or trust are beyond the purview of science because no idea about them can be tested experimentally.

"Metaphysics is not yet officially a science, recognized as such. But it is going to be .... At Edinburgh, I was able to affirm before 100 physiologists that our five senses are not our only means of knowledge and that a fragment of reality sometimes reaches the intelligence in other ways .... Because a fact is rare is no reason to hold that it does not exist."

— CHARLES ROBERT RICHET

# The Homoeopathic Education Society

Irla Naka, Vile Parle (West), Bombay–400 056

| | | | |
|---|---|---|---|
| *Chairman* : | **Shri M. I. Patel** | *Vice-Chairman* : | **Dr. M. B. Jain** |
| *Hon. Treasurer* : | **Shri C. B. Patel** | *Hon. Secretary* : | **Shri B. R. Desai** |

## RECENT ACTIVITIES

**Homoeopathic Education Society:**

The Annual General Meeting of the Society will be held on Sunday, September 26, 1982.

The Society has received from the Central Government a grant of Rs. 1.60 lacs, made up of Rs. 60,000/– for purchase of books and Rs. 1.00 lac for an X–Ray Machine. Books worth Rs. 60,000/– have been purchased and an order for purchase of an X–Ray machine will be placed shortly.

**Smt. Chandaben Mohanbhai Patel Homoeopathic Medical College:**

The following changes have occurred in the teaching staff at the College.

**Resignation**

Dr. S. K. Apte, Professor of Anatomy, resigned with effect from 1-7–1982.

Dr. G. J. Nene, Junior Lecturer in Anatomy, resigned with effect from 1-7-1982.

**New Appointments:**

Dr. S. M. Bhatnagar joined as Head of Anatomy Department on 29-6-1982.

Dr. S. J. Engineer joined as Junior Lecturer in Anatomy Department on 8-7-82.

Dr. C. C. D'Silva, joined as Junior Lecturer in Anatomy Department on 26-7-1982.

**Re-employment:**

Dr. V. A. Rane, Head of the Physiology Department, who completed 69 years was granted extension till the end of the current term.

Dr. V. S. Waingankar, part–time Lecturer in Pathology, who completed 59 years was granted extension till the end of the current term.

Professor N. G. Joshi who completed 61 years was granted extension till the end of the current term.

**Silver Jubilee Celebrations of the College.**

The Sub–Committee appointed for the celerations has chalked out a detailed programme which consists of a Workshop for teachers, programmes for students and a week–long celebrations in February 1983. A charity film show will also be arranged for raising funds for the College. For all these, various committees have been formed.

**Admission for 1982–83:**

As usual, only 50 seats were sanctioned by the Government of Maharashtra for this College. Against this the High Court of Judicature at Bombay had passed interim relief orders permitting us to admit 81 students as was done last year. When this was brought to the notice of the State Government, it modified its previous orders and has sanctioned 81 seats. All 81 seats have been filled in. The last student admitted on merit has 83% marks.

**Degree Course in Homoeopathy:**

The Committee headed by the Vice–Chancellor of the University of Bombay finalised the Curriculum and the Syllabuses. This will now be placed before the Academic Council of the University of Bombay at its next meeting.

"A thankful heart is not only the greatest virtue, but the parent of all the other virtues."

— CICERO

* * *

"We can claim nothing as our own. There is not a thing we use or enjoy but is a gift – our bodies, our minds, life itself."


# Indian Journal of Homoeopathic Medicine

(Published Quarterly by the Homoeopathic Education Society)

EDITOR : **Dr. K. N. Kasad,** M.B.B.S. (Bom.), M.F. Hom. (Lond.)

ASSISTANT EDITOR : **Dr. (Smt.) Vishpala Parthasarathy,** L.C.E.H. (Bom.)


| | |
|---|---|
| असतो मा सद्गमय | Lead me from the false to the true. |
| मृत्योर्मा अमृतं गमय | Lead me from mortality to immortality. |
| तमसो मा ज्योतिर्गमय | Lead me from darkness to light. |
| आ नो भद्राः क्रतवो यन्तु विश्वतः | Let noble thoughts come to us from every side. |


Vol. 17 October – December 1982 No. 4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The views and opinions expressed by the various writers do not necessarily coincide with those of the Editors.



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# Differential Materia Medica

In the Editorials of the two earlier issues of this Journal, we have dealt with the study of drugs in isolation from the differing perspectives and approaches to the study of the vast homoeopathic materia medica. The substances in Nature do not exist in isolation one from the other, being the products of gradual evolutionary processes in Nature from the Primodial Source of all existence. In the Universe of synthesis, isolation is an impossibility. Out of the One homogeneous Substance-Principle arise the multifarious heterogeneous elements in Nature with their infinite permutations and combinations, along with their built-in Relationships of Similarity-Dissimilarity. From the one Unity emerges the multiple diversities and variations, we observe in Nature, of vast and intricate complexities. Inspite of the apparent mutual antagonisms and dissimilarities between substances in Nature, balance as a whole is maintained through the juxtaposition of opposite elements of sympathy and similarity at different levels and on different planes of natural operations. A similar process is at work in the human body at the physiologic-biochemic level, which maintains the delicate balance between the opposing elements —called 'Homoeostasis' or 'Internal Milieu'. All things are thus interrelated in an all-inclusive Cosmos, on the basis of Similarity-Dissimilarity Principle inherent in all Nature. And this is carried over into the drugs in the material medica which are derived from the different Kingdoms of Nature.

No drug, therefore, can be studied in isolation save in relation to other drugs on the basis of this Similarity-Dissimilarity Principle. The study thus becomes the study of **Comparative Homoeopathic Materia Medica or Differential Materia Medica.** Similarity at one point implies 'ipso facto' dissimilarity at some other point on the scale of the evolutionary spiral in Nature. We conceive similarity in degrees, levels, and phases of expression of a phenomenon in Time-Space Continuum. And this is applicable to the disease-phenomenon—natural or drug-induced. And since this is a dynamic process — as the only invariable constant of Life is CHANGE — those expressions alter in terms of relationship from moment to moment. These alterations in expressions are effected by the Wisdom of the Body as the best possible mode of adjustment to environment, which includes Time. And this change is the minimal found necessary to maintain the optimal chance of survival in an adverse environment. Relationship is a general concept derived from the Principles of Causation, Concomitance and Individualization, expressed temporally as Phase Effects. The General we now apply to the Particular: the Homoeopathic Materia Medica the Tool that fashions Practice.

Robert's introduction to Allen's edition of Boenninghausen's Therapeutic Pocket Book has elaborated the **Concept of Remedy Relationship** in a masterly way. Comparative values of remedies have been weighed in relation to particular symptom groups, evolved through years of experience. Each remedy partakes of the attributes of every other remedy to some extent. It would hardly be possible to select two remedies so different from each that they would not touch at some point. They will have some points in common, and others which will differentiate them. Thus arises Comparisons of Degrees and Levels/Areas of Similarity between remedies in relation to symptom groups. Joslin's illustrations of the concentric circles of similarity is valuable in promoting understanding. Nearer the remedy is to the common centre of the circles of similarity, the smaller the circumference and the higher the ratio of similarity. Similarity at some points implies dissimilarity at some other points in the total spectrum of Drug Pathogenesis. Thus arises the whole gamut of Comparative Materia Medica.

Comparison and Similarity could be effected effectively at the various levels of the expression of the drug pathogenesis as initiated by Boenninghausen, and carried forward subsequently by Hering, Gibson Miller, Clarke and Boger as under:

1. Locations (Regions, Tissues, Organs, Systems, MIND)
2. Sensations and Complaints in General, inclusive of Pathological Generals.
3. Modalities.
4. Twelve Headings listed by Boenninghausen in the 'Relationship Section' in his Therapeutic Pocket Book. This may be referred. The above 1 to 3 are therein represented.
5. General Relationship — the overall similarity of the remedies to the drug in question, the general scope, sphere and field of action (pathogenesis of the remedies) and the modifying circumstance. This includes most of the polychrests which come into close analogous relationship with one another, especially the chronic deep-acting ones with their protean manifestations, widespread symptomatology and variegated pathogenesis. These levels of similarity with their differing degrees can be categorized on the basis of clinico-pathologic-miasmatic correlations as under:

   (a) Metabolism and Nutrition.

   (b) Blood Vessels, Heart and Circulation; congestions and the differential vasomotor effects and their thermal centering.

   (c) Fibromuscular Structures and Joints, covering the entire field of 'Rheumatism', Neuralgias and Spasmodic Affections.

   (d) Altered Immune Response, which will include Suppressions, 'Metastases' and 'Auto-immune Disorders'.

   (e) Glands — as per Boger's conceptualization of all solid organs, including the R.E.S.

   (f) Skin, Mucous Membranes and Serous Membranes — their typical eruptions and discharges.

   (g) Relaxation of tissues and Generalized Tissue Atonia.

   (h) Degeneration/Atrophy and Destruction of tissues, organs, glands and the nervous system with resulting paresis, paralysis of functions, faculties and processes.

6. Phases of Disease Expression — Acute short-acting superficial level or chronic deep-acting constitutional level; Constitutional remedies in acute syndromes; Alternating Disea-

se Expressions; Evolutionary Sequence — the whole range of Miasmatic Expressions.

7. Thermal Responses — chilly, hot and ambithermal, with special emphasis on **differential** thermal modalities, as the distinguishing characteristic.

8. Mental State in its evolutionary sequence with its finer expressions and subtle nuances, with specific nature/contents of dreams and delusions.

The above gives the **common base/ground,** the all-inclusive comprehensive field of similarity for the drug in question with the drugs mentioned by Boenninghausen in the sub-section 'Other Remedies'. This forms or gives the structural similarity of the whole group in the realm of what Boger termed **'Sectors',** i.e. Locations, Sensations and Complaints, and Pathology. The differences lie in the qualitative expression and internal dispositions in this entire field of drug pathogenesis in Time-Space, the casual factors and the formal peripheral expressions with their distinctive characteristics under the impact of time and circumstance. Comparative Materia Medica involves at first defining this common ground, the central structural similarity among the drugs to be compared, and then differentiating as indicated above.

The similar relationship at the level of Sector is only the partial one, limited to that sector, only. The differentiation is made on the basis of modalities and concomitants. The overall similarity may not exist at all. This is useful in Acute Prescribing, where we have to take into consideration the pace/fury/tempo of the disease expression, and radical alterations in the remedies are demanded. This partial similarity is for a limited time and purpose only.

The remedies are related to one another as acute and chronic, complementary, remedies that follow well, antidotal, inimical /incompatible and sequential/cyclic. These may be referred to in the works of the above-mentioned authors. The two incompatible remedies, **Phos.** and **Caust.,** with clear peripheral similarity, have to be distinguished on the basis of the central structural dissimilarity.

Neat linear classifications of comparisons of remedies in a tabular form as presented by Gross, Roberts and Farrington fall short of the requirements and realities of clinical homoeopathic practice. The latter demands an integrated evolutionary approach from the centre to the periphery, from the structure to the form and from the general to the characteristic particulars. This issue presents the differential materia medica of Sepia as an illustration, albeit fragmentary.

"Life is Death."

—CLAUDE BERNARD

# Remedy Study — Kali Carb

## As the Remedy for investigation*

DR. JULIA M. GREEN, M.D.

Many students of materia begin with the chemical formula of the drug world and sketching the pathological states likely to need such a medicine.

For instance: Hughes says of Kali Carb in his pharmacodynamics: The carbonate of potash is not credited with any specific action of its own in old school therapeutics; but is classed with the acetate citrate, and other vegetable salts of the alkali. The only exception is whooping cough, where it has some reputation.

Dr. Drury recommends it also in cough from relaxed uvula. It is in affections of the respiratory organs that it has found its chief use.

It seems agreed that the chief indication for it is profuse, purulent expectoration, but also — which is peculiar to it — much pain in the walls of the chest. Another specific action of Kali Carb is that which it exerts upon the ovario-uterine system.

Besides these more defined uses of Kali Carb, it is a medicine which not infrequently comes into play in the complex cases of chronic diseases when the symptoms present are, on consulting our repertories, found in its pathogenesis; we may generally use it — preferably in higher dilution — with good hope of benefit.

Kali Carb is one of the big polycrest remedies, yet there are just two pages devoted to it in this book.

Could any student learn to know this remedy from such a description of it? Is there anything distinctive one can remember? What sort of patient needs this drug? He could not tell.

Others pay not so much attention to the chemical side, but go on to a brief survey of the parts of the body affected, giving a regional outline of disease or disorders calling for the drug, with a few symptoms under each heading. It is all true so far as it goes, but it does not go far enough. There is nothing really distinctive here either, so the student must memorize these symptoms. After doing this for many remedies, the memory begins to play tricks and the result is something near helplessness at the bedside in time of need.

A smaller group follows the keynote methods in studying materia medica. These hunt for the famous "three legs to stand on" and drill on a few characteristics of each remedy, expressed often in terms of small details.

There is no broad vision here and the student is disappointed in practice because the keynoted do not bring success. These

*Reprinted from Homoeopathic Recorder, 1926, p. 793.

groups of students seek to condense the materia medica. Many small volumes are the result. The use of these exclusively cannot lead to adequate knowledge of any drug, much less a knowledge of how to study the materia medica. The Homoeopathic materia medica is too vast a thing to memorize. All that any student can do in class is to learn how to study it; then he goes on studying it all his life.

The best preparation for re-study is the observation of people; appearance, modes of thought, actions, reaction to environment, circumstances, etc. The Homoeopath should have some training in psychology as well as the medical science. The provings must not be condensed but the student must be shown how to use them, how to study. He is given the idea of searching for evidence of the personality of the drug, of how to behave under all sorts of circumstance, how various things react upon it, what one may expect from it.

Then the drug provings are used as the field for observation from which to gather and formulate the characterstics of the drug which will be invaluable in actual practice and will differentiate the drug under consideration from all other drugs.

The symptom lists seem interminable. At first there seems to be no character or order to them, but soon the real personality of the drug begins to appear and generalizations can be made.

Taking Kali Carb then, let us turn to the symptom lists, based upon the proving, as given in Hering's Guiding Symptoms and Allen's Encyclopoedia of Materia Medica, and after reading them, begin carefully to generalize about the patient who would need this remedy.

Perhaps the first thing that appeals to the reader as running all through the provings is the character of the pains-sticking, stitching, burning pains.

"Stitches in forehead and temples".
"Stitches in eyes and root of nose".
"Stitches extend from nape of neck into the occiput".
"Stitches in the teeth".
"Twitching in left cheek with fine, burning stitches".
"A stitch in the upper lip".
"Sticking and biting in posterior portion of palate".
"Sticking pain in pharynx as if there were a fishbone in it".
"Sensation as if a stick was extended from throat to left side abdomen, as if the stick had a ball on each end".
"Sticking in the stomach".
"Sticking-tearing in right hypochondrium".
"Stitch pain in right side chest through to shoulder".
"Cutting, shooting, darting, stitching all over abdomen".
"Stitches in groins on moving or stretching out".
"Needle-like stitches in haemorrhoids".
"Proctitis with violent stitching pain".
"Stitches in region of the kidneys".
"Sticking-itching in the glans penis".
"Stitches transversely through the pudenda".
"Uterine tumor; stitching pains".
"Labour pains stitching, shooting".
"Tearing-stitches in mammae on flow of milk".
"Hoarseness as if something were sticking in the throat".
"Pleurisy : stitches in left chest".
"Systolic murmur; stitch pains".
"Stitching-tearing extending into finger joints".
"Stitches fine but very acute in left hip joint while standing".
"Stitches in corns".



This comes near to being predicated of patients as a whole, and is therefore general, isn't it?
"Burning and biting in the eyes".
"Burning on tip of tongue as if it were raw or covered with blisters".
"Painful blisters in all parts of the mouth, with burning pain".
"Ulcerated nostrils with burning pain".
"Burning in haemorrhoids".
"Feeling as if a red hot poker were being thrust up the rectum".
"Burning in urethra during and after micturition".
"Burning in hips before menses".
"Burning stitches in both costal regions".
"Burning pressure in back".
"Burning at insertion of nail of middle finger".
"Stitching-burning in ball of great toe".
"Burning in skin".

Another generally characteristic kind of pain; and here is another one :
"Throbbing and beating in the forehead".
"Congestion to the head, with throbbing and humming".
"Throbbing in head and whole body".
"Beating vibration in right temple".
"Throbbing behind ears".
"Toothache only when eating; throbbing".
"Throbbing in the pit of the stomach like a violent palpitation of the heart".
"Throbbing in the precordial region".
"Pulsations in the abdomen".
"Feels pulsation of all arteries even down to tips of toes".
"Pulsation pains in upper arms at intervals".

Tendency to dropsy is another phase running all through this remedy :
"Swelling between the eyebrows and lids like a sac".
"Ascites".
"Body, legs and scrotum dropsically swollen".
"Painful bloatedness in groins".
"Tension, heaviness — abdomen".
"Oedema left foot extending upward over whole body".
"Great swelling of feet extending to the malleoli".

Now, what would the following denote?
"Coryza thick, yellowish, purulent, yellow, green or bloody".
"Sore, crusty, nostrils, scurfy".
"Much mucus in the back of the throat".
"Tenacious mucus in fauces and posterior pharynx, difficult to hawk up".
"Expectoration of small round lumps from throat".
"Must expectorate much mucus frequently for half an hour".

Some will say that this merely shows that the remedy under discussion belongs to the potash group. It does show this, but discharges are important in indicating the kind of discharges listed here, points to a patient with deep chronic tendencies toward organic disease.

The next thing which commands the attention of the reader of symptoms is the time aggravation. This too is important and characteristic of the remedy and of the patient who needs it.

"Begins to cough as early as 3 A.M.".
"Dry hard cough, especially worse 3 a.m.".
"Sharp, stitching pains awaken him 3 a.m.".
"She awoke every night for three nights consecutively at about three o'clock with the sense of water running from the mouth".
"Awakening between 2 A.M. and 4 A.M. with nearly all ailments".
"At 3 A.M. or 4 A.M. diarrhoea worse".
"2 A.M. or 3 A.M. awakened by tensive pain at pit of stomach".

"At 3 A.M. terrible attacks of asthma".
"5 A.M. suffocating and choking cough".

So far we have found characteristics of the drug which are strong, peculiar and interessting, but these things are not characteristic of the patient or descriptive of the person who needs Kali Cali Carb. So we look further. Ah ! here they are :

"Oversensitive to all sorts of things: drafts, weather changes, any illnesses, least touch, etc. etc".
"Every noise is unpleasant".
"Intolerance of the human voice".
"Starts when touched".
"Frightened and cries out whenever he is touched lightly on his feet".
"Patient shrieks when even slightly touched on three painful vertebrae."
"Great sensitiveness of the epigastric region externally".
"Pit of stomach tense, swollen, sensitive to touch".
"Painfulness of umbilical region to touch".
"Great soreness about the genitals before, during and after menses".
"Sore pain in vagina during coition".
"Uterus tender".
"Sore pain in upper part of chest on breathing, touching or lifting anything heavy".
"Tips of toes very painful on walking".
"Corns painfully sensitive".
"Touch startles; causes pain which makes the patient shriek".
"Can hardly bear pressure of clothing".

This shows the kind of patient, physically speaking, with whom we are dealing and here is further testimony :

"Weakness of vision".
"Paleness of face and weakness".
"After the spasmodic attack, eructations followed by extreme prostraction; weakness; she could speak only very softly".
"Nausea as if to faintness".
"Wants to eat frequently on account of gone feeling in stomach".
"When hungry, feels nauseated, anxious, nervous, tingling; cough and palpitation, better after breakfast".
"Nausea and loathing from emotions, with anxiety and faintness.
"Sick during a walk; feels as if she must lie down and die; pregnancy".
"After attack : stupefaction, loss of concsiousness, sopor; sometimes with delirium and followed by exhaustion".
"In morning exhausted".
"Great loss of vitality".
"Feeling as if rectum were too weak to evacuate stool".
"Vomiting with a swoon-like failing of strength".
"Weakness of chest; weakness and weariness from rapid walking".
"Heaviness in limbs; scarcely able to lift feet".
"Trembling of hands and legs and easily fatigued from walking".
"Weaknes and loss of power in both arms".
"Weakness of wrists as if sprained".
"Tremulous fatigue".
"Attack of faintness as soon as she moves but a little".

A worn out, broken down constitution, ready to take on serious illness.

Now to come to the mental and spiritual side of this remedy, the real ego of it:

"Dull, confused, stupid".
"Excessive hurry in thought and action".
"Irresolute mood".
"Sensation as if thoughts vanished for a moment".
"She could at any time burst into tears".
"Obliged to weep much".
"Despondency".
"No joy in anything".
"Irritable mood; peevish, morose".



"Easily becomes very violent".
"Every trifle vexes; impatient with her children".
"Full of fears".
"Dread of being alone".
"Fears that she cannot recover".
"Anxious about her disease".
"Very easily frightened".
"Sad presentiments of the future".
"Anxiety every day".
"Obstinate; frequently does not know himself what he wishes".
"Longs for things with impetuosity; is contented with nothing".
"Gets into a rage if everything does not go according to her wishes".
"Constantly in antagonism with herself".
"Alternating mood : at one time quiet, at another excited and angry at trifles".

Here is the person himself, his loves and passions, his moods and his turmoil states.

And what a patient it is ! Full of confict, mentally, emotionally and physically; never quiet and contented; wearing himself out with irritability; full of anxiety and fears; obstinate and yet sensitive; oversensitive to pain and touch and noise and nearly everything; weak, prostrated, ready to take on organic disease; broken down in vitality; full of tremors and pulsations, of burnings and stitching pains.

No wonder Kali Carb, fits into many situations and no wonder it is not used as it should be. We have Kali Carb. patients all around us; we meet them in daily life.

If we can keep in mind the genius of this wonderful remedy we may turn back to health many a poor broken, irritable human bring.

"At this present moment of time and space, the human intellect as we know it may possibly not be the highest type of intellect in existence. Higher intelligences may exist in other places or may appear in other epochs. And the intellectual level of these beings may be as must above ours as ours is above the protozoa. Then it may well happen that before the penetrating eye of such intelligences, even the most fleeting moment of mortal thought as well as the most delicate vibration in the ganglia of the human brain, could be followed in each case, and that the creative work of our mortal geniuses could be proved by such an intelligence to be subject to unalterable laws, just as the telescope of the astronomer traces the links of the manifold movement of the spheres.

—MAX PLANCK

# Some Experiences in Homoeopathic Practice

DR. GANESH RAO, L.C.E.H. (Bom.)

## CASE NO. 1

Miss. A., aged 23 yrs. (Homoeopathic Physician) complained of persisting nausea and vomiting after severe mental and physical exertion. The nausea and vomiting was severe in nature and the patient was not able to retain any — solid or liquid — food absolutely. Lean, fair and chilly patient; otherwise, had good health. The patient started treatment with **Ars Alb, Puls, Nux Vomica, Phos.** and **Ipecac.** The patient consulted a week after the onset. No definite modalities were available. The constitutional remedy as revealed by the data was **Nat. mur.** and hence **Ignatia** (its acute complement) was prescribed with only 10 to 25% relief, followed by a severe relapse leading to severe dehydration. The Patient therefore was hospitalized and investigated. Barium Meal examination revealed large but hypotonic stomatch. She was put on I.V. fluids, tranquillizers and other medicines, and was given nothing by mouth.

In the hospital the patient would sit up with nausea and would insist on going to the attached toilet with the I.V. on, the nurse holding the set, and would come out after long intervals. The nurse mentioned that she would retch, though there was no vomitus. However, the patient retained 2 glasses of barium. The only improvement was in dehydration after I.V. fluids and the patient was discharged. On the 3rd day after discharge, patient again started with nausea and vomiting with added vigour, when rehospitalization was considered for gastroscopy; relatives mentioned that throughout the night patient would sit up with knees drawn against chest and vomit, also would say that this position helped her nausea.

This position of the patient was conveyed to me and then this "knee-chest position" was confirmed by a visit.

Referring to Boger's Synoptic Key, p. 384, two remedies have been mentioned in the rubic "Knees, elbow or chest position", **Lob; Petrol.** On referring to the materia medica, **Lobelia inflata** was selected, with its deathly nausea.

The interpretation that the nausea and vomiting could be of central origin — decided **Lobelia inflata** — as the prescription.

A few doses of **Lobelia inflata 30** (and "200" taken out of anxiety) relieved the patient. The patient could retain the fluids on the very same day.

## CASE NO. 2

Mr. B, aged 46 yrs. an executive from Madras, had severe headaches for the last 30 yrs. The headaches were of a violent throbbing and hammering type. He had tried practically every known therapy, including 5 yrs. of Homoeopathic treatment. (Here patient gave names of most of the



acute and chronic polychrest remedies taken). He was seen by Ophthalmologist and Neurologist, and investigations such as X-ray skull, brain scan and repeated ophthalmic check-ups had revealed nothing, nor was there any change in the headache-pattern with the treatment. The headaches were continuous now, and he continued his normal work with them. Only when it reached a peak level, he was unable to work.

In the course of the history-taking, when the patient was asked about any aggravation from the Sun, the patient mentioned that whenever he had headaches, he would deliberately expose his head to direct Sun and would also wrap up his head with a heated muffler to retain the warmth of the head longer. This gave him relief and the headache would not reach a peak.

On referring to the Repertory (1) Rubric, "head pain, Sun exposure to, ammeliorates", **(Kent, 149-1),** 2 drugs with one mark each are mentioned; **Graph.** and **Stront.**

(2) Rubric — "head pain, wrapping up head, ammeliorates", (Kent, 152-1) **Stront** is mentioned.

A look at the materia medica and further questioning ruled out **Graph.** Under **Strontium carb,** the following data, which was also mentioned by the patient, was confirmed; viz: Violent headaches gradually appearing and disappearing, headache from nape of neck up-wards.

**Strontium Carb 30 and then 200** greatly relieved the complaint.

## CASE NO. 3

Mrs. C, aged 32 yrs. sought consultation for Hyperacidity and Skin allergy.

There was burning pain in the epigastrium, extending restrosternally which was < Fried, Spicy and Gram dal food and also < Tensions, > Inc.

There was induced sour (occ. bitter) vomit followed by relief (Milk < and hence not taken).

The skin allergy was in the form of red elevated painful patches with intense itching > cold application.

The other complaint was headache < SUN[3], overeating > vomiting[3].

During the case-taking, the patient said that the complaints started following extensive treatment for primary sterility (including artificial insemination twice per cycle for about 8 to 10 cycles) (Husband's semen Count — normal).

The personal data included — Desires for Fish[2], Cold drinks[3], Aversion for Sweets, Warm drinks. Thirst, Urine, Stools — N

Thermal modality Hot Patient (SUN<[3])

Menses — 4/26—28 painless, moderate dark red, occasional clots.

LMP — 4th October '81,

**Mentals** — Patient not free to talk in the first consultation.

**Past history** — Jaudice 3 yrs. back
Malaria 5 yrs. back
Operated for benign glandular goitre-7 yrs. back.

The treatment was started with **Apis 30** and dosage regulated as per the response, for acute acidity complaint, **Natphos-6x** was kept with the patient.

The patient reported great improvement in Skin allergy and there was no aciclity complaint during the same period. But the patient had developed throat complaint which was managed by **Merc-i-f-200.**

In the course of a subsequent visit, the patient broke down spontaneously and gave the following data : She stays with her husband, brother-in-law and father-in-law. Both husband and brother-in-law are extremely good to her, but the main cause of the complaints is the "old man" — a retired widower who gambles, abuses and insults her, more so because of her inability to bear a child. With two facts — primary sterility after 6 years of marriage and husband's semen count normal, she blamed herself for her misery.

Interpretation — Mortification, Repressed emotion Grief, **Nat-mur-200** (3) were given on 4th, 5th and 6th days of menstrual cycle, and was asked to report for next cycle, with the result that the next menses came 24 days after the first cycle. Also the patient had severe cold, and sore throat (**Merc-i-f-200** given). She gave added information about lot of "Spillage" after intercourse. A change to **Nat-carb** was thought of, but on questioning the husband who revealed that he had a hypospodias which was operated once in childhood, and adviced "2nd stage" operation subsequently, which was not done. So only a bit of advice helped. The character of the menstrual flow suggested indelible stains.

The throat concomittant to the menses (Kent, 460-1) and (Boger-Boenninghausens' Repertory, 489-1), the character of menstrual flow, < from milk and Hot patient was all considered in relation to the materia medica, and **Mag mur 200** HS (7) was administered. No medicine was given in the 2nd week and the patient was adviced to report after the next menses.

The next cycle was of 28 dys with no sore throat. This was followed up with **Mag. mur** 1 M (3) on 4th, 5th and 6th days. The patient conceived and had a normal delivery after full term. The pains started around 2 p.m. and delivered around 6 p.m. — a male child of 6 lbs.

### CASE NO. 4

Mrs. D, 32 yrs. Backache—dorsal region for 1 yr. she has been shown to Orthopaedic surgeon who advised short-wave diathermy with no relief. Patient on Calcium Injections at present with no relief, X-ray chest taken — NAD.

The patient gave further data as follows:

Backache (dorsal region) on and off, shifts in location in the dorsal region only. Occasionally, the pain is also felt in the epigastric region. With backache, the patient gets belching, nausea and sour, frothy vomits, < Warm tea > Cold Ice, eating.

Frequent oral ulcers for 1 yr.
Headache < SUN, sleep, loss of,
Chilly patient — Warm bath, Covers fully

Urine — Stools — N Menses — N
Desires — Sour, Cold
Sleep — N, < loss of sleep
Mentals — Anxious, Fearsome, Timid
Fears — dark, remaining alone
Family history — Mother — Diabetis
Father—Hyperaciclity

The modalities, concomitants and also the mental state clearly pointed to **PHOS.**
20th September **Phos 30 HS** (7)
26th September < on 1st two days and then > SL (7)

6th October 99% > 2nd day menses **Phos 200 (1)** on 4th day

(pt. asked to report after next menses or as required)

3rd November >[3] MC — 4th day **Phos 200 (2)**

The constant nagging pain, vomits, backaches, shifting pains, oral ulcers and headaches in summer have not recurred.

# Case Presentation and Discussion

**Dr. (Smt) Vishpala Parthasarathy L.C.E.H.**

This case is the last of our 1982 series, where we have taken up the study of some of our major constitutional remedies namely Sepia, Natrum and Kali. In 1983, we could take up other important chronic remedies, or we could take up acute remedies. Our readers could indicate to us where their interest lies.

PLAN OF PRESENTATION :

1. COMPLETE INDIVIDUAL HISTORY including the life situation and development from childhood onwards.
2. CASE ANALYSIS AND SYNTHESIS :
   - A. Discussion of the Patient's mental traits leading to the development of the personality structure.
   - B. Repertorial Tetality and working, differentiation of the indicated group of remedies.
   - C. Planning and Programming of Treatment.
3. A brief FOLLOW UP of the case and CONCLUSION.

Case Reference — VP/B/46/81.

## 1. CASE HISTORY

Smt. L.M.R., 31, was brought on 4-12-'81 by her mother with whom she is holidaying currently. She lives in U.S.A. since her marriage in 1974, where her husband, 37, is a computer proggrammer, and her son is 4 years old. Father, 62, is retired from the airlines, Mother is 53, and married sister who lives with them, is 33. A 26-year old married brother is in New York.

Daily acne have been her major problem since 18 yrs.; from 9 yrs., they have taken the form of very painful cysts, which does not form a head but gradually get absorbed in three weeks. ∠ MENSES BEFORE[3], Fried, Masala, SWEETS[3], and in Bombay; also with tension and worry. > Massage & warm application.

Gets colics on the 18th day of the cycle, and in the afternoons after lunch. Headaches since childhood, once a month in A.C., with cyst, summer, during Menses, and afternoon. Tendency to loose motions from worry.

She is stocky and short, with falling of hair and greying due to worry. She is not fussy about food, craving SOUR[3], EGGS[3], spices, sweets. Since 1 year Menses is early, profuse with clots. They leave brownish stains. Leucorrhoea in Bombay which stains yellow. The delivery was normal, lactation for one week only, since child could not suckle due to cleft palate and lip. Patient is hot, likes full fan, covers a thin sheet and takes a warm bath. Sleep is light and full of dreams, but cannot remember them.

Family History : Father : Diabetes, and Vitiligo, Hypertension.

Mother : Warts and Acne. Son : Cleft palate-lip.

Past History : Bronchits. Abscess teeth after injury.

MILESTONES : Speech delayed — 2 yrs.

**LIFE SITUATION :**

She was born in 1950, the second daughter. Father, being in a transferable job, her schooling was in various places. After S.S.C. in 1967, she was in Bombay, till B.A. in 1971. She planned to study further in Economics, but instead got married in 1973, to a man brought up and settled in U.S.A. His father was working with an International Organization, while his wife stayed behind in India with two children. She died when son was 3½. Father re-married an Indian doctor settled in U.S.A. Called the children there, when the son was 9. With both parents working, and a step-mother who believed in independence for all, the son became an insecure, dependent child craving love; he developed into a neurotic, anxious, depressed young man, later manifesting in Cyclic Depression — was on Psycho-therapy and drugs. He was normal and able to work only 4 months a year. Patient and her family were unaware of this background at the time of marriage — which was one of those quick affairs, quite prevalent in those days. When she landed in her new home, she had to take his responsibility; he was totally dependent on her. She has educated herself about his illness and has learnt to handle him. Basically an introvert, she does a lot of gardening, reading etc. She has made a few American friends, who are more understanding about this sort of problem. Monetary help is forthcoming from the In-laws, but nothing else — not even hospital visits. The saving grace is her son who is very bright, even the cleft palate has been operated. Sometimes she thinks of divorce.



## 2. CASE ANALYSIS AND SYNTHESIS

### A. DISCUSSION OF THE PATIENT'S EVOLUTION :

Here again we see an entirely different situation from the earlier three personalities we have discussed. Here the patient was the second daughter, so probably a disappointment to her parents. She may have sensed the rejection, though the parents, being educated, may not have expressed it overtly; and felt it more so, when the third child, a son, was born. This is reflected in their personalities : she an introvert, her elder sister much more outgoing; and her brother, a little pampered. (He later created a problem for the parents, by marrying a Muslim girl at 22 yrs., while he was still studying. They were quite upset when informed of his intentions; even so they tried to compromize by making a reasonable request of waiting a year, so as to be able to complete his studies, settle down and then get married; but he did not heed them, went ahead, and has made a total mess of his life.)

Her nature was further aggravated by her marriage; for no fault of hers she landed with a Manic-Depressive husband; they had not the slightest suspicion of it before marriage — his behaviour was completely normal, and the time was very short ! She discovered it only on going to U.S.A. — a new country, new surroundings, and no one to turn to, or lean on; rather she had to be the sole support for her family, since there was no emotional help forthcoming from her In-laws. (Her father's grief and guilt were such as to break out in Vitiligo.) She had to turn to herself for inner strength; it was probably her introvert nature, plus the intrinsic Hindu belief in Fate, which helped her withstand the terrible shock; accept and shoulder her responsibilities, without resorting to divorce etc. but rather educated herself about his illness, and is helping to treat him. To add to her problems. her son was born with a cleft palate ! That too, she took in her stride; got him attended to; luckily it is a largely repairable melady; also the child is bright and has overcome it to a great extent.

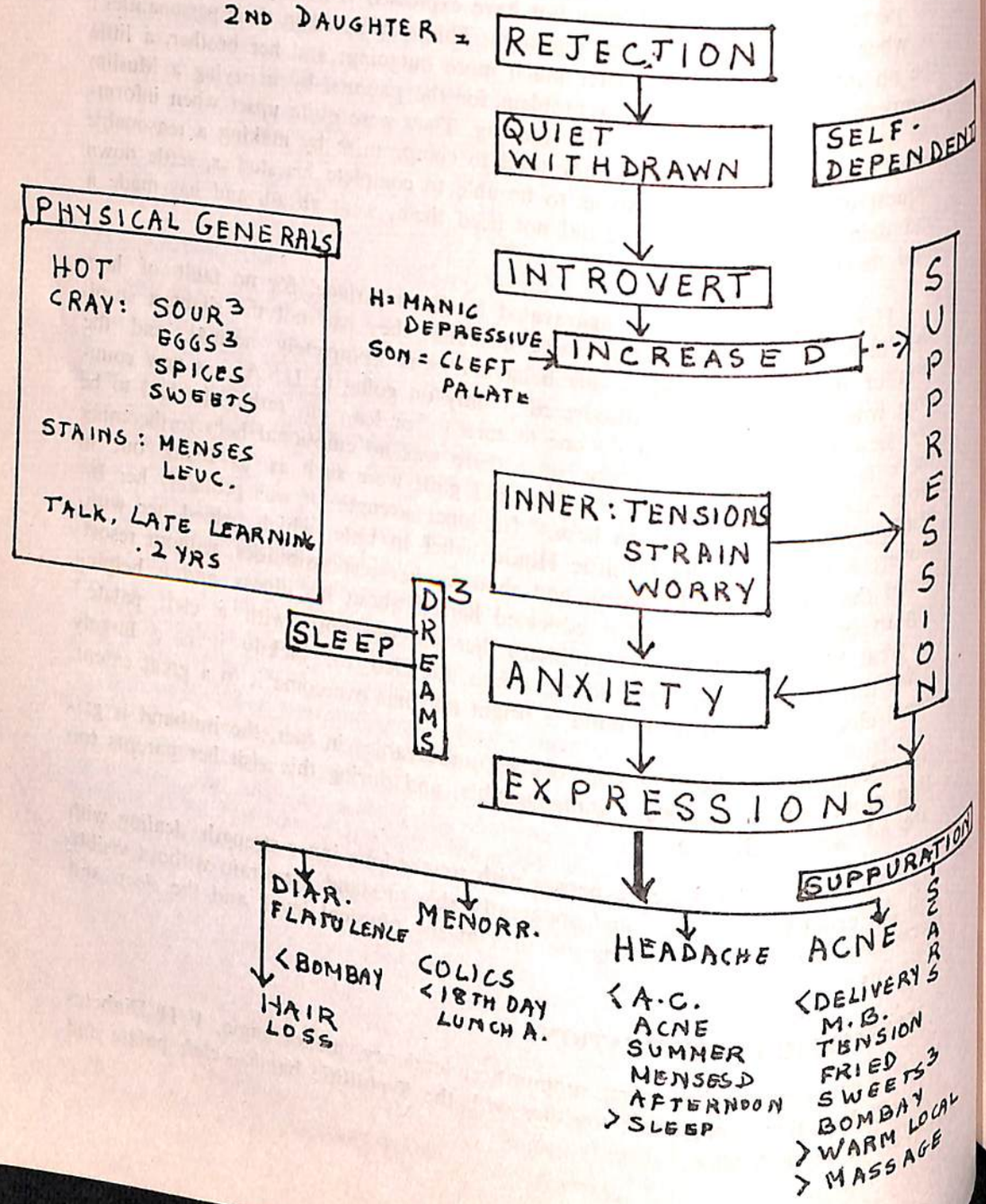
Occasionally, the situation does get unbearable; in fact, the husband is getting more violent and more unmanageable, and during this visit her parents too are advocating divorce.

So, here we have seen a person with tremendous inner strength, dealing with all the cruel blows of life, and apparently able to stand the strain without visibly cracking up; — but the effects are seen at the physical level, and the sleep and dreams.

**MIASMATIC CLASSIFICATION :**

Acne cyst leaving scars, suppuration tendency, menorrhagia, F/H Diabetes are Tubercular expressions; together with the Syphillitic band — cleft palate and F/H of Hypertension.

## STRUCTURE :






B. REPERTORIAL WORKING :

**Essential Totality :**

1. A.F. Tension
2. A.F. Anxiety
3. A.F. Worry
4. Hot patient
5. ∠ Summer
6. ∠ Bombay
7. ∠ Fried, spices
8. ∠ Sweets
9. > Local heat
10. Suppuration
11. Menorrhagia
12. Acne cysts
13. Cravings : SOUR[3], EGGS[3], Spices
14. Menses and leucorrhoea stain
15. Milestone — Talking delayed
16. Dreams — Unremembered.

**Repertorial Totality :**

| Rubrics | Reasons | Rep. Page (Boenninhausen) |
|---|---|---|
| 1. ∠ Emotional, Excitement | Causative emotional | 279 |
| 2. ∠ Anxiety | " | 280 |
| 3. ∠ Warmth in general | Physical General Modality | 307 |
| | | 307 |
| 4. ∠ Summer | " | 302 |
| 5. ∠ Wet weather | " | 109 |
| 6. ∠ Menses, Before | " | 283 |
| 7. ∠ Fat | " | 284 |
| 8. ∠ Sweets | " | |
| 9. > External Heat | " SYNOPTIC KEY | 3 |
| 10. Skin Unhealthy | Physical General | 214 |
| 11. Menstruation, Profuse | " | 108 |

GROUP OF REMEDIES which come out of the repertorial filter :

| ACUTE | CHRONIC HOT |
|---|---|
| 1. Belladonna $10^{33}$ | Sulphur $10^{36}$ |
| 2. Pulsatilla $8^{36}$ | Lyco $9^{28}$ |
| 3. Rhus Tox $8^{28}$ | Nat Mur $9^{28}$ |
| 4. Merc $8^{27}$ | Calcarea $8^{29}$ |
| 5. NUX.V. $8^{26}$ | Mag M $8^{20}$ |
| 6. Bryo $8^{28}$ | |
| 7. Cham $8^{26}$ | |

**Potential Differential Field :** (KENT'S Refertory)

| | SUl | Lyco | Nat. M | Calc. | Mag. M |
|---|---|---|---|---|---|
| 1. Desires Sour | 3 | | 2 | 2 | 2 |
| 2. Desires Eggs | | | 1 | 2 | |
| 3. Desires spices (Pungent) | 3 | | 2 | 2 | |
| 4. Menses, wash off, difficult | | | | | 2 |
| 5. Talk, slow learning to | | | | 1 | 3 |
| 6. | $2^6$ | | $3^7$ | $4^3$ | $3^3$ |

**Selection of Remedies**

CONSTITUTIONAL REMEDY :

Now here we see from the working — that Calc., Natrum, Sulphur and Magnesium come very close.

Now Calcarea personality is not so strong willed and will be unable to withstand so much shock — it will readily crack under excessive strain. With regard to this, Nat and Mag., come very close. Sulphar also comes for consideration — the physical level — suppuration, acne cyst and menorrhagia.

Magnesium, as we all know, is the chimera of Calcarea body and Natrum mind; and with the strong Sulphate element of Damp $\angle^3$, suppuration, acne cyst, and hot patient, plus the specific Magnesium data being — the Mind — strong independent and INTROVERT$^3$; at the physical level — the menses & leuc. stains which are indelible, and the acne leaving scars;

So on these grounds Mag Sulph was selected; Potency decided was 30, with the cysts and suppuration, where a higher potency may aggravate.

ACUTE REMEDY :

Pulsatilla comes very high in the working; also it is closely related to Magnesium and is it's natural Acute; so it is to be borne in mind for acute attacks of Colic etc.

INTERCURRENT REMEDY :

Hot Patient with F/H of Diabetes, acne; therefore with suppuration and cysts, the strong Tubercular base — Tub Bov IM was selected.

C. **PLANNING AND PROGRAMMING :**

ACUTE : Pulsatilla 30 — frequent repetition, as required.

CHRONIC : Mag Sulph 30 — single doses.

INTERCURRENT : Tub Bov LM — single dose.



**FOLLOW UP**

| Date | SYMPTOMS | Comments | Prescription |
|---|---|---|---|
| 4-12-'81 | Acne | | Mag Sul 30(1) at night + Placebo Tub Bov lM (1) |
| 18-12 | LMP on 14-12. No Pain. Clots > Face clearer— | > | |
| 14-12 | 1 boil on forehead since 3 days. >, No new Acne. Hair falling >, no flatulence or loose motions. | | Placebo. |
| 14-1-'82 | Diarrhoea and sleepless on 13-1. Skin $>^3$ LMP 10-1 for 3 days, Bleeding normal, no clots no pain. | Slight relapse | Mag Sul 30 (1) |
| 25-1 | Cold, cough — 4 days with headache, sinus pain. 3 acne-painful. News from U.S.A.— Husband — missing for few days. | Acute A.F. emot upset. | Puls. 30 Q.D.S. |
| 29-1 | Cold better. Acne + Pain less. | Better, but + | Puls. 30 every night. |
| 5-2 | Headache 4th. LMP 12-2. No Pain. Acne +. Husband still missing; mother who had come with patient, wept; but patient only got few tears in eyes. | > — ∴ Chronic Stoic Nature. | Mag Sul 30 (3) |
| 25-2 | Few new acne. | Still +, more repitition | Tub. BovlM to night Mag Sul 30 for 3 nights. |
| 23-2 | LMP 13-3. Pustular acne since one week. | Change Potency | Mag Sul 200 (1) |

After this, patient better. She went to USA; leaving son here; husband had apparently had one of his attacks, parents had taken him to hospital; **he had** walked out from there, and had last been seen walking towards towards the Potomac river. Due to the snow, it took them one month to find the body in the river. Then patient went there for one month, to decide what to do — to settle in U.S.A. or India. She came back after one month. Her Father-In-Law also came to Bangalore in June '82. He had a Heart Attack there and expired That time again patient had a relapse. Now, with both men dead, she's decided to go back and live with her Mother-in-Law; and take up a job there, Healthwise she's keeping quite well.

# SEPIA—A Study in Perspectives—II

**Dr. K. N. Kasad,** M.B.B.S., M.F. Hom. (Lond.)

## 5. PERSONALITY PROFILE

We shall take up the following sub-headings as unitary block, and not in sequence, as they are inextricably interwoven in an organic whole :

(a) At Variance with the Self
(b) At Variance with the Environment
(c) Ptotic Personality and Stasis
(d) Universal Symbolism
(e) The Genius of the Remedy

A Polychrest, like Sepia, with its wide-spread symptomatology, protean manifestations and variegated pathogenesis, could be understood better when approached from the standpoint of the central formative functional entity principle of the drug. The diversified material of provings and clinical symptoms could be integrated into an organic whole, if we assume that the diversity of physical, chemical, biologic, morphologic and behaviour characteristics of a potential medicine, a substances, represents but different phases of expression of the one and the same functional archetypus — as suggested by Edward Whitmont[1]. We assume this also manifests itself in the mental and somatic symptoms of a proving as well as in the clinical disorders of the patient. In order to understand the diversity of symptoms as a part of a functional whole, one has to integrate them into the general context not only of biologic but also of psychologic functions. To assure a full understanding at certain points, help could be adduced from Jung's Analytic Psychology. What was earlier a maze of unrelated and often contraordictory details of provings and clinical findings becomes a chain of logically related events when this is seen as stemming from a deeper understanding of the human soul.

The most outstanding characteristics or unusual features of the substance may be used as the starting points. e.g. The symptoms of the patient — the aversion to company of **Nat-m.,** physicochemical properties of the substance itself — the luminescence of **Phos.,** and life expressions of the plant or the animal — such as the dryness of **Lyc.** or the production of the ink cloud of **Sepia.**

In **Sepia,** besides the ink cloud, its extraordinary configuration as the metamorphosis of the cuttlefish from the oyster, and the contradictory phenomena of light and darkness which the animal produces, form the central 'soul' or 'essence' from which the various symptoms could be viewed. The change of the form pattern culminates in an extreme polar opposition of oyster and cuttlefish, with the snail holding an intermediary position in the family of molluses to which **Sep.** belongs. Morphologically, the oyster has the most undifferentiated body with no limbs whatsoever, is absolutely immobile being completely encased in its shell. The cuttlefish, in turn goes to the opposite extreme of emancipating itself from the passive immobility of the



oyster. Its life-activity centres in the relatively overdeveloped limbs which cannot be withdrawn into the shell itself. It exhibits rapid locomotion through its pairs of fins and tentacles, which has its expression in the provings and clinical symptoms of 'rapid motion amel., slow motion aggr. and continuous motion amel.' Thus the basic prototype of the oyster undergoes a process of expansion and eversion which reaches its culmination in the cuttlefish, which is an expanded, extroverted oyster; the oyster is an introverted cuttlefish. The dominant tendency of the configuration of **Sepia** strikes us like an overturning of the form pattern from which it is evolved, a rebellion against the shell-enclosed soft, ummobile and impassive quietness, sloth and inertia.

The formative principle, as expressed in the archetypus of the oyster, has its correspondence in the configuration of the human skull which encloses and protects the jelly-like, morphologically relatively undifferentiated brain suspended and immobilized in the cerebrad-spinal fluid; and in the pregnant uterus enclosing and protecting the gradually differentiating foetal substance. Biologically, this means resistance against infection and tightening the tissues against the overflow of fluids. In the failure of this function, we have susceptibility to infection and the exudative diathesis, which we have in **Calc-c.** Psychologically, introversion and walling oneself off mean separating and individualizing oneself towards the world from without and from within.

The Language of Universal Symbolism has been used by the ancient philosophers and alchemists, along with the Law of Analogy and Correspondence, to enable understanding of the complex phenomena of Life at various levels, in its evolutionary course. The differentiated Universe emerges out of the primordial chaos of the original, undifferentiated, homogeneous mass — the creative matrix — symbolized by the 'hermetic vessel'. We find its expression in dreams, represented by a vessel filled with a gelatinous mass. All these patterns are variations of the same symbol which represents the source of physical and spiritual creativeness from which the central self can strive for expression out of the amorphous — in analytic psychology. The 'vas' principle is inherent in the head but also, representing the matrix, in the uterus, the place of physical creation. As a general tendency this form complex, the pattern of the shell-encassed jelly, also represents the early, physical and, particularly, the feminine principle.

This principle in its purest, undisturbed form is embodied in the oyster, as is attested to by the pathogenesis of **Calc-c.** The dynamic life-expression of **Sepia,** on the other hand, which turns introversion into extroversion, thus basically rebels against the contemplative, passive, protected feminity. Incapacity to break loose from the enclosing shell completely and to completely overthrow the form pattern also corresponds to the inability to cast off the temperamental, sexual and emotional tendencies which one would disown. These can only be slowly and gradually transformed by developing a conscious understanding with which to complement the world of instinctual feeling which is woman's primary expression and experience. Whenever the gradual expansion gives way to a violent, protesting attitude, suppression takes the place of gradual transformation and pathology arises. Challenge to and suppression of the quiet, contemplative and receptive feminine qualities thus becomes the keynotes of the **Sepia** pathoIoy.

**'The Genius of the Remedy' Sepia,** lies in this failure to accept the passive feminine role in life at all the epochs, and its rejection, with the resultant suppression of all the feminine impulsive, instinctual urges, including the suppression of sexual function and the basic emotional propensities. Biologically, this unrelieved sexual drive and feminine traits distorts the whole of the life activities of the body, bringing about various disorders at various levels of the soma and the psyche:

1. Circulatory disturbances — the differential vasomotor effects.
2. Congestive disorders (Venous Stasis).
3. Ptosis.
4. A state of general spasticity and rigidity, involving voluntary and involuntary muscle group and organ.
5. A state of nervous hyperirritability, and emotional instability.

At the emotional level, this 'Masculine protest' (the psychoanalytic term) makes the woman a bustling, nervous fidgety and opinionated shrew; restless, anxious, depressed, sad, silent, solitary, weepy (when narrating symptoms), dogmatic and leads to uncontroloable, erratic, unreasonable, contradictory and hysterical, neurasthenic states. Very sensitive, easily offended, moody, faulty-finding, with aversion to company yet fear of being alone, averse to consolation. Stilled Affections and Indifference to loved ones, especially family members, the husband in particular with the tell-tale face of marital discord. He is a variance with the self, his family, at his place of occupation and in society, and therefore a **'MISFIT'** in life. She has limited powers of Adaptation to the Environment, both emotional and physical, Suppressed hostile impulses express as the **Psychosomatic Disorders,** at the levels of: a) **Skin**: Allergy, Itching without eruptions, Neurodermatitis; b) **Generative Organs**: Functional Sterility, Impotence in the male, non-infective leucorrhoea ('headache of the lower abdomen'), functional menstrual disorders, menopausal disorders, climacteric in the male, Sexual Frigidity and Vaginismus; c) **Respiratory System**: Nasal Allergy, Sinusitis, Granular Pharyngitis, Banking Cough), Bronchial Asthma and Tropical Eosinophilia); d) **Musculo-Skeletal System**: Rheumatic States, Rheumatoid Arthritis and its Equivalents, Gout as the associated disorder, and Chronic intractable Backache of psychognic origin; e) **Head :** Tension Headaches and Migraine. Failure of Adaptation expresses also at the **Psychotic level** — Depression, Manic-Depressive Psychosis, Puerperal and Menopausal Depression (Involutional Melancholia), and at the **Neurotic level.** Neurasthenia (Sleep, unrefreshed, a.m., even a short sleep amel.), Neurotic Depression, Hysteria (Sensations as if, contradictory and alternating moods, states, Ball, Plug, Lump, Globus sensations, involuntary jerking of the head Anxiety state with years (darkness, illness, misfortune, being alone backwards and forwards), Extremely Irritable nature, alternating with depression and stilled affections, what is described as 'Irritable Depression". And she is intolerant of contradictions. The male who would suppress his feminine side becomes hardened, mean, egotistical and narrow — minded; he may fall a prey to unaccountable emotional and hysterical outbursts when the dammed-up function suddenly takes its revenge.

At the physical level, the suppressed sexual functions and feminine traits lead to : a) The typical Sepia Typology, described by Kent, **'a He-Woman',** or a **'Feminine Male !;** b) Congestive Phenomena in the **female Pelvis** as well as in the nasal mucosa. The disturbances in the female genitalia are as follows :

—Puberty, Ailments, from.

—Menstrual Difficulties : Delayed Menarchy, Scanty periods, Irregular menses, excessive bleeding, Congestive Dysmenorrhoea, Premenstrual Tension, Mid-Menstrual Bleeding, and always aggr. at and before the menstrual cycle.

—Leucorrhoea : acrid, offensive, infective and non-infective, yellowish-green, milky, aggr. before and during menses.

—Sexual Difficulties : Frigidity, Dyspareunia, Diminished libido and aversion to coition ; impotence in the male.

—Pregnancy : Morning sickness aggr. odours (Colch.), haemetemesis[2], Tendency to repeated abortion at the 3rd month (Sabin.), Toxaemia of Pregnancy, Ante- and Post-Partum Haemorrhage, Dystocia, Uterine Inertia, Malpositions of the Foetus before fixation (Puls.), Metrorrhagia at 5th to 7th month, Pyelitis.

—Uterine Displacements : Retroverted Fixed Uterus with Backache; Prolapse and lateral displacements.

—Puerperium : Psychosis (Depression), Sepsis (Urinary), Retained Placenta, Subinvolution of the Uterus, Failure of Lactation.

—Stilled Affections, Indifference, Aversion to opposite sex.

—Climacteric and Menopause : Depression, Menopausal Syndrome, Metrorrhagia.

—Pelvic Congestions with Ptosis : from sexual excesses, and Onanism, as well as from unrelieved sexual urge.



The non-acceptance of one's being is the expression of a highly individualistic attitude. Probably upon this fact rests the complementary relationship of **Sepia** and **Nat-m.,** the latter representing the emancipating force of the individual personality. **Nat-m.** personality tends to be asocial in consequence of finding himself emotionally isolated by circumstances & inner needs ; while, **Sepia's** isolation bears much more the mark of either deliberate withdrawal and wilful moodiness or of a state of utter vital exhaustion demanding solitude to nurse one's wounds. The drive for individuality and self-expression which underlies the basic contradictory attitude is expressed in the 'aversion to sympathy & consolation, to company' and in the extremes of separativeness, aversion even to 'one's family (husband and children) and those who are usually loved best'.

The problematical attitude toward the principle, as expressed in the morphological archetype, is complemented by a similar polar tension in the **biological functioning in respect to light and darkness.** The cuttlefish exhibits a dazzling display of colours particularly when irritated and during copulation; during the fecundation period, the female swims at the surface at night, emitting quite a bright luminescence. Males rush on her like luminous arrows. When alarmed, a cloud of black ink is injected into the water. Originally it was thought that the ink formed a smoke screen behind which the animal retreated. Recent observations, however, suggest that the jet of ink when shot out does not diffuse rapidly but persists as a definite object in the water and serves as dummy to engage the attention of the enemy while the

Sulphur is an intermediary product of adrenaline formation, the physiologic aspect of the psychological manifestations could be sought in the disorders of the adrenal function. Endocrinology confirms and furnishes us with the key for the understanding of the correlated physical aspects of the pathology. The total personality determines the sex; the gonads only execute or accentuate it; the adrenals promote the opposite, concealed sex character. The corticoadrenal tumours tend to produce feminism in men & masculinism in women. The female genetic structure seems to be more susceptible of this transmutation than the male one, since this transformation of the sex character is more frequent in women than in men. This agrees with the finding from the psychological interpretation that Sepia's 'revolt' is against the feminine character. Also we find in clinical practice **Sepia** more often indicated in women than in men. The hyperfunction of the adrenals with its heterosexual tendency combines with the disorder of the sex sphere which is the expression of the anti-feminine attitude. The **Sepia** patients are often masculine women with narrow pelvis, overgrowth of body hair, hirsutism, deep voice. Men who need **Sepia** are often overtly dry, rigid and hardened, less frequently the effiminate type of males, as with **Pulsatilla.** As the negation of the role of the woman extends itself to include the refusal of the role of the mother, we find homosexuality, sexual frigidity, aversion to opposite sex and to husband & children, and the wide range of genital disorders. In the 28-day aggr., we readily recognize the rhythm of the oestric cycle. The hypofunction of the adrenal gland accounts for the asthenia, general ptosis, neurasthenia, hypotension, melanosis (Addisonism & Addison's Disease), indifference, indolence, melancholic depression, inability to concentrate, dizziness & fainting and generalized muscular atonia/hypotonia—all of which one finds in **Sepia.**

The state of generalized muscular hypotonia brings about generalized PTOSIS—at the levels of both the soma and the psyche, as under :

I. **Emotional Level :** Total apathy, indifference, inability to love, all affections stilled; depression.

II. **Intellectual :** Dull, apathetic, no signs of intelligence—sharp lines and angles, on the face. Lack of concentration and comprehension, averse to work & occupation. Memory poor, slow ideas, retarded speech. Aggr, from mental exertion, yet mentals amel, by occupation.

III. **Physical Level :**

1. Poor Energy—Extreme weakness, lassitude, fatigue aggr. least physical exertion. Unrefreshed a.m. after a good night's sleep. Fatigue must lie down and rest, aggr. standing.

2. Poor Resistance—low stamina. Motion—sickness. Cold in general aggr., yet amel. open air, aggr. warm room, crowd (fainting), Damp aggr., getting wet aggr. (Washerwomen's Remedy (Phos., Calc.), bathing aggr., storms aggr. (Phos.) Skin chapps, cracks in winter, Susceptibility to ascending colds, pyelitis & cystitis, Tuberculosis, Malaria, etc.

3. Poor Nutrition : General debility and run-down condition, pale, sallow, scrofulous, dark circles, around the eyes, freckles and butterfly pigmentation or the face, saddle across the nose, marasmus, acrid offensive perspiration with least exertion, sepsis.

4. Poor Digestion : Intolerant of rich, fried, fatty food, aggr. pork, milk (piles), acids (although craves the same), alcohol, tobacco, meat, and strawberries.

5. Slowing down of the Venous Circulation & **Stasis :** Abdominal plethora with portal & pelvic congestion haemmorhoids and varicose veins, aggr. standing, amel. fast motion (vigorous), sluggish liver metabolism with bilious and dyspeptic disorders, uric acid diathesis & gout, oxaluria and lithaemic state, chronic constipation not amel. stool; intolerant of pressure, constriction around waist. The systemic effects of hepatic stasis are rheumatic & gouty states with thick, offensive urine of high specific gravity & brick-red adherent sediment (phosphates and uric acid). Standing aggr. the venous engorgement because of gravity, while lying down amel. On the other hand, since exercise stimulates the circulation while rest encourages stasis, we also find the opposite modalities of vigorous exercise amel., & rest amel., as well as aggr. during and after sleep.

In the respiratory sphere, stasis leads to hypostatic pleuritis, cough coming from the stomach with an egg-like taste, worse evening and at night after sleep, amel. rapid motion (also asthma aggr. slow motion, amel. fast motion), and amel. open air, aggr. warm, crowded room. The tubercular diathesis is a part of the Calcarea and Phos. Dynamism inherent in **Sep.** The general venous stasis with incomplete oxidation and elimination **Sepia** shares with the complementary **Sul.** It explains the desire for open air and the lack of vital heat (insufficient metabolic compensatory heat production) as well as for the disturbed skin function manifesting as increased perspiration, unhealthy skin with easy tendency to suppuration and the wide array of dermatological disorders with the **Sul.** modality of aggr. washing and bathing (fire and water do not mix). Itching is amel. cold application in **Sepia,** and by hot application in **Sul.,** although the patient is hot. (**Sep.** is chilly.) Nasal congestion : polypi, ascending colds chronic granular pharyngitis with barking cough.

6. **Generalized Hypotonia Ptosis :** Relaxation, laxity of tissues : muscles, ligaments, joints, etc.

—Physiognomy & Build : Pale, sallow, sessile, sagging, worn-out, with apathetic, parkinsonian faces, flabby face and sagging, pot-bellied mothers.

—Intellectual & Emotional : as indicated above.

—Dragging—down : Bearing-down sensation in the rectum, bladder and vagina-uterus; 'All-gone' empty, sinking sensation in the stomach; gnawing hunger not amel. by eating; As of a ball, plug, lump, globus in inner parts; as if intestines were drown into a lump; nausea amel. by eating.

—Ligaments : Displacements of Uterus; low backache amel. pressure; visceroptosis; aggr. standing, lifting; involuntary urination upon coughing, sneezing and straining, enuresis during first sleep; herniations (internal & external); tendency to turning of ankles and dislocation of joints.

**Sepia's** participation in the **oyster-Calcarea** family is expressed in a tendency to formlessness and lack of resistance or stamina with its consequences mentioned earlier. The close relationship between the two polychrests we find in the following areas as well :

Puffed, flabby, obese, slow, dull, sluggish, indolent, lethargic, leucophlegmatic, 'lymphatic' and 'scrofulous' type; soft, mild, easy, even lazy, disposition; exudative allergic diathesis with a tendency to asthma, nasal allergy, hay fever, urticaria, food allergies (milk & strawberies), sensitivity to cold air and recurrent infections including venereal. **Sepia** & **Calcarea carb** are essentially anti-sycotic with propensity to warts, fibroids, growths, etc., pre-menstrual tension; vasomotor effects.

**Sepia** contains within it the **Phos.** dynamism (the Light Principle) with which it shares certain resemblance at various levels :

Aggr. in the afternoon & evening, thunderstorms, sour food (although craves the same); fear of being alone and sensitive to odours (Sul.); craves cold food and drinks and amel. by them, although the patient is chilly; affinity for the left side (unconscious); lack of stamina & anaemia; desire for stimulating food **(Sul.)**. Sepia contains within it the **Sul.** element (the Darkness/Fire-Fiendish Principle) with which also it shares certain resemblance : Hypersensitivity to body odours & to odours of cooking food—the result of a faulty body and heat metabolism; **Phos.** is sensitive to odours of flowers & perfumes — the end-products of the heatless light metabolism of plants. The smell of flowers corresponds to the animal body odour which both perform sexual function (thus the role of perfumes and flowers in courtship and romance). Eating and digesting (cooking) are processes of pre-digestion that carry over the plant substance (light) into the animal substance (heat metabolism). **Sepia,** which integrates the Phos. light with the fire-darkness of Sul. is oversensitive to odour of food. Both Sep. & Sul. crave saltish, spicy, highly seasoned, pungent foods. The salty food of the Phos. craving awakens mind and consciousness; the sour taste craved by Sep. appears of a more emotional nature ('grapes are sour'; 'he turned a sour face'; the German saying — 'to give him sour', meaning to upset his feelings.)'

We have had free recourse to the Language of Universal Symbolism as propounded by Whitmont[1] to project the **'Genius'** of **Sep.,** that stands like a 'continuous thread or sutratma', around which are woven the vast array or beads of symptoms to lend meaning and significance, to an otherwise haphazard chaotic mass. The technique used for the interpretation of the drug pathogenesis is in many respects similar to the way in which analytic psychology unravels the symbolic context of the unconscious material of patients as found in dreams, delusions & hallucinations, visions and associations. In succeeding in the 'analysis' of a drug we bear out the hypothesis of a probable identical basic entity underlying the different levels of manifestation in symbol formation, morphologic, psychologic as well as biologic evolution. The creative spirit in nature, as well as in man, expresses itself through the metamorphosis of archetypes. Plato's idea of the 'Archetypes' as the source of the evolving 'Types' becomes thus applicable in the field of Medicine for better understanding of substances in Nature.



## 6. THE CONCEPTUAL IMAGE AND THE MIASMATIC APPROACH

Hahnemann's "Portrait of the Disease" in Aphorism 6 of **'Organon'** has been dissected, and further elaborated as "The Conceptual Image" or the basis of the process of the drawing or painting of a Portrait by an accomplished Artist.[5] It will be considered under the following headings :

A. Core or Framework, which includes the Causation — Predisposing & Precipitating as well as the Miasmatic Background. The Disposition or The Type is also considered here, & the Suppressions.

B. The Form (Outline), provided by the Aggravations and Ameliorations in General.

C. Individuality : Physical Generals — Locations, Sensations & Complaints, and Pathological Generals.

D. Differentiation : Mentals the Characteristic Particulars, the so-called Key-Notes.

### A. CAUSATION

1. Failure to accept the passive feminine role or function in life and its rejection is the fundamental cause in **Sep.** The suppression of the natural feminine instincts & impulsive, including the sexual urge, gives rise to the varied symptomatology at differing levels of the soma and the psyche. This constitutes the psoric level of causation. **Sep.** also has the ailments resulting from sexual excesses and onanism, especially in the earlier phases of life, and these may lead to Apoplexy, etc. These indicate the tubercular miasm at the causal level. The ailments at the different Epochs in the woman's life is the natural result of the above. Tendency to repeated abortions and miscarriages at the 5th to 7th months (Zinc.) indicates the syphilitic miasm at the causal level.

2. **Suppressions :**
   (a) Suppressed emotional excitement and Hostility against the Self and the Environment arising out of 1. Ailments from : Anger, Vexation, Grief, **Fright,** Mortification, and STIFLED AFFECTIONS.
   (b) Suppressed Skin Eruptions.
   (c) Suppressed Discharges, such as menses, and especially,
   (d) Suppressed Gonorrhoea **sweats,** getting wet while sweating, especially feet. **(Sil.) Mania** from profuse menses.

3. Loss of Vital Fluids — with the resulting prostration, vertigo, etc.

4. Injuries — blows, falls, overlifting causing dyspepsia.

5. Thermal : to be considered later. Ailments from washing clothes, etc., laundry work indicate the sycotic miasm.

6. Alcohol abuse of causes Apoplexy. Tobacco causes Neuralgia. Ailments from Quinine in Intermittent fevers.

7. Foods and Drinks — SOUR, **fats,** PORK, **Rich foods,** STRAWBERRIES, and **boiled milk** causing diarrhoea and **piles.**

## TYPE AND DISPOSITION

**Sepia** is essentially an anti-psoric and an anti-sycotic remedy, with a few tubercular and syphilitic dimensions. At the physical level, Kent's description of a 'He-Woman' or a 'feminine male' is enough. A fair blonde or a dark brunette, long thin narrow or a flabby, plethoric and obese personality **(Calc-c.),** and leucophlegmatic. Dark skin and complexion, with a yellow brown saddle across the nose, freckles and butterfly pigmentation on the face, acne worse before the menses, and a depressed, Parkinsonian facies, — these denote a sycotic type, with tendency to calculous formation, Uric acid and Rheumatic diatheses; **Sep.** like **Phos.** is a washerwoman's remedy. At the intellectual level, the sycotic type is revealed in the dullness of mind and absence of the lines of intelligence on the face; and emotional indifference. Sep. is indicated in both the sexes, but especially in the females with the endocrine disturbances at the root of trouble, and more so in the menstrual, pregnant and nursing mothers. At the emotional level, Sep. is hypersensitive to the point of being hysterical with spasms and faintings; sensitive to sensory inputs : light, **noise, music, piano (nat-c.),** sight, **smell** of and thought of food, touch and pressure of clothes especially around the waist, jar. There is lack of vital heat. Love for dance **(Careinosin** and **Tar-h.)** Hypochondriac. Bilious-dyspeptics with marked propensity to MOTION-SICKNESS. All these denote the Psoric type. The tubercular type of Sep. is represented in the lascivious natures, in draggy relaxed females, subject to prolapses, displacements, herniations, ptosis, and easy dislocations and sprains, who are tired and bedraggled; in potbellied mothers with flabby abdomen, drooping eyelids, saggings cheeks, and in scrofulous diathesis. The **Sep. child** is dull, depressed, moody, indolent, with a sallow greasy skin, disinterested in work and play, with tendency to easy colds from change of weather, prematurely ageing, marasmic with tendency to diarrhoea from boiled milk and an open fontanelle. The child is prone to enuresis during the first sleep **(Caust.);** nervy, scared from being alone, yet averse to being handled; greedy with love for dance and being amel. by it; fainting attacks worse standing and itching skin without eruptions not amel. scratching. Head nodding.[2]

## B. GENERAL AGGRAVATIONS AND AMELIORATIONS

**Time :** Periodicity — 4 weeks — Irregular Intermittents.

Morning and evening; 11 a.m. — empty all-gone feeling in the epigastrium. **New Moon** and **Full Moon, Moonlight.** Night aggr. Flushes.

**Space :** MOTIONSICKNESS. **Swaying, swaning aggr.** STANDING, **Lying down, rest** aggr. KNEELING AGGR. **Motion :** FAST VIOLENT MOTION AMEL., EXERTION PHYSICAL AND EXERCISE AMEL. Slow gentle motion aggr., fast motion amel. = congestions, asthma. First motion aggr., continued amel. = rheumatic states. Motion aggr., rest amel. = fatigue, exhaustion.

**Sensory Inputs :** as stated earlier. **Pressure of clothes aggr., collars aggr.,** but, **pressure amel. backache, lying on something hard.**[3]

**Food and Drinks :** Eating aggr. = G.I. Symptoms, but amel. = mentals, and headaches.



**Thermal and Meteriological :** Exposure to COLD AIR, DRAFT, WIND, SNOWY, aggr. **Heat and cold aggr. Chilly, yet desires open air,** especially for congestive headaches, venous stasis and hot flushes at the climaxis. Desires covering the head and all over, except the feet & soles which he desires to uncover **(Calc-c.** & **Mag-c.** these are the three chilly remedies with desire to uncover the feet, the rest of the remedies are hot, as mentioned by Kent.) Warm Wrapps amel. especially the head (Opposite — Phos.) The patient is aggr. when **heated up,** in a **warm crowded room** (=fainting); **extreme aversion to warmth** and **local heat aggr.** pains (Allen's Encyclopaedia); abdominal pains amel. local heat; **cold drinks amel.** although the patient is chilly. Skin itching amel. cold application, and eyes amel. bathing in cold water. These differential thermal reactions are valusble in clinching the remedy in the final stages of differentiation. The above modalities are in the psoric belt.

In the sycotic belt, we have aggr. from **cold bath** (opposite **Lyc.** and **Nat-m,), sea air, (nat-m., mag-m.),** BATHING, WASHING, especially feet, **damp weather aggr.** and **amel.** (peculiar), getting wet, and **cold wet.** Aversion to bathing, washing, especially cold wet. In the tubercular belt, we have the aggr. from **changes in weather** particularly in children who get frequent colds, **before and during thunderstorms (Sep.,** however, enjoys the thunderstorms like Carcinsin); and aggr. from **sexual excesses** and **onanism, coition during and after.**

Considering the total thermal spectrum, we find Sep. more chilly than hot. ($C_3$ $H_2$) Sep. has **lack of vital heat. Epochs : Menses before, during and after, pregnancy, confinement, nursing, abortion, menopause,** and the male climacteric. The effects have been stated earlier.

**Sleep : Sleep first aggr.** = Enuresis and stress incontinence. **Even a short sleep amel. (Phos.)**

## C. GENERAL SENSATIONS AND COMPLAINTS

These are primarily expressed in the **psoric** sphere. EMPTY, ALL-GONE, FAINT SINKING, HOLLOW sensation in the epigatrium amel. by EATING as well as NOT AMEL. by EATING; also in the back, chest, muscles, hips and knees. Sensation as of a BALL, PLUG, LUMP and GLOBUS in the internal parts — hysterical/neurotic element. As of rolling over internally, as if something were alive. As if the intestines were drawn into a lump. Sticking pains. Heat, burnings all over, especially in the feet (uncovers), HOT FLUSHES, WAVES, ORGASMS, EBBULITIONS ascending from below upwards with SWEATS, aggr. at night, — which one finds at the climaxis. These indicates irregular circulation. COLDNESS — **icy : in spots, vertex, feet in bed, between scapulae.** Heat alternating with coldness; hot hands with cold feet, or vice versa. These are indicative of the **differential vasomotor effects.** Chilly with air hunger. **Sep.** has ascending pains shooting up the rectum and the vagina, apart from the ascending flushes, and ASCENDING COLDS. (Merc., Sabad., **Brom.,** Arum-t., Lac-c. —Boger's Synoptic Key, P. 366, 71) There are pains radiating backwards from the head, ovary, ileo-caecal

region, and **liver** to the **right scapula.** General pulsations and throbs amel. in open air and fast motion. Symptoms settle in the back and arising out of the Uterine Reflexes. In the **tubercular** sphere, the following occur under **Sep.**

HEAVY, DRAGGING, WEAK, FALLING OUT, BEARING-DOWN and PROLAPSED AS IF sensations in the pelvic organs — the rectum, vagina & uterus, bladder — amel. pressure, holding the parts, sitting close with legs crossed,[3] **(Lil-t.** & **Murex).** Knees give way while walking.

Cravings : Sour,[3] but AGGR. Aversion : Meat, Fat & aggr. (Puls.), Milk and Pork. **Thirstless during fever.** Perspiration acrid, easy with vascular orgasms and offensive.

## PATHOLOGICAL GENERAL WITH MIASMATIC CORRELATIONS

The earliest impact of **Stress** (physical and mental) is felt on and mediated through the **Hypothalamus-Pituitary-Suprarenal axis with** the secondary effects on the other **Endocrine organs.** The **female** pelvis and the **Female Genetalis** bear the brunt of the impact. The symptoms of Hypo—and Hyperadrenalism, as well as Masculinism in the female have been mentioned earlier, as also in the **Sep.** configuration. The disturbances at the different epochs in a woman's life were also mentioned. Goitre developes out of the **Thyroid** involvement, which it shares with **Natrum, Magnesium** — especially the Iodides, and **Spongia.** These are all found in the sea. These expressions are at the **sycotic** level. The **tubercular** dimensions in these areas are the relaxation of the ligaments and organs, with resulting displacements & prolapses with typical modalities, cystocele and rectocele, varicose veins during pregnancy. The menses are too early, scanty, profuse, irregular and painful; functional and dysfunctional uterine haemmorhages from hormanal imbalance are of **psoric** origin, as as also the other functional uterine disturbances : leucorrhoea of non-infective origin with its slimy, thick greenish-yellow offensive discharge, failure of the menstrual flow appearing in non-nursing mothers and menopausal syndrome. The **sycotic** pathology in the genital sphere is expressed in : Gonorrhoeal vulvovaginitis & urethritis, Fallopian block with sterility, Premenstrual tension, warts and condylomata in both the sexes, fibroids of the uterus, ovarian neuralgia, induration of the cervix & erosion, benign cysts and tumours of the ovarier & mammae. Increased sexual propensity as well as frigidity with dyspareunia occur in **Sep.** Sterility may be of **syphilitic** miasmatic origin, along with cancer, cracked nipples and diphtheritic ulcers of the labia and the vagina.

Disturbances of **Metabolism** and **Nutrition** occur prominently in **Sep.**—as follows:

1. Protein Metabolism : Rapid emaciation,[3] marasmus, general adynamia and exhaustion. Atrophy in children with prematurely old-looking face, big belly and dry flabby skin.
2. Carbohydrate Metabolism : Diabetic state with proneness to sepsis, delayed healing of wounds and ulcers and easy suppuration of trivial injuries (Sul.)
3. Fat Metabolism : Obesity. Fatty tumours.
4. Na and K Metabolism : oedema and dropsy, especially of renal and cardiac origin.
5. Uric acid Metabolism : Gout — arthritic and metastatic; renal calculi. **Urine :** highly OFFENSIVE (NIT-AC., Benz-ac.), with white



gritty or brick-red (ADHERENT) dediment **(Lyc.** is non-adherent and non-offensive); red sand in urine.

6. P Metabolism : Phosphaturia with milky urine **(Ph-ac.)**
7. Ca Metabolism : Calculi — urinary (calcium oxalates) (Sars.) — note the cycle : **Sars.-Sep.-Sul,;** gravel, oxaluria. — biliary. Both uric acid and calculi formation are of **sycotic** dimension. The **Liyer** is also involved, especially the **Portal Circulation,** with its venous **congestions;** these occur in the oesophagus, rectum, pelvis, as well as in the legs. (Varicose Veins). These are amel. by fast motion and in the open air. The pain in the liver is amel. lying on the right side and radiates to the right scapula (Lyc. chel., Mag-m., Kali-c.,) & to the right shoulder.

The **Fibromuscular Tissuses** and the Joints are affected, often along with uric acid disturbance and **Neuralgias,** such as sciatica. Rheumatic and Rheumatoid Arthritis and its equivalents occur with the typical modalities. The **lumbosacral back** and the **interscapular region** are the selected sites of pain in **Sep.,** amel. by hard pressure, belching and aggr. by jar and resulting from lifting. Coccalgia with lancinating pains, aggr. on rising and amel. slow walking. Cramps in the calves aggr. during pregnancy.[2] These are the sycotic expressions in these areas.

At the periphery the **Skin** and the Mucous Membranes are affected, — the gastrointestinal, the respiratory, the ear-nose-sinuses, the throat, the genito-urinary and the conjunctival mucosae. The typical discharges are : thin acrid, OFFENSIVE, MILKY (urine, nose, vomiting, leucorrhoes), thick greenish-yellow plugs, or gelatinous mucus in the stool. There is recurrent catarrh from exposure to cold air on a sycotic base; ailments from suppressed Gonorrhoea; chronic gleet. In the G-I. tract, we have chronic obstipation with no urging (Mag.), especially during pregnancy, and stool like sheep-dung; there is diarrhoea from boiled milk with colic and prolapsed anus, and jerking pains upwards during stool; sensation as of a ball in the rectum not amel. by stool. **Sep.** has **Septic** states and fevers and irregular intermittents. These are tubercular miasmatic expressions. **Sep.** has ulcerations, hot and cold gangrene and ozoena in the syphilitic belt, with crippled nails, hair falling at the climacteric and after chronic headaches. The skin cracks in winter, and itching is amel. by cold application. **Sep.** has most of the lesions in the skin known to the dermatologist, especially herpes circinatus and ringworm every spring. The skin is especially affected in the folds and flexures and humid places.

The **Nerves** are involved with tremors, nervous twitchings & jerks, head nodding in children, chorea, convulsions including hysterical and colics. The headaches of Sep. are : tension, migrainous, rheumatic, gouty, congestive and bilious-dyseptic. (chronic of **Gels.)** The striking modalities are amel. sleep short (Phos.) and binding the head tight, aggr. by stopping.

Sep. is restless during **sleep** on account of the rush of thoughts, orgasms and plenty of dreams, most of which indicate anxiety. Awakes unrefreshed in the morning (Sul.), and at 3 a.m. (Thuj.)

## MENTALS

The mental state has been examined earlier when dealing with the **Personality Profile. Sep.** is an introvert, 'shut-in', does not open out readily; when it does, it

weeps when narrating the story. Socially unresponsive, withdrawn from social contact, suppressive, hides his emotions. Suspicious and harbours silent grudges and dwells on past disaggreeable occurrences **(Natrum-mur.)** Frequently driven by hidden urges, withdrawn and estranged even from his own family; unmoved by death even of the loved ones or a dear friend. There is plenty of evidence of the cryptic anxious-fearsome state as well as delusions-hallucinations in **Dreams,** for which the reference to Allen's Encyclopaedia proves very useful : as if the body were disfigured, rape, being chased and had to run backwards, aggr. lying on the left side, murder, *falling, disputes, spectre,* urinating in the chamber, sees mice, rats, snakes, and hears noises in the street, and people talking, running, etc. Lascivious dreams with erections and pollutions indicate the sexual propensity not otherwise fulfilled.

## D. CHARACTERISTIC PARTICULARS

A few Key-Notes of **Sep.,** only as entry points for the prescribing totality, may be indicated out of the vast mass of symptomatology :

Ascending Colds
Sepia Typology
Haemetemesis during pregnancy.
Nausea amel. by eating
Lump, Ball in rectum not amel. by eating
**Kentian Triad :**

(1) Gnawing hunger not amel. by eating
(2) Constipation — atonic Dragging-down sensation amel. crossing the legs and
(3) The Mental Condition.

Slow motion aggr., fast motion amel. Cramps during pregnancy.

**A clinical hint for Sep. :** A clean obstetric history and an aversion to sour with a good certificate from the mother-in-law rules out Sep.

## 7 SEPIA : RELATIONSHIP SPECTRA

The relationship could be studied in its triple aspects — Acute, Chronic and Intercurrent analogues. The **inimicals, Bry.** and **Lach.,** have not to be ignored, except at our own peril, when we fail to listen to the voice of experience. Its wide spectrum, scope and sphere of action, as well as depth of action reflects in the wide spectrum of Relationships revealed in our study of the homoeopathic materia medica, and through the study of the Relationship Section in the Therapeutic Pocket Book by Boenninghausen.

## A. ACUTE ANALOGUES

These are the acute remedies with **sectorial similarities** to **Sep.,** at the level of locations, sensations and pathology (as per Boger) — the acute satellities that revolve around Sep. in their sectorial orbits differing in the tempo/pace/fury of the disease expression.

In the acute catarrh of the upper respiratory passages — nose, nasopharynx and pharynx — **Sep.** is related to Sabad., Arum-t. and Merc. & its salts, with its acute, acrid, ascending fluent coryza; the three could be further differented on grounds of the concomitants and the modalities. Acute discending fluent colds will call for Ars-a., or-iod., All-c., Merc. etc. Acute cold travelling rapidly into the larynx with concomitant aphonia points to Phos. as the acute of Sep. Another field of Phos. in relation to Sep. is haemmorrhages in a chilly subject; bleedings from congestions and bright-red fluid blood. Ripened colds with thick greenish-yellow discharge point to



Puls. in a chilly subject, and Kali-sulph. when the patient turns hot in the acute phase. Blocked nose aggr. at night suggests Nux-v., which is also indicated in the acute digestive and bilious upsets, with the concomitants of frequent ineffectual urge to stool. Puls. resembles Sep. in the digestive sphere with aversion to fats and aggr. therefrom, chilly yet desires open air with aggr. in a warm room.

In the uterine sphere, Sep. is related to Sabina with its active, arterial, hot gushing haemmorahages, sensation of bearing-down and the hot patient, as well as Bell.— for threatened abortion around the first trimester of pregnancy. Thlaspi bursa pestoris is related to Sep. for protracted menses — where every alternate periods are profuse and stain fast like Mag-c.

In the field of uric acid diathesis and gout and rheumatic states, Rhus-t., Calc-fl. and Sars. come up for consideration. The first two have identical local modalities, which, in a hot patient in a chronic case, point to Tub.

In the urinary sphere of oxaluria and calculus formation, Berb-v., Sars. & Ocican. are worth noting. Their distinct characteristics and concomitants will help to differentiate. In this regard, the sequential triad of Sul.-Sars.-Sep. is worth remembering.

In Septic conditions of the skin, cellular tissues, mucosae and organs, Hep.s. and Calc-s. come, the former in the chilly patient, and the latter in the hot patient.

Ars-a. comes up in the acute catarrh of the digestive and the respiratory tracts, as well as in Acute Asthma. Con. and Phyt. have to be noted in the Premenstrual Syndrome and the tumours of the breast; so also Asterias rubens in the lancinating pains of the cancer of the breast aggr. at night.

In the skin sector, we have Ars-a., Ars-i., Rhus-t., Urt-u., Merc., Graph., and Petr. In the acute episodes of varicosities, venosity and thrombosis, especially during pregnancy and puerperium, the related remedies are : Puls., Aesc., Ham., and Vipera.

In the mental sphere as well as in the acute meningeal and cerebral affections, the related remedies are : Gels., Bell., Hyos., Stram., Ver-a., Lyc., Hell., and Zinc. Gels. is the acute of Sep. and Arg-n.

## B. CHRONIC ANALOGUES

Sep. comes into close relationship with the other chronic deep-acting constitutional polychrests in the materia medica for its overall similarity and general relationship at multiple level & areas in the human economy. Boenninghausen has designated these under the caption **'other remedies'.** Sep. comes into close relation *with the* **Carbon Group** — Carb-v., Carb-an., Graph., Petr., Kreosote and the Carbonates of Na., K., Ca., Mg., Ba. — in the following expressions : chilly yet desires open air; craves sour yet aggr., slow sluggish indolent at all levels of mind and body; oozing capillary and venous haemorrhages; venous stasis, varicosities especially during pregnancy and puerperium. Sep. is also related to the chilly **Phosphates, Silicates, Nitrates** (Kali-n.), the ambithermal **Sulphates, Muriates** and Fluorates (Calc-f.), and the hot **Iodides, Nitrates** (Arg-n.) and **Pictrates,** when the Sep. patient turns hot. The cluster of the 4 Kations — Na., K. Ca. and Mg.-being central to human physiology and biochemistry, the remedies composed of these Kations with the Anions mentioned above are the closest analogues of Sep., and all other polychrests. To these may be added **Ferrum** and the trace element **Zinc.** The chilly **Arsenates** also come up. (Kali-ars. and Ferrum-ars) Caust. is related to Sep. for the paralytic states. Sep. is a sea

remedy, and will bear resemblance to other sea remdies, such as Mag., Nat-m., Spong, Iodine, Murex and Ast-r. Sep., Murex and Lit-t. are close cognates for tissue atonia and relaxations, especially uterine dis-placements. Lil-t. is hot, lascivious and has cardiac constriction. Lil-t. is described as hot Sepia with a Cactus heart. Murex. has extreme sexual excitement like Plat. from least contact of the parts, and acute pain in the right side of the uterus extending to the left breast. Ascending colds with premenstrual syndrome affecting the mammae, and the rheumatic-gouty-neuralgic states with pronounced sycotic dimension bring Sep. in close relation with Lac-c. Sep., Lac-c. and Tar-h. are close analogues in hysterical personality and states, as also Plat. with its dark, black menstrual discharge and sexual precocity, which differentiates it from Sep. Premenstrual syndrome also brings Sep. in close relation with Calc-c. and Con., as well as the four basic salts of the inorganic materia medica. Sep. contains Sul., Mg., Ca. and Zn. in its composition, and therefore is related to them on a wider range; Sep. alternates with them often. With Sul. goes the classical triad of Sul.-Calc.-Lyc. in sequence. Lyc. is related to Arg-n. and Nat-m. The latter is related to Iod. and the Iodides, along with Sep. in Goitre; differentiation is made in thermal responses. With Lyc. goes Lach., which is inimial to Sep. Sep. and Sil. are close analogues in septic states, moon modalities and the chilly state. Fl-ac. is hot Sil. with the dominant syphilitic miasm. Sep. is essentially a chilly anti-psoric and an anti-sycotic remedy, and therefore, comes into close analogous relationship with the chilly salts of all the Kations with the prominent psoric and sycotic miasms, especially Calc-c. The Anions chiefly related to Sep. are the Carbonates and the Phosphates.

The reader is invited to pursue the study of the comparative materia medica further on his/her own along the lines indicated above in this fragmentary presentation. The schematic presentations of these may be referred to in the I.C.R. Symposium Volume 1978, Area D—4.

## C. INTERCURRENT ANALOGUES

Sepia has predominantly the Sycotic and the Psoric Miasms in its pathogenesis; it therefore comes into relationship with Thuja, Sul. and Psor. primarily. Thuj. is the chilly, intercurrent anti-sycotic for all the chilly salts in the inorganic materia medica. Sul. is hot, Psor. is chilly; in the skin, Sul. is amel. hot application — itching; Psor. is amel. cold application, despite being chilly in general. Med. is the hot antisycotic intercurrent for all the hot remedies in the Inorganic Materia Medica. Lyc., Nat-m. and Med. are closely related. Syph. is the chilly intercurrent antisyphilitic related to the chilly remedies in the materia medica. Thuj. is the chilly intercurrent antisycotic and the chronic complement of Ars. Carcinosin is the close analogue of Sep. — applicable on the basis of the historical past and other symptoms. Sul. and Sep. alternate; thermal responses are opposite; mental states are poles apart.

## CONCLUSION

The model study of the polychrest, **Sep.**, from different aspects, angles and viewpoints has been presented. It is an illustration of how the drug portrait could be projected. The writer is keenly aware of the intrinsic difficulty of reducing the four-dimensional 'Totality' (a Concept in the mind of the physician) on to a two-dimentional surface, especially the mental state. Yet within this 'built-in' limitation of the subject, an attempt has been made. A similar study could be made for any other polychrest in the materia medica, with variations as demanded by the drug in question.



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"By virtue of the Deity, Thought renews itself inexaustibly every day, and the thing whereon it shines, though it were dust and sand, is a new subject with countless relations.

"In every sane hour the service of Thought appears reasonable, as against the insane despotism of the senses.

"Hide his thoughts! Hide the sun and the moon! Thought is all light and publishes itself to the universe.

"The revelation of Thought takes man out of servitude into freedom..... If Truth comes to our mind, we suddenly expand to its dimensions.

"The soul contains the event that shall befall it, for the even is only the actualization of its thoughts.

"Oh, potent Thought! What else but Thought fashions our lives?

"Silence, seclusion, austerity, may pierce deep into the grandeur and secret of our being, and so diving, bring up out of secular darkness the sublimities of the moral constitution.

"Life is a succession of lessons which must be lived to be understood.

"The imaginative faculty of our true being must be fed with objects immense and eternal."

—RALPH WALDO EMERSON

# Methods of Studying Materia Medica*

**Julia M. Green,** M.D.

One might almost say that each doctor medica so that methods are legion. If this be true, it surely confirms once more the statement that homoeopathy is intensely individualistic. Let each one have his own method, go at it his own way; the chief thing is that he goes at it and pursue it eternally through professional life.

In a search for golden threads running through several different methods of study, let us try to list those most generally used:

The first homoeopathic doctors were hard students and most diligent symptom chasers. They made the provings; their minds compassed any quantity of minute detail; their noses were in their records of symptoms; they were able to distinguish between remedies by careful comparisons; their success depended on memorizing detail and this required long study of each case treated. They were the pioneers upon whom much depended. All honour to them!

Perhaps the next distinct method came when classes were formed for the study of materia medica. The lecture method became the usual one. Many professors have left us treasures in lecture form. Of course the personality of the teacher enters in largely to help impress characteristics of remedies on the student's mind. We think of Dunham, Farrington, Allen, Kent, as names connected with the lecture form in the classroom. This method is very good for beginners, an acquaintance at the start with remedy characteristics. Also it becomes valuable for reference in after years.

Then there is a study of remedies by classes, for instance, chemical groups, botanical families, nosode grouping, reptile and inset remedies, etc., etc. This becomes valuable after the student's introduction to the remedies singly. It will help the older practitioner to decide between remedies most similar to the case in hand.

Like this last method is the one by comparisons based on symptomatology. Several teachers have found this fascinating and very useful — Hering, Boger, Kent, Roberts have given us good samples of such study. It comes to the mature student better than to the beginner unless the student's mind follows such a method naturally from the start in homoeopathy.

Another useful task is to investigate and absorb the prefaces to symptom lists in Hering's Guiding Symptoms, for instance, in Clarke's Dictionary and, if one likes to get close to original provers, in Allen's Encyclopoedia.

Another method bringing satisfactory reward to those whose minds follow such sequence well, is the search through the provings or through several kinds of materia medica for the general symptoms of the drug being studied, with a comparison of emphasis by different provers. This is to be followed by a pursuit of particulars the same way. Such study gives one a deep sense of the roots of our materia medica and a new confidence in homoeopathy. One cannot easily forget the general symptoms after hunting them out in this fashion.

Then there are rich gems of materia medica knowledge to be found in persuing the repertory. The habit of thumbing through parts of Kent's Repertory, for instance, during scarce idle moments is an excellent habit. One acquires new slants on old remedy friends from finding these in a list where their appearance is real news, or finding a grading for a sumptom which one did not know before. Or, hunting for a peculiar symptom which one finds it in a repertory list belonging to a drug never before associated with such a symptom. Or repertorial analysis of a case brings for study a small group of remedies with new lights on them often unsuspected even after many long years in homoeopathic practice.

Finally, what can be more interesting as a method of discovering gold nuggets of materia medica then to go through the files of old medical full of such treasures Volumes of homoeopathic literature, so-called, The Homoeopathic Physician, The Medical Advance, The Homoeopathician are full of wisdom; and, of course, The Homoeopathic Recorder! Dr. Woodbury no doubt could name a much longer list.

The beginner in homotopathy generally has Hering's Condensed Materia Medica, Cowperthwaite's Text-Book, Nash's Leaders, Allen's Primer, Boericke's Materia Medica. In my early days he would have Hughes' Pharmacodymamics, too, and possibly Hering's Handbook (misnomer that it is!) These lend themselves to study by symptom lists, but not so much to a comprehensive knowledge of characteristics. To do more than "symptom matching" one must go to the larger materia medicas and learn how to pick out characteristics and also how to work from generals to particulars. From a confusing mass of intricate detail one must become familiar with picking out the character of the drug studied. It is practice richly rewarding.

Too rapid growth of practice for the beginner is a pity, for the young doctor needs some time each day on philosophy and two hours on materia medica. The seasoned physician needs one hour daily. How many of us get it? I venture to say that Dr. Erastus E. Case did and perhaps Dr. C. M. Boger. Dr. H. A. Roberts may, too, in the early morning hours.

Anyway, the study of materia medica is almost half the armamentarium of the homoeopathic physician.

WASHINGTON, D.C.

* Reprinted from Homoeopathic Recorder 1947, Pg 298.



"The morphology of man could be entirely accounted for by natural selection, but man's intellectual and moral faculties ..... must have had another origin ..... in the unseen universe of Spirit."

—WALLACE

## READER'S PAGE

### "ROMANION NEWS" 26th February, 1982

### HOMOEOPATHY — WHY NOT?

A homoeopathic examination and therapeutic room was opened in Bucharest in the first week of this year. Shortly afterwards, that is in February, a second such like room was inaugurated and a third one is to be opened shortly. This is a result of a 1981 resolution passed by the Executive Bureau of the Management Board of the Ministry of Health which gave homoeopathy an official status.

And, to dispel all ambiguity, we should point out that prior to 1981, homoeopathic treatments were not something unofficial. Without coming into contradiction with Allopathy, in which they themselves had been initially trained, a series of Romanian physicians studied and started practising homoeopathy which in itself meets one of the lofty ideals of medicine and that of curing the patient rather than the disease.

Its traditions in Romania go back to the end of the 18th century when Dr. Samuel Hahnemann (who introduced it in 1776) came to Sibiu to study folk-medicine and served as private physician and secretary to the Count of Brukenthal. Homoeopathy here is also associated with Dr. Johhan Honigberger, a homoeopathist and also a reputed Orientalist, who in 1869 returned from India to his native town Brasov where he died. In both the pre— and post-war periods, th—e employment of infusions of plants and other natural substances was a concern shared by many Romanian physicians, among whom were Dr. Nicolae Nicolicescu of Bucharest and Dr. Costin Fulga of Ploiesti. Having been 'contaminated' with the 'virus' of suchlike concerns, Dr. Gheorghe Bungetianu who in 1947 went to Rome for specialized course in Phthisiology, took advantage of the opportunity to attend a course in Homoeopathy as well. A tireless promotor of the administration of minute doses of homoeopathic medicines. Dr. Gungetianu was also the initiator of courses in homoeopathy in Romania, which were inaugurated at the Centre for the Improved Training of Physicians in 1930. Some 100 Physicians of various specialities from localities throughout the country have already taken this post-graduate course in which lectures are delivered, besides Dr. Bungetianu, by young & passionate physicians such as Dr. Pavel Chirila from the Emergency Hospital in Bucharest. As for homoeopathic pharmacy, pharmacist Cezarina Tuchel is a paragon of professional dedication. Cezarina Tuchel, who is highly experienced in this discipline that implies scrupulous dilution of mother liquors, is also a lecturer in homoeopathic pharmacy.

*(Continued on page 45)*

## Abstracts & Extracts

To many **"cancer"** means terminal illness and protracted, painful death, with no hope of escaping either the disease or its treatment. In an article reprinted from the "New England Journal of Medicine" in 'Science Digest' for June 1979, Neil Fiore, Ph.D., a psychologist at the Counseling Center of the University of California at Berkeley, U.S.A., asserts that mental image of the disease and of one's self can influence the outcome, and offers guidelines to enlist mind and body in therapy. Dr. Flore writes of his own experience with cancer and how his psychological need to return to health and strength unimpeded by drugs helped him in his recovery. His is not only or first call for patient responsibility and change in life-style, yet how often has it remained unheaded !

Fighting cancer (he writes) must come to mean more than excising a tumour and focusing the latest weapons on the metastases. It must include a recognition, by both the medical professionals and the patient, that the patient's mind and body are powerful factors in this fight. Failure to use these potential allies can mean losing them to the "enemy" through patient resistance to treatment, depression, and loss of will to live. Effective cancer therapy must treat the healthy portion of the patient's body and psyche as well as combat the diseased cells.

In his book, Living With Cancer, Dr. Ernest Rosenbaum says that "cancer is not a single disease, and how well a patient lives will be determined by the kind of cancer he has as well as his particular psychological makeup and his body's response to treatment". It is my belief that as psysicians necessarily become increasingly specialized, ancillary personnel and team approaches must be used to offer patients comprehensive therapy..... These programmes offer patients an opportunity to participate actively in their own recovery, to take responsibility for their own health care, and to regain a sense of control over their bodies. Such programmes clearly communicate to patients that they need not act like helpless victims.....

There is increasing evidence that feelings of helplessness and depression are involved in the cause of cancer. These feelings are likely to be exacerbated by standard cancer therapy and the traditionally passive patient role.....

Dr. M. E. Seligman, in his book, "Helplessness : On Depression, Development, and Death," states, "Learned helplessness is caused by learning that responding is independent of reinforcement."..... He goes on to say that depression is caused by the belief that one's actions are futile. In Dr. Seligman's view," the central goal in successful therapy (psychotherapy) should be to have the patient come to believe that his responses produce the gratification he desires — that he is, in short, an effective human being.".....

Instead of keeping patients compliant and sedated, therapists should be encouraging exuberance, independence, and individual responsibility. Vivacity and direct communication of complaints and fears can be healthy signs that the patient is fighting and wants to get better.....

It is my belief that patients with cancer, like those with heart disease, must change

their behaviour and life-styles to achieve complete health. I am suggesting that in all likelihood most of such patients come from a life-style that has been extremely stressful or one in which their mechanisms for coping with stress have been inadequate and inefficient. Often, however, patients would rather have the doctor cut out or deaden the pain resulting from a stressful life than to change old habits. Patients thereby remove the annoying messenger from their bodies that tells them to slow down and avoid excesses.

Confusion prevails about the nature and meaning of feelings. In his book, **"Feelings: Our Vital Signs."** Dr. Willard Gaylin's thesis is that feelings are useful — that even bad feelings, such as shame and guilt and anxiety, serve a function that helps people to survive.

Dr. Gaylin is co-founder and president of the Hastings Center in the United States, and clinical professor of psychology at Columbia University Medical School, besides being a practising psychologist and psychiatrist in New York City. In an excerpt from his book published in **"Science Digest"** for June, Dr. Gaylin interprets the subjective awareness of emotion :

One day you feel good and the next you fell bad, and between those two poles are compressed all the joys of heaven and the anguish of hell. The events that prompt feelings, the justification for the feelings, even the reality of the perceptions that lead to them are all unimportant. It is the feeling that counts.

Despite its importance, there is an incredible amount of confusion about feelings and emotions in both the minds of the public and the attention of the "experts". Even the nomeclature presents a problem. Generally speaking, the field of psychology has settled down to the use of three terms : **"Emotion"** is the gener term which encompasses the feeling tone, the biophysiological state, and even the chemical changes we are beginning to understand underlie the sensations we ex perience; **"Affect"**, introduced from psy choanalysis, is used to describe the domin ant emotional tone of an individual, and is particularly used in relationship to our recognition of the feelings of others; **"Feel ing"** is our subjective awareness of our own emotional state. It is that which we experience; that which we know about our current emotional condition.....

We have been exhorted by so many academic prophets with their own contra dictory vision of truth, preached to by so many ministers of misinformation, that the culture at large — and the individual within it — is confused about the nature, the meaning, and even the respectability of feelings. Are they the antagonist of intelligence or the special attributes of the intelligent animal; are they the sign of the undisciplined or the evidence of personal liberation from the constrictive inhibitions of society; are they the symptoms of neurosis or the measures of emotion freedom.....

Feeling is — if not all — almost all. It serves utility and sensuality. Feelings are the fine instruments which shape decision making in an animal cursed and blessed with intelligence, and the freedom which is its corollary. They are signals directing us toward goodness, safety, pleasure, and group survival.

Feelings can, like every other aspect of our humanity, be corrupted from their original purposes. As hunger drove primitive man to the nurture required for life, gluttony can drive modern man to the obesity that destroys. So, too, with feelings. **Jealousy,** which serves the struggle for survival, can deteriorate into the



which draws defeat even from victory. We can be overwhelmed by inappropriate guilt, anxiety, shame, and the like. Mental illness is usually a mere disarray of the ingredients of survival. All that is necessary is rearrangement. Feelings are internal directives essential for human life. In addition, and not just in passing, they are their own rewards. They are the means and the ends. All goodness and pleasure must be ultimately perceived in the realm of feelings. It is in the balance of small passions of daily existence that we measure and valve our lives.

Yet the public is confused about the meaning of feeling and the propriety of their public expression. The confusion is exploited by the continuing flow of "how to" books which guide the perplexed and despairing to inner peace via conflicting and contradictory pathways.

Unfortunately, we are also confused about the very purpose and value of emotion. We have gotten into the bind of not being sure whether the healthy person is emotion-free, emotionally open, or a person with certain select emotions.....

Granted the importance of emotions and our confusion about them, they are worth a re-examination, particularly that *clusive*, neglected aspect of emotions called "feelings". To do so, we must fly in the face of the experts' advice — eschew objective analysis and return to the shadow world of the inexact, the poetic, and the subjective.

Much of human life is lived by the feeling-power of the body and its senses, and also to a greater extent by the urge of the desire principle, or Kama. Desire is the key to the of the feelings.

This principle of desire is independent of the body, is neither born of it, nor dies with its death. It plays an important part in the compounding of every new human form which comes to birth; surviving the death of the body, it lives out its own round of existence. It is the mainspring of life, a power incalculable, directing our highest motives, sustaining and moving our will. Much of the evil and suffering in our lives results from the wrong use of this power, actuated by selfish and ignoble motives. To purify it is to subject it to the higher purposes, uncoloured personal selfishness. This is a human alchemical process by which, when cleansed of human dross, there remains but the pure gold.

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(*Continued from page 42*)

These are several palpable facts proving that homoeopathic practice was not uncommon before the 1981 resolution that made it official. To them we should add that a homoeopathic circle (gathering every month) functions under the Union of Medical Science Societies in Romania. Moreover, late in 1981 national symposium on homoeopathy which was a happy opportunity for extensive debates on questions of homoeopathic history, methodology and practice in Romania in conditions in which medical drug abuse threatens public health.

Now, after homoeopathic rooms have been opened and a beginning was therefore made, it is obvious that homoeopathy, a practice that gains ever more ground on a world plane, has acquired an official status in Romania.

# The Homœopathic Education Society

Irla Naka, Vile Parle (W), Bombay - 400 056

**Chairman** : Shri M. I. Patel
**Vice-Chairman** : Dr. M. B. Jain
**Hon. Treasurer** : Shri C. B. Patel
**Hon. Secretary** : Shri B. R. Desai

## RECENT ACTIVITIES

**Homoeopathic Education Society :**

At the first Governing Council meeting held after the Annual General Meeting the following Committee and Sub-Committee were constituted for 1982-83 :

(i) **The College Committee :**

1. Dr. R. C. Kaith
2. Dr. (Mrs) Vishpala Parthasarthy
3. Dr. S. B. Dhabuwala
4. Dr. D. T. Dave
5. Dr. A. R. Bhatia (Ex-officio)
   and Office bearers of the Society.

(ii) **The Building Sub-Committee.**

1. Shri B. G. Bhatt
2. Shri R. G. Patel
3. Shri G. V. Patel
   and Office bearers of the Society.

(iii) **The Accounts Sub-Committee.**

1. Shri N. H. Kisnadwala
   and Office bearers of the Society.

(iv) **The Research and Development Sub-Committee.**

1. Dr. Sarabhai Kapadia
2. Dr. K. P. Muzumdar
3. Shri N. H. Kisnadwala
   and Office bearers of the Society.

An X-Ray machine costing Rs. 2,27,880- has been purchased. An additional expenditure of Rs. 1,27,880/- over and above the grant of Rs. 1,88,000/- sanctioned by the Central Government has been borne by the Society.

**Smt. Chandaben Mohanbhai Patel Homoeopathic Medical College :**

The following changes have occured in the teaching staff at the College.

**Resignation :**

Dr. N. B. Shah, Lecturer in Surgery resigned with effect from 28-8-1982.

**New Appointments :**

Dr. S. L. Agarwal, joined as Lecturer in Surgery with effect from 8-9-1982.

**Degree Course in Homoeopathy :**

The application made to the University of Bombay for the affiliation of the College from the academic year 1983-84 has been referred by to the Committee appointed by the Executive Council to scrutinize the same. The decision of the Executive Council is awaited.

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(No names are mentioned. The originals can be seen in our Laboratories.)

*** "Grudgingly I agreed to spend a few hours from my hard earned holidays in Bombay, but have no iota of regret and I must earnestly thank you for the wonderful time I had at Beck & Koll Laboratories. Having seen most of the laboratories in the country, I would not be exaggerating if I said that your Laboratory is indeed a 'Show–piece' – being associated with reasearch in Homoeopathy. I am very critical about the manufacturing aspect of Homoeopathy and I am pleased to see in reality a manufacturing unit of my dream. I have no hesitation in admitting that this is one of the most spacious laboratories in the country. The manner in which you process from the raw material state to the final product stage is praiseworthy. Practically negligible hand contamination of drugs is highly impressive. Your own designed machines are really efficient. I may also add that I have observed that all windows and openings are fly proofed with washable nylon netting which is really a novel feature, which would itself give an idea to any one of the great importance you attach to hygiene and cleanliness. Being yourselves practising Homoeopaths, I am really happy to see that you have resisted the temptation of compromising quality for profit. I hope this will set a trend for others to emulate. Good Luck."

*** **A very high official of the Central Council for Research in I. M. and Homoeopathy, New Delhi.**

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# Indian Journal of Homoeopathic Medicine

( Published Quarterly by the Homoeopathic Education Society )

EDITOR : **Dr. K. N. Kasad,** M.B.B.S. (Bom.), M.F. Hom. (Lond.)

ASSISTANT EDITOR : **Dr. (Smt.) Vishpala Parthasarathy,** L.C.E.H. (Bom.)


| | |
|---|---|
| असतो मा सद्गमय | Lead me from the false to the true. |
| मृत्योर्मा अमृतं गमय | Lead me from mortality to immortality. |
| तमसो मा ज्योतिर्गमय | Lead me from darkness to light. |
| आ नो भद्राः क्रतवो यन्तु विश्वतः | Let noble thoughts come to us from every side. |


Vol. 18 January – March 1983 No. 1


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The views and opinions expressed by the various writers do not necessarily coincide with those of the Editors.



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# Second Maharashtra State Homoeopathic Seminar

The above Seminar was held in Pune on 22nd–23rd Jan. 1983 under the auspices of the HMAI, Maharashtra State Branch. The Academic Sessions were on the following three subjects :

1) The NATRUM GROUP

2) The OPEN CASE PRESENTATIONS with Slide Projections

3) REMEDY REACTION

The session on **"The Natrum Group"** commenced with **"Some Reflections on the the Natrum Mind"** by Dr. K. N. Kasad. He dwelt at length on the neurotic, the psychotic and the psychosomatic aspects of the Natrum pathogenesis, illustrated by adequate case material. The same has been reproduced in this issue. Dr. Kothe from Nagpur spoke on the physiological aspects of $Na^+$ and the different $Na^+$ salts. Dr. (Miss) Archana Maniar spoke on the **"Physiological and Pathological Correlations of the Natrum Group and the Derivation of the Materia Medica therefrom"** illustrated by slides. She also dwelt on the evolution of the Natrum child, as well as on some of the mentals derived from physiopathology. The different $Na^+$ salts were taken up with their differential characteristics. Dr. Jugal Kishore, the Chairman of this session, gave the concluding remarks. He drew the distinction between the materia medica pura and the applied materia medica; the former from the source–books, and the latter from the phenomena of sickness, the philosophy, the clinical application and the Repertories.

The session on the **"Open–Case Presentatiouns"** commenced with Dr. Wadgaonkar from Pune presenting two cases of suspected Carcinoma of the Oesophagus treated with **Calc–F.** successfully. Dr. Patwardhan addressed the session on the **"Use of Ayurvedic Medicines on Homoeopathic Principles"**. As the drugs were not proved in the strict sense, their use was more a of clinical and empirical nature. He dwelt on **Turmeric** in liver disorders, potentized **cow's urine, Ars–s–f.** in leucoderma, **Curcuma,** etc. Dr. S. S. Sonawala spoke on **"Some New Dimensions in Lachesis"**, ending with a poem. Dr. Farokh Master presented a case of **Chronic Osteomyelitis** treated successfully with **Sil. & Hecla Lava.** The case was projected on the screen with photos of the lesion before and after treatment. Dr. Anil Bhatia from Bombay presented **a case of Depression** improving under **Staph.**

The last session was on **"Remedy Reaction"**. Dr. S. S. Kochar from Nagpur dealt with the subject by quoting from **'Organon'**, both 5th and 6th editions. Kent's twelve



Observations were shown on the slides. Dr. Kishore Mehta dwelt on the "Remedy–Response", he preferred to call rather than the "Remedy–Reaction". He emphasised the need for judgement of the different phases of disease process, such as the acute and the chronic, as well as the miasmatic. He illustrated the ideas by case material. Dr. P. S. Kumta from Pune dwelt on some practical aspects of the subject illustrated by case material. Dr. K. N. Kasad, the Chairman of this session, gave the concluding remarks, with an emphasis on the study of these three subjects as a block : Susceptibility, Remedy Reaction and Hom. Posology, as they are interrelated and inseparable.

We invite the speakers at this Seminar to send their contributions to this journal, and they will be printed. (To be sent in duplicate.) Those, already received, have appeared in this issue.

"

"

The value of any human life has to be judged by its ethical content. There exists no other yardsticks."

"

There seem to be two levels of teaching.

1. By precept and quotation:
   'Thus have I heard..... 'This is Wisdom, knowledge digested, but not necessarily by the speaker.

2. By example:
   No man can help his fellow save by the force of his example, save by the spectacle of his achieved holiness.
   – From Myers' 'The Root and the Floor'

"

Help Nature and work on with her; and Nature will regard thee as one of her creators and make obeisance. She will lay bare before thy gaze the treasures hidden in the depths of her pure virgin bosom. She will open wide before thee the portals of her secret chambers."

"

Nature to be commanded has to be obeyed."

# Remedy Study—Natrum Muriaticum*

JULL M. GREEN, M.D.

There are many ways to study a remedy in order to use it successfully. Dr. Elizabeth Wright has given us a masterly outlook on the whole subject in the January number of The Homoeopathic Survey which article I recommend to all homoeopaths.

This paper follows only one method, the study of a remedy through its general characteristics, leaving details to be filled in later as the student uses the remedy in daily practice. Such a method does not suit all minds, but it fits into the advice of the founders and of some our best teachers, to advance from general to particular.

Polychrests are best examples of this method of study, for they are richest in general symptoms well illustrated by many provers.

I have studied Kali carb and Natrum carb. for former meetings; now comes Natrum mur.

In order not to be a bore with the reading of the necessary long list of symptoms to illustrate a general characteristic, I have had these lists mimeographed so you may see the visual picture as we go on.

Let us pretend we know nothing of Nat. mur. and try to discover from the symptom lists what kind of remedy it is, and its depth and length of action, as gleaned from its general characteristics.

For such a study we have handy Clarke's Dictionary, Hering's Guiding Symptoms and Allen's Encyclopoedia. These are indicated oppsite the symptoms in the lists.

As in the previous studies, we go from the outermost to the innermost of man.

## 1. THE SKIN

| | |
|---|---|
| Skin pale, dry, waxy, greasy | Encyc. |
| Skin very sensitive | Encyc. |
| Warts, on palms of hands | Clarke |
| Panaritium, varices, corns, furunculi | Clarke |
| Skin yellowish, delicate, dirty looking, dry, withered, irritable, itching, pricking, stinging, gnawing, shooting | Hering |

* Hon. Recorder, 1930, P. 343.
Read before IHA, June 1929, Bureau of M.M.



| | |
|---|---|
| Crawling sensation all over body | Hering |
| The skin of the lip cracks and bleeds easily | Encyc. |
| Burning of the lips that bleed easily | Encyc. |
| Lower lip becomes dry and desquamates; on sneezing, cracks in the middle | Encyc. |
| Eruption with smarting pain on the red of lips | Clarke |
| Skin of hands, especially about nails, dry, cracked, hang nails. | Encyc. |
| Red spots as large as the head of a pin over the whole body, preceded by a sensation of heat | Encyc. |
| Nettlerash with stitches in the skin | Encyc. |
| Large and red hives with voilent itching | Hering. |
| Whitish itching hives becoming red after rubbing with violent itching | Clarke |
| Miliary eruption all over | Encyc. |
| Milliary eruption with shooting pain | Clarke |
| On the chin a small red spot that becomes ulcerated after rubbing | Clarke |
| Whitish hives on arms and hands | Encyc. |
| Nettlerash after violent exercise (itching) | Hering |
| Red tetter in the hollows of the knees | Encyc. |
| Tetter in bends of joints, oozing an acrid fluid | Encyc. |
| A tetter on the hands, which she usually had, became very much worse with great biting and burning | Hering |
| Herpes circinatus developed in various parts of the body | Hering |
| Herpes: about the mouth; on arms and thighs; humid on scrotum; in bends of elbows and knees; moist. | Hering |
| Herpes circinatus: pemphigus, blisters starting up on burning spots, with clear, watery contents | Hering |
| Herpes Zoster, rupia, blisters | Hering |
| White scales; dandruff | Encyc. |
| A blister as large as a pea, filled with bloody serum, on nape of neck near hair | Encyc. |
| A small painful vesicle on the upper lip, small vesicles on the upper lip which burn. | Encyc. |
| The vesicles on the upper lip became confluent and covered with scab that fell off after several days and left a red spot that lasted two weeks | Encyc. |
| About the mouth, small vesicles forming a kind of tetter | Hering |
| Vesicles, with watery contents, burst and leave a thin scurf | Encyc. |
| Itching eruption on the margin of the hair at nape of the neck | Encyc. |
| Eruption over the whole body causing violent itching | Encyc. |
| Fine itching stitches in the skin | Clarke |
| Itching tubercles | Clarke |
| Itching gnawing | Encyc. |
| Stitches in skin in various parts of body | Encyc. |
| Frequent fine stitches as if nettlerash would break out | Encyc. |
| Fine stitches, here and there, in the skin | |

| | |
|---|---|
| Transient fine stitches, as with needles | Encyc. |
| Stinging rash over whole body | Hering |
| Eczema, raw and inflamed, scurfy and discharging a corrosive fluid which eats hair | Hering |
| Superficial ulcers; red, angry looking, smarting, surrounded by vesicles, no suppuration | Hering |
| Corner of the mouth ulcerated | Hering |
| Many boils on the body, on the back, above the eye, on the lobe of the ear, cheek, neck, knee | Encyc. |

We must conclude that Nat. mur. has a profound action on the skin, interfering seriously with its nutrition and producing several kinds of eruptions, boils and ulcers, which indicate long, slow disorders. It even stirs up old scars. The skin is sensitive too, and suffers much.

## 2. MUCOUS MEMBRANES

| | |
|---|---|
| Dryness of mouth and throat | Clarke |
| Tongue sticks to roof of mouth | Clarke |
| Dryness of vagina | Clarke |
| Corrosive lachrymation | Clarke |
| Secretion of humour in external canthi | Clarke |
| Sensation of sand in the eyes | Clarke |
| Discharge from ears | Clarke |
| Dryness of nose | Clarke |
| Violent coryva, fluent or dry | Clarke |
| Expectoration of mucus, on hawking | Clarke |
| Frequent hawking of salty tasting mucus | Clarke |
| Discharge of mucus from urethra | Clarke |
| Leucorrhoea acrid, greenish | Clarke |
| Sensation as if sand was in the eyes, in morning | Clarke |
| Feeling of dryness in nose, stoppage | Clarke |
| Coryza fluent; posterior nares dry | Hering |
| Dryness, or coolness and paleness of vagina | Hering |
| Sensitive dry sensation in the eyes | Hering |
| Burning in the eyes with increased secretion of mucus | Hering |
| Sensation as if sand were in the eye in the morning | Hering |
| Burning in the eyes with increased secretion of mucus | Encyc. |
| A catarrhal affection of the margins of the lids | Encyc. |
| Discharge from the ear for several days | Encyc. |
| Violent coryza with sneezing | Encyc. |
| Excessive fluent coryza, with loss of all smell and taste | Encyc. |
| Feeling of dryness in the nose | Encyc. |
| Much mucus in the throat | Encyc. |
| Frequent hawking of mucus | Encyc. |
| Hawking of salty tasting mucus | Encyc. |
| Abundant discharge of transparent whitish and thick mucus from vagina | Clarke |
| Glutinous substance collects in external canthi | Hering |
| Catarrh; secretion clear mucus, transparent like white of egg | Hering |
| Chronic naso-pharyngeal catarrh | Hering |
| Chronic catarrh of anaemic patients | Hering |
| Severe coryza, consisting of clear white discharge so profuse it was necessary to lay a towel under nose | Hering |
| Influenza watery | Hering |
| Stool slimy, like white of egg | Hering |
| Chronic intestinal catarrh, greenish watery | Hering |
| Urine containing mucus | Hering |
| After urination, discharge of thin glutinous substance | Hering |
| Yellow, purulent discharge from urethra | Hering |
| Glutlike discharge of clear mucus, transparant watery slime | Hering |
| Leucorrhoea: very profuse, acrid, greenish | Hering |
| Accumulation of transparent mucus in larynx in morning | Hering |
| Expectoration of bloody mucus, white, salty, in clots in morning | Encyc. |
| Redness of the white of the eye, with lachrymation | Encyc. |
| Lids agglutinated in the morning | Hering |
| Discharge of a drop of thin glutinous liquid from the urethra, that sticks to the linen | Hering |
| Discharge of pus from ear | Encyc. |
| Chronic catarrhal otitis, with acrid discharges | Encyc. |
| Yellow purulent discharge from urethra | Encyc. |
| Leucorrhoea of a greenish color | |
| Purulent expectoration | |

So we find great dryness and also profuse discharges. The discharges are watery, transparant, thick, sticky, acrid, greenish, purulent. The mucus membranes, too, are greatly disordered, as if much effort was being put forth to cure internal conditions by throwing to the surface symptoms indicative of deep-seated ailments.

## 3. TISSUES

| | |
|---|---|
| General emaciation, most conspicuous about neck | Hering |
| Emaciation, anaemia, weariness and complete prostration of vital forces | Hering |
| Loses flesh while living well | Hering |
| Great emaciation (more of body than face) | Clarke |
| Great relaxation of all physical and moral powers | Clarke |
| Tendency to dislocation, old sprains | Clarke |

| | |
|---|---|
| Anaemia, particularly if provoked by loss of fiusids | Hering |
| Chlorosis with dirty, flaccid, torpid skin | Hering |
| Deterioration of blood, of a scorbutic nature | Hering |
| Infantile marasmus from defective nourishment | Hering |
| Cachexia from ague plus quinine | Hering |
| Stiffness, rigidity of a paralytic nature | Hering |
| Loss of hair | Clarke |
| Falling out of hair | Encyl |
| Wounds become painful, suppurate; pain in old scars | Hering |
| Muscles as if torn from bones | Hering |
| Contraction of tendons | Clarke |

Nutrition is disturbed to the limit, for we find emaciation, anaemia (even pernicious), cachexia, marasmus, deterioration of blood, slow healing and suppuration of wounds, pain in old scars. The power to build is so weakened that life is threatened.

## 4. SLEEP, DREAMS

| | |
|---|---|
| Frequent yawning and stretching | Hering |
| Yawning every minute which at last became violent | Encyc. |
| Sleepy, but cannot sleep | Hering |
| Ineffectual efforts to go to sleep | Clarke |
| Sleepy by day; sleepless at night | Hering |
| Difficulty in waking | Clarke |
| Dreams anxious, vivid, frightful | Hering |
| Much too vivid dreams; visions in sleep | Hering |
| Anxious distressing dreams, with tears and talking during sleep | Clarke |
| Starts and talks in sleep | Hering |
| Somnambulism | Hering |
| Wakes with vertigo, nausea, trembling of limbs | Encyc. |
| Unrefreshed in morning | Hering |

The sleep symptoms show the depth of nervous disorder created by dynamically prepared salt. The disturbance could scarcely be greater.

## 5. NERVOUS STATE (PHYSICAL)

| | |
|---|---|
| Heaviness and indolence, especially after having risen in morning | Clarke |
| Alternate weakness and agility in limbs | Clarke |
| Inquietude in the body with shivering | Clarke |
| Hysterical debility, in morning in bed | Clarke |
| Great weariness all day | Encyc. |
| Remarkable prostration and weakness of the body | Encyc. |
| Exhaustion of mind and body | Encyc. |
| Great physical exhaustion; his strength is not sufficient for his work | Encyc. |



| | |
|---|---|
| Great weakness, obliging her to lie down | Encyc. |
| The feet are heavy and become very weary while standing | Encyc. |
| The longer he remains up, the weaker he becomes | Encyc. |
| Feels so weak that he declines to move, feels weak when at rest | Hering |
| Debility resulting from loss of fluids, particularly after onanism | Hering |
| Threatened collapse with intermitting pulse and great thirst | Clarke |
| Trembling of whole body, caused by tobacco smoking. Twitching in muscles and limbs | Hering |
| Awkward, hasty, drops things from nervous weakness | Hering |
| Lethargic state, jerking or starting of limbs, excessive drowsiness, stupor, eyes half open | Hering |
| Chorea for two years, caused by fright | Hering |
| Hysterical spasms which in course of time developed into severe convulsions, and finally into cataleptic attacks which often lasted for hours | Hering |
| Spasms, with full consciousness; chronic and hyterical | Hering |
| Epilepsy with consciousness | Hering |
| Must move limbs constantly; restlessness | Hering |
| Violent electric shocks through the right half of the body, on attempting to fall asleep | Encyc. |
| Spinal irritation; sensitiveness between vertebrae; partial paralysis from weakness of spine; especially from grief, anger, sexual excesses, etc. | Hering |
| Better lying flat on back with firm pressure | Hering |
| Tiredness in back | Hering |
| Spine oversensitive to touch or pressure | Encyc. |
| Sensitiveness of the body of touch | |

Vitality is so lowered that results seem serious, yet it is nervous debility and not an actual vital one; the patient feels weaker than he actually is. Yet there are tremblings, spinal irritation, lethargy, even catalepsy, hysterical spasms, epilepsy, chorea.

These things go most deeply into the vital economy. If the patient is not really dangerously ill, he is profoundly sick in his central nervous system.

## 6. NERVOUS STATE (MENTAL INTELLECTUAL)

| | |
|---|---|
| Weakness of memory and excessive forgetfulness | Clarke |
| Loss of ideas with mental dullness | Encyc. |
| Weakness and loss of memory, remembers nothing of yesterday | Hering |
| Difficulty of thinking; absence of mind | Clarke |
| Exhaustion after talking, embarrassment of brain | Clarke |
| Incapacity for reflection and fatigue from intellectual labor | Clarke |
| Disinclination for mental work | Encyc. |
| Inability to perform mental labour | Encyc. |
| Head dull and befogged, causing a very peculiar feeling of irresolution | Encyc. |

Stupefaction of the head — Encyc.
Brain fag, with sleeplessness, exhaustion after talking, embarrassment of brain — Hering
Empty feeling in head, with anguish — Hering
Tendency to make mistakes in speaking and writing — Clarke
Distraction, does not know what he ought to say — Clarke
Distraction of mind while talking — Encyc.
Easily makes mistakes in talking — Encyc.
She felt almost as if losing her reason — Encyc.
Fear of loss of reason — Hering

When one's ability to think, to reason, to remember, to concentrate, is so much lessened, there is deep disorder in the intellectural sphere. In this remedy it seams to be all functional and not organic.

## 7. NERVOUS STATE (EMOTIONAL)

Indifference, laconic speech, moroseness — Clarke
Joyless, taciturn — Clarke
Unnatural indifference — Encyc.
Melancholy sadness, which induces a constant recurrence to unpleasant recollections and much weeping, all attempts at consolation aggravate — Clarke
Hypochondriacal, tired of life — Clarke
Very much inclined to weep and to be excited — Encyc.
Whenever alone, she wished to cry, she didn't know why — Encyc.
If one only looked at him, he was obliged to weep — Encyc.
Melancholy mood, she has preferred to be alone for several days past — Encyc.
The more he was consoled, the more he was affected — Encyc.
Attacks of complete hopelessness and internal despair — Encyc.
Ill humor and crying from the slightest cause — Encyc.
Tries to recollect past disagreeable occurrences for the purpose of indulging the grief which it causes — Hering
Very much inclined to weep and to be excited — Hering
Gloomy thoughts, recalls insults long since suffered, likes to dwell on past unpleasant occurrences — Hering
Alternately sad and excessively merry — Hering
He concluded from the look of everyone, that he was pitied on account of his misfortune, and he wept — Hering
Disheartened all day without definite cause, palpitation — Hering
Anxiety respecting the future — Clarke
She was much more anxious than usual during a storm at night — Encyc.
Extremely solicitous about the future — Encyc.
Fear of insanity — Encyc.
Hurriedness, with anxiety and fluttering at heart — Hering
Fearfulness, very easily started — Hering
Fear of loss of reason — Hering



Impatient precipitation and irritability — Clarke
Irascibility and rage, easily provoked — Clarke
Laughs immoderately and cannot be quieted — Clarke
Alternate gaiety and ill-humour — Encyc.
Irritable, peevish, ill-humored and quarrelsome — Encyc.
He was very easily made angry — Hering
Hastiness and impatience — Hering
Hateful and vindictive natures — Hering
Bad effects from anger — Clarke
Hatred to persons who have formerly given offence — Hering
Taciturnity, offended at every word, avoids company, hates persons because they have offended him, spleen — Encyc.
Her moral perceptions, her once keen sense of honour and of right and wrong, seemed blunted — Hering
Week will — Encyc.
Very easily startled — Encyc.

What a disordered emotional life! And what an unpappy, unstable patient is the one needing Nat. Mur. Here again, in the very innermost of man, is profound disturbance.

Proceeding from the skin and mucous membranes to the central nervous system, we find the same deep tendencies to great chronic disorder, not organic but functional. The study shows consistent manifestations all through the prover and the patient.

Having gained a general concept of the drug, let us return to the particular and more detailed symptoms we generally associate with it. If introducing students of materia medica to Nat. mur, let us emphasize to them the generals, and them go to the other old familiar symptoms, such as :

Hammering headaches, worse in the temples
Aggravation at 10 a.m., pains often increasing and decreasing with the sun
Herpes about lips
Parched tongue
Ringworm and herpetic eruptions
Malaria with chill at 10 a.m.
Craving for salt
Worse in warm room, craves open air

Pain lumbar region, much better from lying on something hard
Tendency to take cold
Emaciation, especially about neck and shoulders
Palpitation fluttering about the heart
Dreams of robbers
Ailments from emotional excitement

If the students weae given this list first, as it often appears in quiz compends and the most condensed pocket materia medicas, he will always use it without a fair conception of the drug's place of action, or length of action. Hence he will be disappointed and will eventually turn away from homoeopathy because, in his hands, it does not work. If he is given the general study first, then when he meets one or more of these more definite and peculiar symptoms, he will instinctively seek to orientate the remedy in its general background and study the patient as a whole to find out if it fits in its whole extent.

## DISCUSSION

Dr. Grimmer : I like that paper very much, mainly for the homoeopathic philosophy running all through it. That is the way to study materia medica, to know a man from the innermost to the outermost and to know the relationships of these things. When you really cure with homoeopathic remedies, you cure the internal man first and many times, while he is going through the turmoil of cure, his sufferings on the outside are very intense and marked. Disgusting eruptions and mucous membrane discharges appear under such remedies.

People who have a superficial knowledge of homoeopathic philisophy may be driven to make a change when they see these things brought out, as the doctor has illustrated, and not let the deep-acting Natrum mur, or whatever the remedy may be, finish its work. Many cases have been spoiled because of this lack of knowledge of the homoeopathic philosophy.

Dr. Woodbury : This classification reminds me very strongly of the arrangement of the materia medica that was undertaken years ago by Dr. Mc Neil in San Francisco. One of the remedies was printed in the Medical Advance some years ago. After long tracing I found this set of books. Dr. McNeil went through all the ten volumes of Hering's Guiding Symptoms, indicating the prominent symptoms. His object was to make a new materia medica, emphasizing these characteristic symtoms which he picked out. The sad part of the story was that he worked ten years, doing a volume a year, then the San Francisco fire came just after he had finished the ten volumes, and wiped them out. Some of his friends who knew about it, sent him ten volumes more, and he started it at



the rate of a volume a year, and finished the last volume the very year in which he died, so that he spent twenty years of his life on that work. It is very valuable. I have in Boston the last set which he completed after his twenty years of work. What will be done with it, I do not know. Dr. Boger is familiar with that set. His idea was, I think, that it was too much to attempt any such thing. I had an idea that possibly one might incorporate certain of the symptoms in an additional volume to supplement Hering's Guiding Symptoms.

Dr. Krichbaum : The last few years I have observed Natrum mur. in its manifestation, which is most profoundly marked along the shin bone. This is especially true in those people who have goiter. I don't know why, I have been unable to find any connection between them. Incidentally, where they are of the dark type, I have perhaps used Naturm iodide more often than Naturm mur.

Dr. Farr: I have found one case in which Naturm mur, was particularly efficacious in pleuritis. I don't know that I have ever seen it in the literature, but in this particular case half a dozen other remedies had given very little relief, while Natrum mur, had come in twice within possibly two years, the first time comparatively wiping it out, and the second time, during a recurrance, clearing it again.

Dr. Green : I have nothing to say except to remind you again that this was not a lecture on Naturm muriaticum but simply a method of studying materia medica.

"To know, but to be as not knowing, is the height of Wisdom.

To the good I would be good; to the not good I would also be good, in order to make them good.'

He who knows how to shut need no bolts-yet you cannot open. When warrious join in battle, he who has pity conquers.

Those whom Heaven would save it fences round with GENTLENESS. I have three precious things which I hold fast and prize.

# A Study of Sodium Group of Drugs

## Physio–Pathologic Correlations with Homoeopathic Materia Medica

DR. ARCHANA MANIAR, L.C.E.H. (Bom)

### INTRODUCTION

Sodium is an alkali present along with potassium, calcium and Magnesium in body fluids; – $Na^+$ and $Ca^{++}$ being extracellular and $K^+$ and $Mg^{++}$ being intracellular. These basic elements are central to cell–physiology and cell–biochemistry. We shall, therefore, attempt to present the Natrum group from the standpoint of the physiological role of $Na^+$ in the human body and the effects of Na lack or excess as observed clinically in human beings and in animal poisonings. This will lead us on to the sphere of action of the Natrum group and the sensations and pathology mentioned in the H.M.M. An attempt is made to correlate these at all levels of the human economy the soma and the psyche.

Sodium is an indifferent electolyte in the body. It is the least disturbing to the cell colloids. In the body fluids the concentration of sodium exceeds that of other necessary salts by 40–100 times. There is a stock of approximately ½ lb. of this salt in the human body, the skin providing the main depot for storage.

### STORAGE OF VARIOUS SODIUM SALTS IN THE HUMAN BODY[1]

1. Nat–Carb – Blood, liver, mucous membrane of G.I.T.
2. Nat–Mur – Skin, Blood, mucous membrane of G.I.T.+ Resp. T. nerves. It is present in almost every cell of the body.
3. Nat–Phos – Blood corpuscles, gastric juice, liver, nerves and muscles.
4. Nat–Sul – (i) Liver (ii) Intercellular fluid and tissues.

Hence one will observe that the sphere of action of drugs of Natrum group can easily be correlated by knowing the depot for storage.

Disturbances in sodium concentration can produce fluctuations and variations in metabolism, thereby causing an electrolyte imbalance which will result in symptoms of Hyponatremia and Hyperatremia.

### HYPONATREMIA[2]

- Weakness, apathy and lassitude.
- Excessive fatigue and sense of exhaustion. (Prover McCance noticed – his arm became tired while shaving and his jaws became tired when he ate.)

*Paper read at the "2nd Maharashtra State Homoeopathic Seminar" at Pune on 22–1–1983.



- Headache, giddiness and feeling of faintness.
- Mental confusion, delirium, delusions, stupor, coma.
- Anorexia, Nausea, Vomiting.
- Patient appears apathetic and acutely ill.
- Eyeballs sunken and glassy stare.
- Tongue – shrunk, shows longitudinal wrinkling.
- Skin – Turgor and elasticity disappear.
- Orthostatic hypotension, tachycardia, small pulse pressure and collapsing pulse.
- Cold extremities, subnormal temperature.
- Typical s/s of shock in severe cases.

(From the above : one can easily correlate that s/s of Hyponatremia are same as Addison's disease – Aldosterone helps in re–absorption of sodium from the distal convoluted tubule of the kidney and therefore when aldosterone is diminished, Sodium will be thrown out from the body and thus Hyponatremia develops.)

### HYPERNATREMIA[2]

An excess of total exchangeable body $Na^+$ is not manifested by hypernatremia but by Oedema.

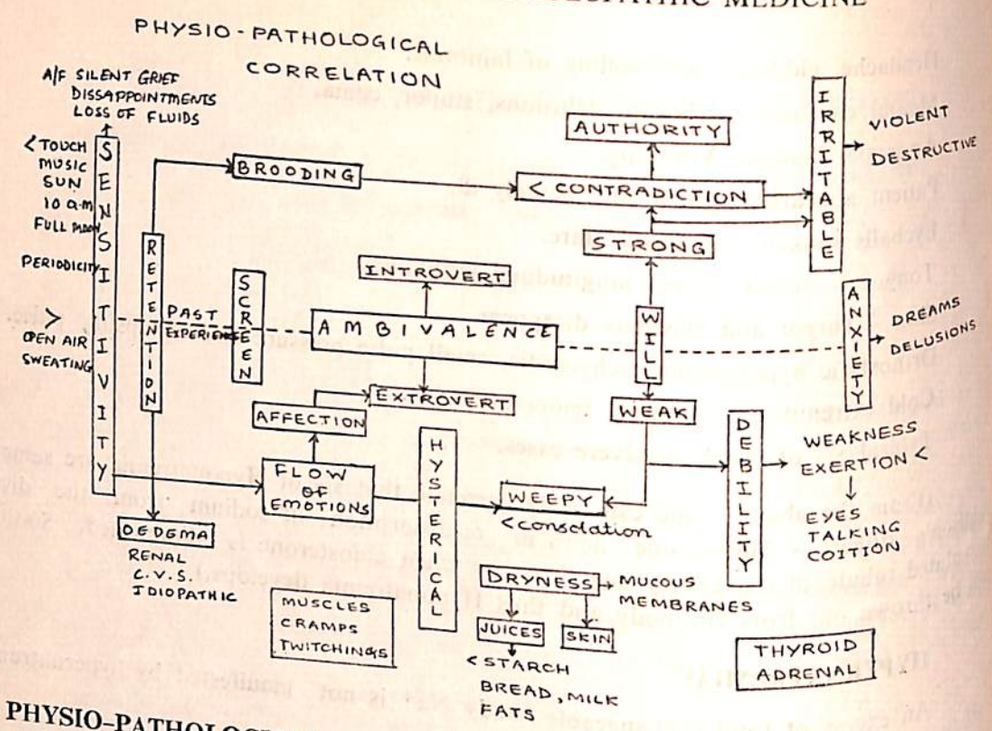
(There are many causes of oedema and according to the main organ involved they are known as – Renal, cardiac circulatory, Indiopahic Hormonal, etc.).

Effects of excessive salt intake are many. The skin responded with inflammtion, urtiaria, and wart formation. It becomes dry and cracked and at the same timc tends to perspire freely.

There were headaches, neuralgic pains, pain in the eyes and vertigo. Mucous membranes became inflammed, resulting in gastro–intestinal catarrh and diarrhoea. Gingivitis and gouty pains were also noted.

In toxic effects on animals, one has observed increased irritality if sweet water fishes are brought into sea water. Emaciation, great weakness of back muscles and anaemia also occur. In dogs and frogs, excessive salt intake has produced cataract and increased B. P.

After studying Hyponatremia and hypernatremia, now I will demonstrate physio–pathological correlations with our homoeopathic materia medica.




**PHYSIO-PATHOLOGICAL CORRELATIONS**

1 Na+ is the basic constituent of each and every cell of the body and it maintains the free flow of fluids across the cell membrane. Therefore we have SENSITIVITY as the basic Natrum trait at both the levels of body and the mind. There is the FREE FLOW OF EMOTIONS as evidenced by the tearful nature of the Natrum individual.

This is expressed as Hysterical behaviour and symptoms, hypochondriacal mood changing and weeping dispositions at the mental level. At the physical level, there is sensitivity to TOUCH. jar, pressure, music, noise, sun and atmospheric changes like ∠ damp weather, full moon, thunderstorm and > in open air, cold bathing etc.

2 Another very important and main function of Sodium is that it creates an electrical potential across the cell membrane producing negativity inside and positivity outside. Thus Natrums have AMBIVALENCE as the centre of the structure around which the whole psychology and symptomatology rotates. This manifests at all levels of the mind (emotions and intellect) and the body (generals and particulars, sensations and pathology).

This we can correlate with the Natrum personality being weak, fearful with feeling of insecurity from within, while it appears indestructible, i.e. strong and dominating externally. In others words, Natrum is a man of straw appearing as a man of steel.

Whenever this ambivalence is disturbed, we have all the manifestations which swing from one extreme to the other, like a pendulum as listed in Materia Medica. I will demonstrate by a few examples when we go further.



3 Sodium is more in extracellular fluids than intracellular, and thus we have more an 'EXTROVERT' presonality unlike magnesiums' who are more introvert. This is synchronus with the show of affection and free flow of emotions towards others.

Excess of sodium in the body produces Retention of water which is seen physically as oedema, and mentally as BROODING. There is retention of ideas/thoughts which he recalls over and over again and enjoys doing the same.

At the other extreme we find DRYNESS. It may be general or particular, like dryness of skin which may progress to CRACKS AND FISSURES, especially in winter.

Respiratory system as sneezing, nose block etc.
Mouth and throat and tongue : Thirst.
Vagina – Causing sterility and dyspareunia.
G. I. T. as anorexia, nausea, vomiting, constipation.

4 One very important fact that has been observed is that all the digestive juices like gastric juice, bile, pancreatic juice are derived from $Na^+$ and $K^+$[3]. Whenever there is any distrubance in sodium level, the secretion and function of these juices will be hampered. This is shown as aversion to starchy food, bread, fat, milk etc. and which <.

5. Sodium provides the energy to promote the transport of the elements, and therefore Natrums are considered to be active. Another example is sodium concentration is responsible for formation of waves in the sea. In the absence of sodium from sea, the sea would have been as silent as a graveyard.

So when lack of sodium occurs in the body, the person becomes DEBILITATED, physically as well as mentally; he feels weak, exchausted, tired, with lassitude and so Natrums manifest this by :

a) ∠ Exertion – either mental or physical –
b. 1. ∠ motion and always > rest.
2. ∠ even slightest motion of eyes, talking, writing.

Weakness → speedy emissions, easy dislocation, unsteady gait, great weakness in limbs, involuntary urination etc. Mental debility causes confusion, delusions, hallucination etc. This can also be explained on the basis of oedema of brain cells due to sodium retention and therefore they function at a lower rate than normal.

From the above data, we have come across symptoms which are opposite to each other i.e. CONTRADICTORY SYMPTOMS. Here I would like to mention a few more.

Weeping tendency but < consolation and therefore person sits alone and weeps.
Sinking feeling in the stomach > eating.
Weak digestion but greedy while eating.
Sun heat ∠ as well as ∠ cold air.
Thirst for cold water, but worse on drinking.

In this way Nat. are full of contradictions and are ∠ from CONTRADICTION. It makes them IRRITABLE which may lead to VIOLENCE AND DESTRUCTION.

This irritability at phyical level is mainly seen in the muscles which produces CRAMPS, TWITCHING, spasms etc. The main reason being sodium helps in the transmission of impulses across the synapses (like K + and Mg. ++) and therefore, deficiency leads to poor transmission.

6. One of the most important proteins present in muscles is CATOMYOSIN which depends on the presence of sodium. Any disturbance in sodium metabolism leads to the peculiar sensation of "TENSION IN MUSCLES" and "AS IF TENDONS ARE CONTRACTED."

7. Sodium appears to be under the regulatory function of the Adrenal gland, which we have already discussed.

On this point it reminds me of one very interesting fact: the time of aggravation of Nat. is round 10–11 o'clock or forenoon. This is the time when the body needs are increased.

This is met by a peak rise of adrenal production, occurring during the forenoon. (and therefore osmotic pressure and corresponding tone of the body tissues reaches its peak at forenoon).

Thyroid gland involvement manifests as loss of weight and emaciation in spite of of increased appetite and eating well. ( Chronic weight loss is mainly because of increase in the process of oxidation through sodium ion, whereas acute loss of weight occurs because of diarrhoea which leads to dehydration.) We also have goitre, both toxic and non–toxic.

Specific homoeopathic data gives us following aggravations and ailments from;

< Late evening, alternate days, exact periodicity, before, during and after menses, at puberty, lying on left side.

> Pressure, lying on back, deep breathing, going without regular meals before breakfast)

**Ailments from**

Mentals –SILENT GRIEF.
Dissappointment in love, misplaced affections
Fright
Fit of passion, vexation, chagrin, mortification

Physicals – loss of fluids
Masturbation, emissions.
Quinine, salt, fat.
Head injury
Suppressed gonorrhoea.

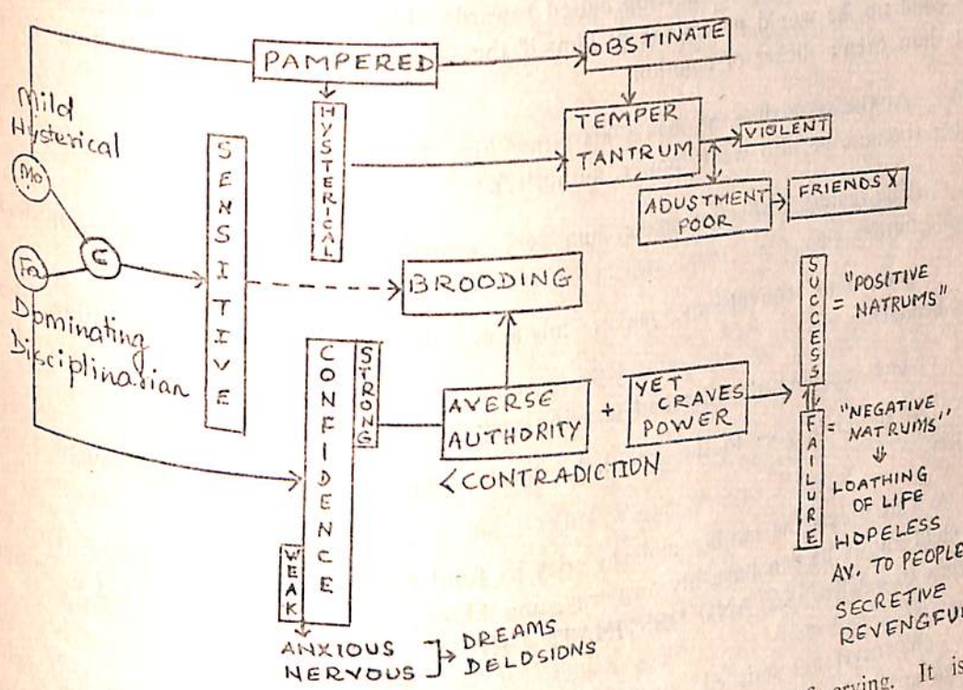


We have seen how it is possible to evolve a picture of the Na and pathology which explains the vast, symptomatology and prov. understanding and memory.

Now we will take another aspect of Natrum which is less known – t of the Nat. child.

To study evolution, one has to start right from the moment of con n onwards, and therefore we will take up the parents as well.

NATRUM CHILD EVOLUTION




As soon as the infant is born it expresses itself by way of crying. It is the emotion which builds up the personality, gives behavioural pattern, physical and mental make–up of a person. Emotion is "A complex feeling state accompanied by characteristic motor and glandular activities".

Investigations of emotional behaviour in infants suggested that basically there are three emotions found – FEAR, RAGE AND LOVE right from the birth.[5]

At 3 months, two basic reactions are observed, namely – distress and delight.

At 6 months, distress was differentiated into – anger, disgust and fear.

At 12 months, delight was differentiated into – elation and affection.

Recently a Russian doctor has found the evidence of 'Positive Emotional Response' at two weeks.

Why I stress so much on Emotions is because Nat. have these emotions at the very foundation on which the whole personality is built.

So to start with Natrum evolution, we will have to start with parents.

Usually the father is a dominating character and an authority in the house and office. He wants discipline, wants everybody to obey him, wants to have his own ways etc. Above all these, he forces this on the family. (esp. child) (compare lyc.)

While the mother is mild, gentle, quiet and may be a hysterical type. (Puls, Nat.M., Kali.C.). She showers all her affections on the child i. e., pampers the child, tries to cover up his mistakes etc.

This child begins to develop hatred towards his father. If the father would lift the child up, he would never look at him; if the father comes to play with him, he will not show even a flicker of emotion.

At the same time, he makes his father his 'IDOL' and models himself on to his father (because he also wants power, authority).

The maternal affection makes him very sensitive and he starts showing hysterical manifestations e g.,

(a) goes into convulsions, makes mistakes, drops things while handling them, gets headaches etc.

(b) starts weeping at trifles and weeping may be causeless.

(c) If the child goes to the school, he develops lack of confidence, nervousness and anxiety.

This upsets the mother and she tries to fulfil his needs more and more. This way the child knows he can have his own way, and khows that it will be fulfilled everytime. It leads to a CRANKY AND OBSTINATE CHILD.

Whenever not satisfied, he goes into temper tantrums, becomes irritable, which may go up to the point of violence and destruction. This is always aggravated from contradiction.

He fights and dominates over his friends and therefore Natrum child may be a FRIENDLESS child. But if he loves somebody he will stick to him thro' thick and thin, and always want to be with him. (He may have a pet to whom he is very much attached and if the pet dies then he does will not forget it and broods over it for days on end.

As they have got a sharp memory, are intelligent and have strong will power, so if everything goes well, he achieves what he wants, i e. power, authority, or, if something goes wrong with his emotional life then he fails and goes into depression, or takes to alcohol etc. At this stage if someone shows affection towards him, he falls in love with that person; therefore, you have the symptom in Kent "falls in love with a married man"; "falls in love with a coachman" (k 666) i.e. misplaced affections.



**NATRUM SALTS :**

Now we will take up a few drugs prepared from sodium in our Materia Medica.

First we will study **common symptoms of Rare Natrums.**

1. **Nat. Ars. :** It is a good drug for psoriasis, nasal catarrh and esp. miners asthma. As it has an Arsenic component in it – it has restlessness, chilliness and thirst as associated symptoms, and the patient is chilly.

2. **Nat. Chloratum :** It is useful in congested and atonic conditions of the uterus and its ligaments. Dr. Cooper's grand characteristic indication is 'WATER – LOGGED UTERUS'.
(Dr. Clarke advises the use of it in a woman who has a bearing down sensation and sub–involution after confinement.)

3. **Nat. Iodatum :** It is very useful in Rheumatic endocarditis, arteriosclerosis and angina pectoris. (French practitioners frequently used it, especially in cardiac hypertrophy.) Goitre.

4. **Nat. Lacticum :** Dr. Skinner has removed with it in potencies, gouty or rheumatic concretions (and therefore it becomes a specific for gout).

5. **Nat–Nitricum :** It is a very good drug for haemorrhagic constitution – Haemetemesis, Haemoptysis, Epistaxis, Haematuria, Puerperal etc.

6. It is Rademacher's Aconite.)

**Nat–Salicylicum :** It has produced many symptoms like giddiness, sweating, severe tinnitus and deafness – all of which confirm the diagnosis of Meniere's disease.

7. **Nat–Hyposulph** – Specific for liver spots.

8. **Nat–Telluricum :** It has garlicky odour breath and night sweats of phthisis.

9. **Nat–Selenicum** – According to Dr. Mey Hoofer, it has decided affinity for laryrx and confirmed its uses in laryngitis and hoarseness of voice.

10. **Nat–Nitrosum** – Dr. Ringer in the magazine 'Lancet' (Nov. 1883) quotes the key note of this drug as 'FAINTING' associated with other affection.

11. **Nat–Silicofluoricum** – Dr. Cooper calls it the medicinal bone–scrapper in cases of caries. Dr. Burnett has cured tumors.

12. **Nat–Sulphurosum** – Dr. Clairance Barlett relates a case of chronic diarrhoea having watery and yeasty stool.

**Common Natrums**

1. **Nat–Carb** – It is a polychrest, deep acting, antipsoric remedy. Great debility, oversensitiveness, weak digestion, sterility etc. make a few of the characteristic symptoms.

2. **Nat–Mur** – It is typical representation of Nat. showing all the characteristic right from evolution of the child upto the manifestation at physical level. It has aggravation from sunrise to sunset, marked craving for salt. Aversion for bread and starchy food. Hammering headache, mapped tongue etc. as a few symptoms.

3. **Nat–Phos** – Ailments with excess of acidity leading to sourness, eructations, vomiting, diarrhoea etc. Marked tubercular miasm, haemorrhagic tendency and more attachments are characterstic Natrum+Phos – synthetic prescription.

4. **Nat–Sulph** – Hydrogenoid constitution and great anti-sycotic remedy. Thick yellowish, greenish discharges. The liver and ailments from head–injuries.

5. **Borax** – Tousy persons, frowsy hair, tangled at end. FEARS DOWNWARD motion. Sensitive aphthous catarrhal tendencies. Finally a few points on remedy Relationship

– There are no incompatible remedies to any of the Natrum drugs.

– Arsenic is the general antidote to all natrums.

– Nitri – spiritus – Dulsis. It is also a general antidote and it nullifies the ill effects of salt (Halophagia)

– Sepia is complementary to Nat–C, Nat–M.

– Nat–M. has Ign, Apis, Kali–C and Arg–Nit as complementary.

– It is very useful in abuse of Silver – Nitrats (Arg. N.), quinine, opium and any other drug.

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2. Premier of water electrolyte and acid–base syndroms. – **Goldberger**
3. Text Book of Biochemistry – **West & Todd**
4. Homoeopathy. The fundamentals of its Philosophy – **William Gutman**
5. Introduction to Psychology – **Munn, Fernald, Jr. Fernald**

"Live your way into the heart of Reality; and you will understand the Universe better than if you were to pour over its deepest problems for the rest of your days; for you will find that, at the heart of Reality, Ideal Good and Ideal Truth are one, and that as they become one they lose themselves in Inward Peace."

– Edmond Holmes

# Natrum : An Epilogue in Evolution

**DR. SARLA SONAWALA** B.A.,D.M.S. (Hons), D.F. Hom. (Lond)
Vice–Principal, C.M.P. Homoe. Med. College, Bombay.

Tiny molecule of dust
Dreaming to shine as sun
Flew eastward .....
And merely spinned
Round and round
To plunge westward
Into Wilderness
Such be the damned
Destiny of Natrum ?

The ocean, a vast reservoir of water owes its sound and fury to its vital constituent of salt. The sea would get as quiet as a grave with no waves and whirls, if devoid of salt. Does Natrum soul owe its tumult and turmoil to this chosen salt ?

The emergence of salt from its solution in the sea stands for the liberation of soul from the motherly embrace of collective consciousness. The inner voice as if urges Natrum ego to find its source of strength within. This urge, stronger than its spiritual resources writes "raison d'etre" of Natrum's tragedy indeed !

The relative concentration of salt in the organs of feeling and perception viz. brain and nerve–tissue, vitreous humour of the eye, moreover sweat, urine and tears – reflects its functional association with the evolving "psyche" !

The primordial existence of Natrum seeks its archetype in the mother's womb thro' concurrent elements of ovum and sperm. Emerging from mother's protective womb the newborn emits its first cry of survival. The nutrition and warmth of mother's love makes his world of refuge, and the child may thrive and grow.....!

Nay, such idyllic peace is not Natrum's destiny ! The infant gets nursing sore mouth, refuses mother's breast, and heads for marasmus and scrofula.

The confrontation with father adds further jolts to the growing child. The Victorian father adopts stern measures to discipline, which the child vehemently resists. And beware, here lies the seed of Natum's eternal battle agains authority.

Nonetheless..... the child sees the strength of power and secretly strives to achieve the same in the image of his father who becomes his alter ago. He shows positive dislike of being handed and bursts into rage when interfered with. Often Natrum child may display an astonishing capacity to play alone for hours together.

The solicitude of doting mother– herself a victim of an exigent husband – is met with increasing rejection. No more a sissy to hide behind the mother's skirts, you know.... Yet how much he needs his mother's endearing bosom, when frightened by dark and cold world! Reticent and slow to talk, the child begins to stutter, knocks over things, refuses the toilet–pot and wets the bed. Morever, absent–mindedly he bites the nails, licks the salt and suffers from nightmares of robbers – all with further beatings! Refusing to cry, his cough chokes and paradoxically evokes tears from the eyes. The years pass by while the growing boy seeks his firm ground to stand on.

Adolescence – aflame with desire – hammers at his head. This threshold of manhood makes his search for an independent identity more keen. He resents and rebels against authority and may appear to be a hero in the eyes of his peers at school and college.

The secret rendezvous of romance augments his self–esteem. Intensive and impulsive, Natrum falls headlong in love.... and incorrigibly so! A girl simpers at her young professor's enquiry; the boy, in his autistic fantasies, seeks the image of mother in an elderly girl's coquetry. Never a marriage of consent and compose, Natrum's may be an act of elopment in defiance of parents and society. More sound and fury with less substance to it, the oath of eternal love too ends in disillusionment!

"Salt eaters seldom have male issue" – says the old book! So be it or not, the heavy burden of family life may fetter his freedom and shatter his dreams. Tumbling from the heights of heroism, Natrum talent may end up as a clerk in a dingy office and wallow in a beer–bar!

Torn by internal strife of dual existence, melancholy grips his soul. In incessant pursuit of his ego, Natrum separates himself from man and God, to deliver himself to the devil of despair. Life holds no illusion for him, with loathing at heart he must carry his cross!

The sun animates all life, but not Natrum's! The challenge of every sunrise to awake anew ends in hammering headaches! Life given to seclusion and langour disintegrates under the scorching sun.

The body wilts and withers. The catarrhs seem to eliminate – vicariously – the repressed grief, and—unshed tears! The imbalance of hormones projects a choking goitre, the violated blood turns pale, phagocytes misbehave, and the spleen, impoverished by the ravages of ague raises the alarm of malignant – often a leukemic – state.



Natrum tells a woeful tale of a martyr that falls a prey to his own contrariness. Endowed with an enduring will and high intellect, he ventures to reach the sky; but swept off his feet by fleeting emotions, he ends up in wilderness. The tragedy needs to be seen not only in the light of a private drama but also as contemporary trends of an age of anger and protest – the age of Natrum ego.

The dynamised salt – Natrum Mur – makes the true similimum to aid the integration of inner conflicting forces. Then the man's emancipated ego can expand beyond self to merge into cosmic consciousness. Hence the wisdom of Gospel that says

"Ye are the salt of earth."

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ATLAS : I. C. R. Symposium Volume.

## GENTLENESS, FRUGALITY AND HUMILITY.

Temper your sharpness, disentangle your ideas, moderate your brilliance, and live in harmony with your age.

He who has been the means of death of many people should mourn over them with bitter tears.

Tao gives to all good men without distinction.

The further one goes away the less he knows.

One may be transparent on all sides and yet be unknown.

Silent teaching, passive usefulness – few in the world attain to this.

**– Japanese Sayings**

# A Case of Chronic Osteomyelitis*

– DR. FAROKH MASTER, L.C.E.H.

Mr. N. S. aged. 38 years, consulted me on 24th August 1982.

**Chief Complaint** : Sinus Right tibia – for about 21 months. Discharge–acrid, offensive, thick pus, bloody and destroying surrounding hair. Ailments from fractures Right tibia and fibula on 31st March, 1981. Sore, bruised, cutting pain right leg with sensation of broken feeling since then. AGG. Motion, fan and amel by light pressure.

**Associated Complaints:** Tendency to catch cough and cold, since childhood. AGG. winter, cold drinks amel. warm climate.

Cutting pain in left precordial region AGG deep inpspiration for two months.

**Patient as a person** : Gums spongy, occasional bleeding, bath warm in general, appetite normal, cravings at present nil, but history of pica, thirst – four to six large glasses of cold water, teeth caries, right and left lower and upper premolar. Perspiration on affected parts, offensive, profuse and drenching.

**Family history** : Father 55 years, expired because of cerebrovasculur accident. History of bone T.B., Mother 68 years living healthy, brother died 28 years - carcinoma of bronchus.

**Past history** : Measles 3 years old, mumps 3 years old, jaundice 17 years old. Typhoid 19 years old.

**Operative history** : 14–4–82 removal of plate with saucerization and curetting of small cavity. 24–4–81 : open reduction and internal rotation with bone grafting. 31.7.82 saucerization and sequestrectomy of right Tibia.

**Drug History** : Plenty of antibiotics taken pre - as well post-operatively.

**Mental State including the life situation** : Patient is married for the last 8 years and is staying with wife and two children 6 and 4 years old. He is a partner in a readymade cloth company, earns annually about Rs. 40,000/–; because of his sickness he could not attend to business for the last 16 months and has therefore incurred a financial loss of about Rs. 50,000/–. This has produced a great emotional trauma to him.

* Paper projected at the Second Maharashtra State Homoepathic Scientific Seminar at Pune on 23–1–83.



Has good relations with family members and business colleagues. Emotionally a shy person, cannot mix easily with a stranger. Becomes confused, even with slightest tension. Anticipatory anxiety. Lack of confidence to start a new assignment, but once started, does it well and usually gets success. Satisfied with life and whatever he has achieved till now. Has come to a Homoeopath as a last resort.

**Physical Examination** :

Tongue– white,coated, Conjunctiva–Pale, Pulse–78/min/ regular B .P.–136/82 mm Hg. Systemic Examination; C.V.S., R.S., A.S.–nothing abnormal detected.

**Local Examination**:

Sinus–6–8 mm. deep irregular border, surrounding skin showing signs of inflammation. Discharge as stated above. Inguinal lymph node on right side enlarged, tender, discrete.

**Prescribing Totality** :

A .... Analysis

Physical Generals .... right side symtoms, Chilly Patient, History of Pica, Perspiration, ... Offensive, Profuse, Drenching, on affected parts, Thirst 4–6 glasses of cold water.

**Physical Particulars**:

Discharge from the Sinus bloody, acrid, thick Pus, Destroying hair, Pain Sore, bruised, agg., Motion, Fan, amel, light pressure. Emaciation of the affected leg. Cough and Coryza agg. Winter and Cold drinks amel, Warm climate. Teeth–Carries

**Mentals**....Anticipatory anxiety, lack of confidence, shy with strangers.

B .... **Synthesis**:

Tubercular Miasm: Fundamental (Family History and Past History), as well as Dominant at the level of expression.

Ailments from Injury–Fracture Bone–Delayed healing, poor Callus Formation, easy prolonged suppuration, sinus formation and discharge with emaciation of the affected leg. On the basis of the present expression of chronic suppurating sinus in bone following the injury, as well as the generals of the Chilly patient with offensive perspiration, especially on the affected part, and the characteristic particulars of the discharge with modalities, **SILICIA** was selected, Anticipatory anxiety and lack of confidence reinforced the prescription. **Tuberculium** bovinum was obviously the intercurrent remedy.

**Follow up :**

26– 8–82....Sil. 200 t.d.s. for 4 days followed by S.L. t.d.s. for 7 days.

7– 9–82....Discharge reduced by 50%. Pain in right leg reduced by 50%. No pain in the chest. S.L. t.d.s. for 7 days.

14– 9–82....Discharge reduced by 80%. No. blood, Pain in right leg persists especially on slightest motion Sil. 1 M. 1 dose.

21– 9–82....Discharge absent completely but pain in right leg persisted, Sinus healed. S.L. t.d.s. for 7 days.

28– 9–82....Pain persists. No discharge. Again I looked up the case, but found no new symptoms. So I referred to reference books like Dr. Clarke's materia medica which mentions under **Hecla lava**, that it contains silicea, Alumina, Lime, Magnesia, with some oxide of Iron.

**Hering's Guiding Symptoms,** (P.526, 527) States under **Hecla lava :** Exostosis of tibia, nodosities very large, severe continuous pain, incapacitating him from work, this exostosis and periosteum which had become carious and soft were removed by operation. necrosis of whole bone had been diagnosed, three days after administration of Hekla lava, the pain which still continued after operation subsided and by end of 2nd week wound had healed. So I decided to put the patient on **Hecla lava** 30 t.d.s. for 7 days. on 5–10–82.

12–10–82....Pain reduced by 80%, No discharge Hekla lava 30 t.d.s. for 7 days.

20–10–82....Pain is very mild, can do normal activity, hecla lava 30 t.d s. for 7 days.

1–11–82....Occasional pain on climbing stair–case, no discharge S.L. t.d.s. for 7 days.

5–12–82....Feels better in every way.

**Conclution** ...The Patient improved satisfactorily; he is still under observation and treatment. Radiologically, he has improved but will take at least a year for normalization of bony structure as per the radiologist's opinion.

# Homoeopathic Therapeutics in Allergic Disorders of the Skin.

– **Dr. M. D. PHALNIKAR,** M. D , F. C. P. S.

Allergy is a subject of huge dimensions. Although new knowledge is piling up every day, much is still to be understood. Theoretical knowledge about the subject does not help us much in actual clinical practice. This is the reason why there is an ever–unending search for new remedies for fighting out adequately and effectively the various types of allergy. Allergic Skin Dermatoses forms but a part of this vast subject. Amongst the diverse allergic skin manifestations 'Urticarias' are an acute stormy torture, a manifestation which needs quick efficient treatment. 'Eczema reaction' forms the chronic counterpart of allergic skin disorders.

In this paper three case reports on Eczema and two on Urticaria are submitted. The reports describe the successful tackling of these affections by Homoeopathic therapeutics.

**Case 1 Chr. Generalised Eczema – Silica**

Shri Y. D. A., age 32 year. Residence – Thana, Occupation – Mechanic, newly employed at 'Glaxos'

Date : 3–4–1969

**Chief complaints**

Eczema patches extensively distributed over both feet, legs, wrists and forearms with terrible itching, duration 16 years.

**Origin and progress :**

First patch originated on dorsum of right foot. The affection then spread upwards to the right leg. Then started a patch on the right wrist, followed by the right forearm affection. Similar events took place on the left side, in exactly the same order.

**Description of a sample patch**

Merely a glance showed that it was a black patch of dry eczema interspersed with some cracks and wet areas, exuding a glutinous white discharge, skin of patch – bichemified, area of affection – extensive, justifying the use of the term – 'Generalised'.

In the early years, the patches came up or grew in extent in winter season.

* Out of the Archives of the Homoeopathic Post–Graduate Association, Bombay.

**Family History**: No history of either Asthma or Eczema in any relations on either side in previous two generations.

**Attempts at cure**:

Patient tired, visited all skin Depts. of all Bombay Hospitals. He also remained under the treatment of skin specialists and renowned vaidyas. In spite of all, the affection has been spreading and troubling him. Later he used a frightening array of topical medicines and nostrums, but to no avail.

**Salient Points**:

(1) The affection is **chronic**, shows **ascending effects**.

(2) The patient is a Chilly, every **winter** there was either a recrudescence and/or exacerbation.

(3) There used to be exacerbations with generalised swelling of the skin, accompanied by pain and fever; last such attack was three months ago. It was characterised by pus-formation in the patchss.

(4) During school-career, patient was socially ostracised, was compelled to sit away from other students in the classes, which upset him so much as to compel him to leave education. Due to such insults and unsympathetic attitude, he **entertained ideas of suicide but did not attempt it.**

(5) Change of jobs, inevitable due to frequent absenteeism, and the unsympathetic attitute of bosses towards the affection has made him **nervous, sullen** about future life. Present job at Glaxo's depends on his passing through the 'medical test' of which he is thoroughly scared. He wants to appear presentable at this exam. and has sought my treatment for this specific purpose.

(6) **Every wound festers quickly**

Sweats a lot on back and head. Has never gained weight.

**Modalities**:

Itching

∠ Towards and at full moon,
∠ Towards and at new moon,
although it is never entirely absent.
∠ During winter, cold weather
∠ Washing in cold water, getting wet
∠ Night, while going to bed
∠ Hot applications though for a while.
∠ By scratching, though as long as he does it and followed by glutinous acrid discharge from places.



INVESTIGATIONS :

(1) **Blood report** : C.B.C. R.B.C. - 4,650,000 H.b. - 15 gm=88% (17 gm=100%) W.B.C. - 7600 Polym.=67%; Lym.=25%, Eos.=70%, Mono.=10%.

(2) **Urine Report** : SP.Gr.=1015; Epith. cells=1-2/field, Rest=NAD.

**Remedy selection** :

Modalities and characteristic traits of the case conform to the picture of **'Silica'**.

10-4-'59: Silica 30, one dose, followed by placebo for a month.

30-4-'59: 1. Headache on 11-4-59 for a day.

2. Aggr. of all foci of eczema appeared on 23-4-59 and lasted till 27-4-'59. (Full moon aggr.)

3. From 27-4-'59 onwards, there has been relief in Itching and patches also show subsidence of activity.

Patient was given placebo for 15 days.

14-5-'59: Itching ∠ Evening + Washing. Patches - same, no growth or activity. Silica 30 one dose, followed by placebo for 15 days.

8-6-'59: Itching at certain spots, only. Severe ∠ washing, in bed.
Scratching ameliorates, no discharge, as all patches are dry and it seems as if they are receding, in activity and spread.
This time there was no aggr. at full moon, which was on 22.5.1959.
Placebo given for a month.

**Remarks** :

Gradually the patient improved. He continued the treatment, since he realized no other treatment in 16 years had helped him as much. A sympathetic attitude and a good patient-physician relationship was also a contributory factor.

**Case 2** :

**Dry Eczema - Rhus Tox**

**Name** : N.D.K.; age 58 years; retired postal clerk.

**Residence** : Pallonji Sojpal Bldgs., A-Block. Seen on 2-8-58

**Complaint** :

Shiny black thick skinned dry patches on the dorsii of both feet, interpersed with a few follicles of one year's duration.

**Origin & Progress :**

The trouble started with the right foot as a result of chappal bite 1 yr. ago. There was terrific itching and scratching made it worse. He applied some ointments and got treated by skin specialists, but all this only abated the itching to some extent. After about six months, the left foot also started a small patch which grew on to the present size. Now the patches do not itch daily but when the itching appears, it is severe.

**Other relevant traits :**

(1) Pt. suffers from 'seasonal coughs' since last 3 years, when weather changes from hot to cold. In winter, there are frequent colds and cough.

(2) Thirst – not much.

(3) Bath – always warm; cold water bath brings on colds.

**Modalities :**

Itching & patches > by fermentation with hot compresses
> When lightly rubbed with a piece of cloth
< Scratching leads to burning and brings on serous discharge from vesicles.
< Before and at New moon
< constipation
< application of grain flour

**Remedy selection :**

**Rhustox** and **silica** were close competitors. **Rhustox** was selected on generals.

1-8-58: Rhustox 30 one dose and Placebo for a week, no topical treatment.

11-8-58: No Itching during the week; Patches show abatement of activity. Placebo for a week.

13-9-58: No itching and patches are disappearing. Sizes obviously reduced and look as if dried up and inactive.

After this patient has not turned up.

**Case Report No. 3 :**

'ECZEMATOID REACTION' – 'RHUSTOX'

Name: Kumar M. S. M., age 23 years; Address : Jogeshwari; Occupation : Factory hand; date: 29-1-



**Complaint**

Irregularly growing, round copper-coloured Eczematoid patches on both feet and forearms. Itching terrible on scratching, sero sanguinous, acrid discharge.

**Origin & Progress :**

The trouble started on the dorsum of left foot first, as a result of chappal bite, which she disregarded. When there was itching, she scratched with anything that was in her hands then. The affected area enlarged. The affection jumped on the right foot and spread there also. Factory physician treated with "Dermo-quinol" ointment. It became still worse and now upper part of right forearm was affected. Antistin tablets were prescribed, inspite of which the affection spread to the left forearm also. Finally I. V. calcium injections were tried, but the affection progressed. The patient is doubly miserable. The affection causes her inifinite trouble on all sides of her body and she feels very shy to attend to her work or go out and mix in society with such ugly filthy hands and feet.

**General traits :**

She is a **chilly** pt. – she has very little thirst. Usually she is not costive but she has costivity for the last 3–4 days. She has developed inferiority complex.

**Modalities :**

Itching ∠ in bed, when going to
∠ scratching, leads to burning sensation[2]
∠ redness[3], *swelling* and discharge[4] washing with cold water.
∠ Pouring hot water, fermentation (hot)

**Remedy selection :**

Modalities and nature of malady as well as the pt's generals conform to **Rhus-tox.**

29-1-1959 : Rhus–t 30 one dose and placebo to follow. Pt. was advised to come for exam. on alt. days.

1-2-1959 : All patches look as if dried up. Placebo for 2 days.

2-2-1959 : All patches dried up, no discharge anywhere. Itching present ∠ in bed.

9-2-1959 : – placebo for seven days.

16-2-1959 : No complaints, Placebo for seven days.

24-2-1959 : Patches fading – no complaints. Placebo for 7 days.

: Patches disappearing from sight; pt. wanted to know whether anymore med. was necessary as she had emerged out of the trouble almost. Placebo for seven days – last treatment.

**Remarks :**

The cure in this case was accomplished so swiftly and completely, that one unaquainted with Homoeopathic cures would have found it too good to be true. In this case I felt that I should have taken photos of the attached areas before and after treatment and preserved them as a permanent record of the case.

**Case No. 4**

URTICARIA – 'URTICA URENS'

Name: Kumari J. M., age – 13 years; Address Parsi Colony.

Occupation: H. School student.

Date 28–4–'59

**Complaint:**

Red raised hot Itchy patches appeared first on face then spread out to the inferior extremities.

Duration – 12 days

**Previous History:**

Similar itchy rash troubled her last year. That attack was after eating shell fish. At that time I was consulted and I prescribed Caladryl topically and Actidil internally. These remedies after being used for a month, gave her relief from her trouble till the sudden appearance of the present attack. She was scrupulously avoiding eating shell fish but being a fish–eater principally, she partook of other fish. The causative factor of the present attack could not be traced. As soon as urticaria came up, father being a Medico, put her on the previous prescription. As no relief was obtained at the end of 8–10 days, she was brought for Homoeopathic treatment.

**Modalities**

Itching

- ∠ Bathing after
- ∠ Scratching — leads to burning sensation.

**Generals :**

1. Pt. desires open air
2. Bath — warm
3. Pt. drowsy, sleepy

**Remedy Selection :**

On this meagre information supplied by pt. and parants *Urtica Urens* was selected for the case.



8–4–'59 : Urtica Urens 6. One dose every 2–3 hours till relief.

30–4–'59 : Rash less intense but still appears. Urtica 6 continued one T. D. S. After this she went to Poona due to grandma's death and came back on 11–5–59 for exam.

11–5–59 : Reported that rashes do appear though less intense.
Urtica–30 one TDS for 7 days.

2–6–'59 : Rashes appeared very mild twice in last seve days.
Urtica Urens 200 one dose + placebo

9–6–59 : No rash appeared during the week, placebo for 7 days.

16–6–59 : No more rashes.

**Remarks :**

This child being daughter of a friend is under observation; till date there has been no recrudesunce.

CASE No. 5

**Giant Urticaria–Sul**

Name : Mrs. V. K., 25 years, Address : Bhivpuri, Tata Elect. Works

Date 10–7–59

occupation : Housewife.

Complaint :

Urticaria patches of huge dimensions, terribly itching on all parts of the body, attended by swelling, redness of the skin and burning sensation. These come up off and on.

**Origin & progress :**

Her father used to get her treated by their family Physician. Later Ayurvedic treatment was sought to curb recurrences. Ultimately a Homoeopath was successful in ridding the pt. of her trouble for quite a few years. Wrong or right, she remembered the name of the medicine that cured her : Dulcamara. When urticaria again appeared after her marriage after a few years she treated herself with Dulcamara. This led to severe reaction, swelling all over the body for which the Physician was consulted again and he again relieved her. She remained well for a year or so. Because of scanty menses 1 day / 28 days, she consulted a famale physician. She gave her stilbestrol tablets 2 per day to take for 6 days. Stilbastrol did no good to her as regards menses but urticaria came up again and she came to me for treatment.

**Generals :**

(1) Red orifices caught attention at once.

(2) Burning of palms, soles and vertex regions.

(3) Slow, lazy in work in the house; always felt like being in the bed, never to get

(4) Never covered herself even in winter at Bhivpuri (which is a hill stationlike) stuck her feet out of covers even when it was a thin chadder.

(5) Itching of body parts esp. at night in bed; skin festers easily.

**Modalities :**

Itching

∠ Scratching = smarting
7 Cold applications or bath
7 Fan breeze, open air
∠ In bed, covering parts

**Remedy selection :**

**'Sul'** was the obvious remedy.

10-7-57 : **Sul 30** one dose, Placebo for a month : Urticaria disappeared

25-5-59 : Relapse since 2 days.
**Sul 200** one dose, Placebo
No urticaria uptodate.

The physician heals, Nature makes well

* * * — **Aristotle**

Nature, time, and patience are the three great physicians

* * * **H. G. Bohn**

A Sound mind in a Sound body is a think to be prayed for

**Juvenaz**

# Case Presentation and Discussion

**Dr. (Smt) Vishpala Parthasarathy L.C.E.H.**

During 1983 we will continue our study of some other major polycrest remedies.

PLAN OF PRESENTATION :

1. COMPLETE INDIVIDUAL HISTORY including the life situation and development from childhood onwards.

2. CASE ANALYSIS AND SYNTHESIS:

   A. Discussion of the Patient's mental traits leading to the development of the personality structure.

   B. Repertorial Totality and working, differentiation of the indicated group of remedies.

   C. Planning and Programming of Treatment.

3. A brief FOLLGW UP of the case and CONCLUSION.

Case Reference--VP/B/46/81.

1. **CASE HISTORY**

Mr. SMS., reported on 8-12-'81. He was 17 yrs., studying in F.Y.B.Sc. Father, who had a catgut export business, suddenly died at 45, in April '81. Mother is 40, and sister 19.

Since last 5 yrs. he has been getting constant coryza and sneezing ∠ morning on getting up, with throat irritation and greenish cough ∠ MORNING$^3$, BOMBAY ≯ warm drinks and dry weather. Feels weak and chilly. He gets 104° fever before exams. Has greying hair since two years, accelerated since 6 mths; also hair falling$^3$, even while sleeping in bed.

He is well built, 57 kg. and 5.8", acne - pustular type, nails white spots, 5-6 caries teeth and poor enamel, bleeding gums on brushing, tongue posterior thick, creamish coat. Profuse perspiration on palms and soles - cold, clammy, staining fast. He has craving for EGGS, SWEETS, pungent, milk, meat, P/H Pica. Thirst ++. Stools - Normal; occasionally no urge. Birth was normal, 8 lbs. Milestones normal.

**Mentals** : Patient usually cool, occasionally quick tempered, never gets into brawls, brooding, anxious, nervous before exams, he gets insulated easily. He is very orderly, especially about his belongings. Past history of fear of dark. Scholastic average rank 1 to 10. Fond of sports. plays cricket, football, table-tennis, collects stamps and reads horror books. Wants to do catering college.

Sleep is good, saliva dribbles, dreams of exams and bad dreams.

LIFE SITUATION :

Paternal grandparents hailed from Muradabad, maternal grandmother 80, still alive there. Maternal grandparents are from Bombay. Parents were married in 1961, and settled in Bombay. Sister was born in 1962 and patient in 1964. Father was in the catgut export business, with his uncles; he suddenly expired in April 1981. He was a very irritable dominating type, patient was very scared of him. His death was a big shock to the family, the uncles support the family; patient is looking for a job. Patient is chilly likes the sun, monsoons aggravate colds; he likes open air, covers himself with a blanket but has a habit of having a cold bath.

F/H : Father : diabetic and died of Ichaemia; Sister : has worms, tonsillitis and sinusitis; paternal aunt : diabetes; and paternal grandfather died of a heart attack. Maternal grandmother and paternal grandfather : tuberculosis.

P/H: Past history of suppuration, and boils on the legs.

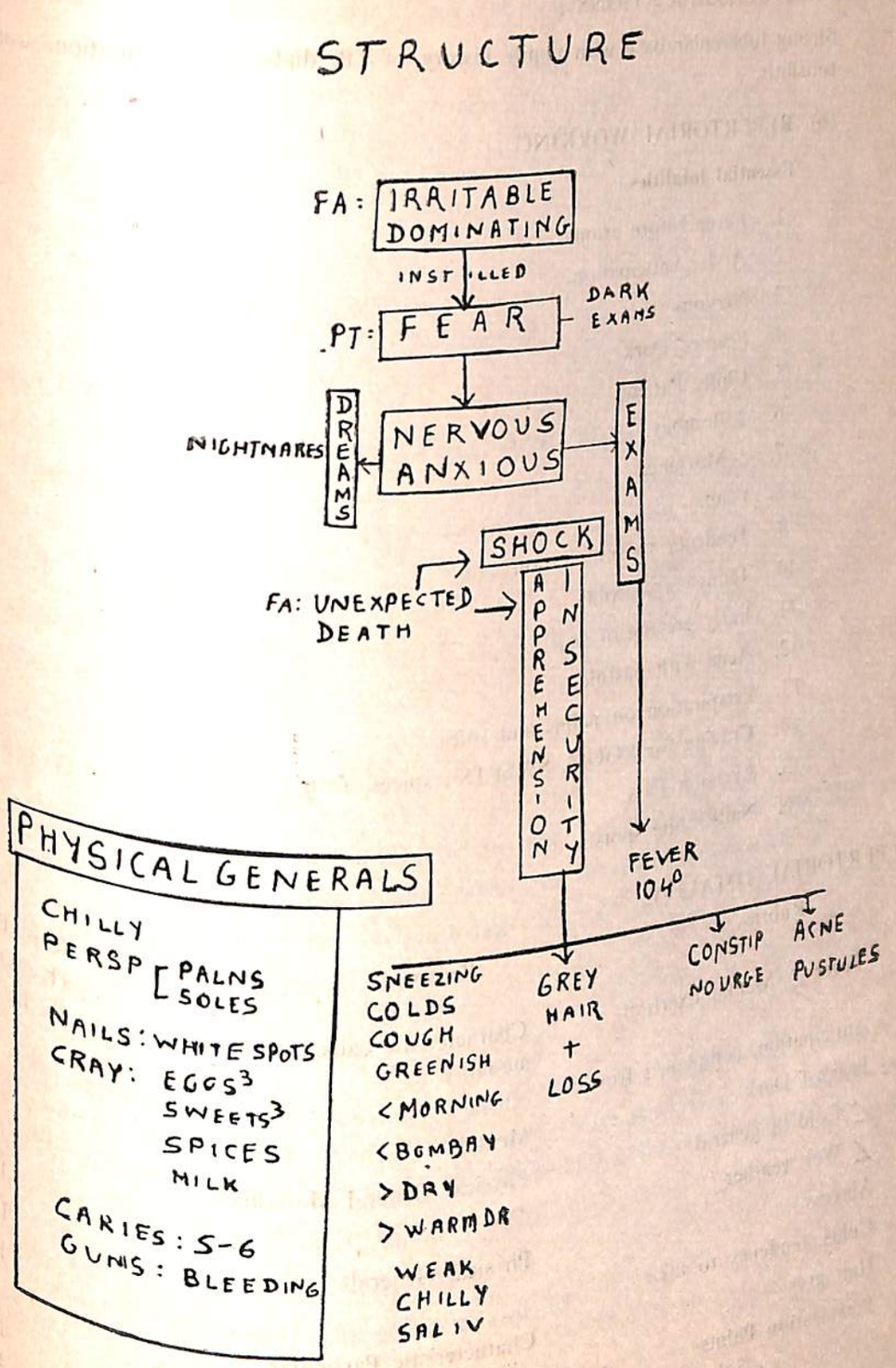
2. **CASE ANALYSIS AND SYNTHESIS** :

(a) Discussion of the patient evolution :

Here you have a child who is second born with an elder sister. Father was a very irritable type, and imbedded in the child a sense of insecurity which remains till date. Consequently, he became nervous, and anxiety about exams preyed upon him with fear of exams; so much so, that he got fever of 104° before exams. He never got into fights like other young boys, and always complained to mother if there were any problems.

So if we try to evolve this structure :





MIASMATIC CLASSIFICATIONS :

Strong tubercular base with family history of TB, diabetes, suppuration, worm tonsilitis.

(b) REPERTORIAL WORKING :

**Essential totalities**

1. Fever before exams.
2. A. F. Anticipation.
3. Nervous.
4. Fear of Dark.
5. Chilly Patient.
6. ∠ Bombay.
7. ∠ Morning.
8. Lean.
9. Tendency to suppuration and
10. Tendency to colds.
11. Early greying of hair.
12. Acne with pustules.
13. Perspiration on palms and soles.
14. Craving for EGGS[3], SWEETS[3], spices, sour
15. Aversion Fats
16. Nails white spots.

REPERTORIAL TOTALITY

| | Rubrics | Reasons |
|---|---|---|
| 1. | Fever ∠ Mental Exertion | Characteristic causative mental modality |
| 2. | Anticipation, complaints from | ,, |
| 3. | Fear of Dark | Mental |
| 4. | ∠ Cold in general | Physical General Modality |
| 5. | ∠ Wet weather | ,, |
| 6. | Abscess | Physical General |
| 7. | Colds, tendency to take | ,, |
| 8. | Hair grey | Characteristic Particular |
| 9. | Perspiration Palms | ,, |
| | Soles | ,, |



Group of Remedies which come out of the repertorial filter:

| Acute | | Chronic Chilly | |
|---|---|---|---|
| PULS | $5^{11}$ | Silecea | $7^{17}$ |
| Nux Vom | $4^{12}$ | Lyco | $6^{14}$ |
| Ars Alb | $5^{10}$ | Calc | $6^{14}$ |
| Dulc. | $4^{12}$ | Phos | $6^{11}$ |
| Hepar | $4^{10}$ | Sepia | $5^{12}$ |
| Merc Sol | $4^{9}$ | Tub | $4^{9}$ |
| | | Kali C | $4^{9}$ |
| | | Natrum C | $4^{8}$ |

Potential Differental Field

| | | | SIL | CALC | LYC | PHOS | SEP | TUB | KALI | NAT |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Desires Sweets | 486 | — | 2 | 3 | — | 2 | 2 | 2 | 2 |
| 2. | Desires Eggs | 485 | — | 2 | — | — | — | — | — | 1 |
| 3. | P/H" Lime etc | 485 | 2 | 2 | — | — | — | — | — | 1 |
| 4. | Desires spices | 485 | — | — | — | 3 | — | — | — | — |
| 5. | Nails white spots | 981 | 3 | — | — | — | 1 | — | — | — |

SELECTION OF REMEDIES

CONSTITUTIONAL REMEDY

Here two remedies come very close – Sil and Calc Phos. with the early greying, nails white spots, teeth caries, poor enamel, fearful mind, perpsiration of palms and soles and fever before exams – so much fear – tilts the balance in favour of Silecea, though Calc covers the cravings better.

ACUTE REMEDY

Puls and Merc are to be differentiated. Merc I F comes in with the coated tongue, salivation and the greenish discharge but; Merc and Sil are inimical, so the balance tilts to Pulsatilla which covers all the symptoms, plus is the natural acute of Silecea.

C. PLANNING AND PROGRAMMING:

ACUTE: Pulsatilla 30 – frequent repetition as required.

CHRONIC: Silecea 200 – single doses

INTERCURRENT: Tuberculinum 1M – single doses.

FOLLOW-UP

| Date | Symptoms | Comments | Prescription |
|---|---|---|---|
| 8–12–'82 | cold; saliva; | Acute | Merc I f 200 |
| 16–12 | No 7, coryza ++ ∠ evening, 4 P.M. on, greenish cough | Wrong Rx | Puls 30 q.d.s. |
| 18–12 | cough=O, cold greenish | 7, + | Puls 30 b.d. |
| 25–12 | Cough occ. Hair loss better | 7, sl + + | Puls 30 h.s./SOS |
| 5–1–'82 | Cough 7, Hair loss O, acne better, constipation better Persp + + | | Sil 200 (1) |
| 13–12 | Cold since 1 day, hair loss 12th, Persp 7, + | | |
| 23–1 | 21 st fever 100, cold cough greenish. | Relapse | Puls 30 q.d.s. |
| 3–2 | > , | Potency not holding | Puls 200 q.d.s. |
| 15–2 | Sneezing early morning | so chronic | Sil 200 (1) |
| 26–2 | Sneezing >, | ? Acute | Puls. 200 H. S. S.O.S. |
| 22–3 | >, Hair – dandruff = 0, No new grey hair, but old ++ Persp palms + | Now Chronic | Sil 200 (L) f |
| 7–4 | 2 new grey hair | Stiil const symps + | Sil 200 h.s. (3) nights |
| 29–4 | 7, Good growth, old grey hair | ? block rptn reqd | Tub Bov lm (2) Sil 200 H.S. (7) |
| 19–5 | 5th cold => with Puls | Will rptn help ? | Sil 200 h.S. (7) |
| 22–6 | $7^3$, cold on 16th 7, without treatment; hair 7, no falling, no grey. No sneezing, coryza, acne, constipation, persp = 0, nails white spots 7 | Acute over Need to build up | Tub Bov lo.M (1) |
| | | $7^3$. No need for further treatment | |



Patient was advised that there was no need for further treatmant, except to try and see if possible to revert old grey hair to normal. It would be only a trial – no guarantees. After this patient reported off and on only for acute troubles, where Puls always helped, followed by chronic, so that his resistance was built and he got fewer attacks, and eventually zero. Same schedule with this boy showed remarkable improvement, exc old grey hair which did not turn brown. He now reports once in 2–3 mths., for a slight cold for which Puls.)---Sil )) --- Tub B. given, as required. In Feb '82 he reported that a few grey hair have turned black ! Overall he is much better, and maintains good health – physically and mentally. – able to take better decisions and hold his own.

So we see that a correct Homoeopathic remedy is able not only to improve his general health, but to modify the mental state and outlook, in such a way as to improve efficiciency. This is the optimum result possible, and should be strived for.

Genius is one per cent inspiration and ninety-nine per cent perspiration. **Edison**

* * *

The lamp of genius burns quicker than the lamp of life. **Schiller**

* * *

Life is a long lesson in humility **Barrie – Little Minister**

* * *

Life is a game of whist from unseen sources.

The cards are shuffled, and the hands are dealt.

* * *

# Some Reflections on the Natrum Mind*

– Dr. K. N. KASAD, M. B. B. S., M. F. Hom. (Lond).

At the outset I must thank the Organizers of this Seminar for having invited me to address this gathering for, indeed, the first time.

The choice of the "**Natrum Group**" for this Seminar is vindicated in practice by its common usage and its representation at various levels in the generality of mankind. The power contained in the ubiquitous salt in the vast oceans of the earth has been harnessed by the ingenuity of man for curative purposes. 'Ye are the salt of the earth', says the Bible. The spectrum of the Natrums in the materia medica is a wide one, both at the levels of the soma and the psyche. Sodium as common salt in diet is central to human physiology and biochemistry. Its protean manifestations in man are thus easily cognizable. 'The mind is the key to the man', according to Kent. I therefore present and project some reflections on the Natrum Mind evolved out of the data in the materia medica and as revealed in clinical practice.

Years back I was treating a case of Mucous Colitis in a young man of 25, bachelor salesman, for over a year. Acute attacks of diarrhoea with mucus were controlled with acute remedies, but relapses continued to occur, as surely the constitutional remedy was not found. After repeated probings and searching enquiries into his life situation which he evaded for over a year, a thread of concealed hostility towards both the parents, especially the father, was revealed. Right from his childhood, he received the brickbats from his parents, although he was the youngest child and the only son. His 4 elder sisters received all the attention and the bouquets. At one stage of the interview he confessed he had urge to stab his father with a knife. **Nat-m.** helped him considerably, when previously **Lyc.** aud **Sul.** were given with no success. This then is one of the central traits of the Natrum individual – irritability, anger, easily excitable, the point of hatred, especially towards those who have offended (real or imaginary), like **Staph.**, violent anger and violence, homicidal or suicidal. And this is right from childhood to the old age. This irritability may be expressed as in direct emotional outbursts, temper tantrums in children, or suppressed/repressed, resulting in ailments from vexation, indignation, chagrin, mortification, reserved displeasure. These may lead to a variety of psychosomatic disorders: tension headaches, migraine, breath-holding spasms, bronchial asthma, anginal pains and coronary attack, hypestension, coronary (mucous and ulcerative), hyperacidity syndrome and peptic ulcer, liver disorders, pruritus, and vulvae, toxic goitre, etc., etc. This irritable frame of mind is aggr. by contradiction, pity, consolation, trifles. Given the right type of environment and the hereditary

* An address delivered at the 2nd Maharashtra Stata Seminar on *Homoeopathy* Pune on 22.1.1983 – initiating the Session on "**The Natrum Group**".



background, such violent natures may turn into juvenile delinquents in young age and psychopathic personalities in adult age. Suppressed anger may express itself in sleep through teeth-grinding, ravings, and in dreams: peevish, confused dreams of crimes, for which he is held to answer and scenes of murder, etc. In spite of the placid exterior, this patient showed quite an aggressive character on deep probings, which shows tremendous repression in Natrum. Here **Magnesium** is a close runner-up with a deeper repression and wider somatization, as well as the widest spectrum of dreams, especially in **Mag-s.** But **Natrum.** has the streak of hostility against the father especially, but often generalized against all authorities, and which he exhibits when time and circumstances provoke; whereas **Mag.** is not overtly hostile save through dreams, being essentially a rejected, neglected and a reppressed individual. The aggressive nature of the **Natrum.** expresses in the other traits of his personality: hateful of persons who insult or offend (Aur., Staph. Nit-ac.), revengeful, vindictive, malicious, scheming, plotting, machinating, manouvering (Anac., Lach.), being driven by base human emotions, which drive a strong, determined will. He is thus a misanthrop (Anc.). **Lyc.** also has a strong will, but it is driven by a precocious intellect geared decidedly to a goal of success in the area of his operations (the vocation or the profession).

Aggression sometimes on the skin as Eczema, Allergic Dermatitis and non-specific dermatoses. It is said that if one cannot scratch another, one scratches oneself. Such situations arise in employee-employer, child-parent, teacher-pupil, husband-wife relationships in life. I remember a physician with eczema not responding to treatment by others, till the life-story revealed a strong feeling of **'indignation'** as well as **'mortification'** against the person in authority. **Staph.** relieved the acute episode; it was followed by the constitutional **Mag-m.** which was indicated. Itching in **Nat-m.** is amel. cold application, in **Mag-m.** by hot application.

Irritability may alternate with Depression in the **Natrum** individual. He has a melancholic temperament which varies in direct porportion to the degree of constipation, which is more of aspastic variety with constriction of the rectum preventing the stool, as in **Lyc.** and **Lach.** Such a correlation also occurs with irritability. Depressed personality may lead under adverse environment to Reactive Depression or on a hereditary base to Endogeneous Depression. Depression may be of neurotic or psychotic type, and is often a strong mental concomitant of any illness in the physical sphere. Episodes of mania and depression may occur in Manic-Depressive Psychosis. It may lead to hopeless despair to the point of suicide, often at the epochs in a woman's life : puberty, menses, pregnancy, puerperium and menopause (involutional melancholia). This condition is aggr, by consolation and being pitied; he is inconsolable. He is averse to company, seeks solitude to indulge in his grief and weep his heart out. Weepy and lachrymose at trifles, but cannot **(Gels.)** If only he could weep, he would feel better. This is characteristic of **Natrum.** This is observed clinically in children where the emotional discharge eases the choking spell and the bronchial spasm visibly. **Natrum.** is silent, secretive, taciturn, reticent, dislikes rebuke, scolding, admonition, sympathy, gloomy, dull, pessimistic. He

has to be drawn out from his shell in most cases; in some, he is an open book not a closed one. Melancholia is concomitant of physical diseases as also lachrymation with all complaints.

Depression expresses itself in dreams : vivid disagreeable dreams, sad trouble anxious with weeping, sobs in dreams, reproaches himself in dreams for past mistakes full of restlessness and anguish. **Natrum**. has ailments from reproaches, especially children ; reproaches himself in depressed states. Anxiety, fear and fright often accompany depression as in Anxiety Neurosis, and Phobic Reactions. These it shares with **Kali** and **Calcareas**. Anxiety may express itself in dreams : anxious, vivid, frightful - fights, battle fire, horrible robbers, disgusting death, murder, etc. The prominent fears in **Natrum** are claustrophobia (Med , Arg–n.), insanity (Manc., Calc.) and robbers (Mag.); these are often felt in the chest, epigastrium (Ars–a., Kalis Phos) and heart region. The prominent feature of the Natrum mind in BROODING - dwelling on past disagreeable occurrences, nurses grievances or insults (imaginary or real) which he cannot forget or recalls, recollects constantly after years, solely for the purposes of thinking on them and indulging the grief it causes. He seems to seek for past unpleasant occurrences in order to think them over, making himself morbid, full of grief; he tormented himself he seemed to prefer disagreeable thoughts which prostrated him very much. penchant for trotting out old grievances and insults and harbours resentment over them, and ruminates, - a sort of mesochistics propensity. This appears to be the cardinal feature of **Natrum**. Anxiety expresses also in sleep disturbances such as insomnia, especially midnight after 2–4 a.m., restless sleep, starts and jerks, talks in sleep, grinds teeth, screams in sleep, awakes unrefreshed in a.m. (Neurasthenia). The individual takes a long time to get over the grief - ailments from prolonged sorrow grief (Ign. Ph–ac.).

The Alternation of Irritability with Depression can be generalized to cover the whole personality, such as Changeability at all levels of the soma and the psyche. There is alternation of anxiety and reslessness with indifference, cheerfulness and gaiety. sadness, fretfulness and peevishness. The individual is unpredictable in his moods, behaviour erratic, extremes of white and black with no shades of grey in his behaviour and feelings, sudden changes of exaggerated responses depict a hysterical nature. exhibits contradictory, opposite and inapproprite reactions and behaviour - patterns to time and circumstances. Bipolarity is the essence of the **Natrum** mind,-AMBIVALENCE. There are incredibly rapid swings and oscillations in the personality of the **Natrum** individual, his responses being more impulsive than rational. He 'reacts' rather than 'responds'. There is a 'Syndrome-Shift' from the mind to the body and vice reverse, e. g. Schizophrenia may alternate with Asthma, and vice versa. The mental state is better with the onset of asthma and vice versa. The hysterical personality may lead to Clinical Hysteria, later on in life with its proneness manifestations at the sensory and the motor levels. Its acute complement is (and **Puls.**). This imbalance and ambivalence is the red thread going through the drug according to Bellokossy. Edward Whitmont describes the dual conflict



in the **Natrum mind** as being basic to the drug personality : the conflict between two natures – to establish harmony and to maintain insulation; between self-love and self-denial. There is a continuous strife in the inner man, the Ego, between its inner urge towards full expression towards Self-Reliance and its Exposure against which he is aggressively on guard. The Ego is the conscious mind, which is equivalent to the salt, which is to be precipitated out of the sea – the 'Collective Unconscious', the 'Unconscious Soul-Life' of the individual. (Jungian Psychology) There is a lack of integration between these two aspects, and he presents a front of a man of 'steel' when basically he is a man of 'straw'. There is a wide gap between the posture he assumes, a camouflage, and the actuality. He is a very sensitive, emotional and sentimental individual, where the heart rules the head emotions rule the intellect and drive the will, which is very strong, but may be weak as well. Often he is indecisive. Coupled with this central feature of the mind, there is another of Anti-Authority, especially the father and the 'father-figure' or '–surrogate'. These two, along with the phenomenon of brooding to the point of masochism and the basic hostility exhibited throughout life intermittently despite the placid exterior of a repressed personality, stamp **Natrum**, above all other remedies in the materia medica. He is a perfectionist with the obscessive – compulsive traits. It is difficult to get symptoms out of the **Natrum**. patient especially the mental state, as the whole personality is against the exposure of the Ego which tries to express itself. The schizoid and the cyclothymic personality in childhood and youth may terminate in later life into a frank Schizophrenia. (Mag.) Typically the Natrum is an iceberg, the tip being visible, much of the rest being submerged, cryptic, requiring probing, with the aid of perhaps the accessory aids, the Psychological Tests. **Mag.** has a deeper repression and wider somatization than **Nat**. Mag. is intracellular, as against Nat. being extracellular, and goes deeper into the cell and the psyche.

I was called to a case of a 43 year old man with left-sided hemiparesis, tremors especially of the left hand, ataxia, vertigo of two to three years' duration. All neurological tests, including the vestibular functions, were normal, carried out at two of the major hospitals in the city. The tremors ceased when he was absorbed in relating his story and they recurred when his attention was drawn to the same. There was a substantial proportion of the psychological component in this case, and I took the whole life-story, of this patient, who opened out, or rather burst out into tears profusely in front of the whole family and the referring physician. The following emotions came out strongly, which along with the few physical generals, fixed the remedy : **Nat-m.** A weepy personality while relating the story, and indulging in silent weeping in solitude at the Chowpatty sands for hours, day after day, in childhood and youth, extreme hostility towards his father, his eldest brother (both rich jewellers) – the patient struggling with a small petty business, recalling the events with tears in his eyes and brooding over the same, unable to forget, his hysterical nature, extreme depression with anticipatory anxiety and apprehension, with despair and all sorts of fears, and functional tremors and ataxia. He recovered remarkably after 3 months, resuming his normal work.

A Gujarati lady of about 38 years had frequent attacks of migraine and fainting attacks of several years' duration. A well-educated sophisticated lady, very well mannered, fair-looking, thin and soft-spoken. She used to be treated with hospitalization and sedatives. Her husband was a businessman with roaring business in London, Africa and India, and was always on the move and she had to move along with him. Lately she had settled down in London, Canada, and she came to Bombay to see her father who was gravely ill. She landed at the Santacruz airport and was informed of the sudden demise of her father a few days earlier about which she was not informed; then she fainted and a little later, she developed a terrific headache for which she was admitted at the Hospital and recovered in about a week's time. She was referred to me after her discharge from the hospital. She was a picture of extreme pathos and melancholia, very reticent, no tears, showing features of hysterical nature, tensions between her husband and herself which she never disclosed to anyone – all pointing to **Nat –m.** Her headaches were reduced in frequency; ailment from extreme boisterous grief. **Nat.** patient develops tensions in the interpersonal relationship in the family, while the **Lyc.** patient develops tensions in the work situation. The former develops attachment to persons and relates to them at the emotional level; the latter is attached to ideas and ideals, and relates to persons at the intellectual level alone, the individuals being reduced to ciphers.

A man of 49 had suffered from an attack of Coronary Thrombosis and returned home from the hospital. He was well educated, M. A. with Gujarati Literature and Sanskrit, desired to be a Professor, but could not because of low marks in Maths. M. A. He was inclined towards professional and creative fields of interest, philosophy, but was forced into business of his family in partnership with his two brothers (betelnut), much against his wish, indicative of poor will and poor resolution. His unfulfilled ambitions and aspirations made him frustrated and depressed, as well as resentful towards his family members, especially his younger brother and mother. He never could adjust to the family business, and felt himself an odd man out. He had dreams of flying, big geometrical blocks falling on him. He felt life was useless, and was utterly disinterested in business. His participation in the business was meagre and this evoked taunts from his mother for not earning as much, with the resultant resentment and hostility towards her. Besides, he was very suspicious towards his wife who was much his inferior in learning and status. His mother's constant nagging and hurt feelings led to commit suicide, but did not muster courage to do the same. Hs was maladjusted to his wife also, and had a daughter who was mentally retarded with voilent temper tantrums following an attack of Meningoencephalomyelitis. She is virtually a 'vegetable' even now. This added to his resentment against life, fate, destiny. He had loss of self-confidence, and had extreme anticipatory anxiety. He was 'as if I am irritable, brooked no contradiction, and suffered from persecution mania, cornered by people around me'. He had a delirium during Typhoid earlier which revealed his suppressed anger and hostility. He started smoking as a revolt against his mother. The above-mentioned mental state along with the ischaemic heart and triglyceride



plus thermal modality led to **Nat-m.** as his constitutional remedy. **Staph.** is his acute remedy. Repeated interviews brought home to him the need to be less resentful in life at all levels, and he is able to adjust better than before.

**Natrum** child has often a dominating father and a doting mother, and he tries to ape the former. Often he comes down with the breath-holding spasm, asthma, enuresis. Behavioural problems often assail the child : Kleptomania, thumb-sucking, nail-biting, temper tantrums, and juvenile dilinquency.

The Mind is an unknown quantity and is made only through its expression at the levels of thought, feeling, will, motivation, and behaviour – functioning – through delirum, delusions. dreams, bodily malfunctioning and structural alterations from psora to syphilis. The image has built up out of these data-base in the materia medica in an integrated evolutionary manner from birth till old age, taking into consideration causation and concomitance. The source books, Allen's Encyclopaedia for Dreams, and Hering's Guiding Symptomse and others, along with the commentaries and synopsies, provide the sound base, supplemented by the Repertories. The picture can be reinforced by the clinical experience which can be incorporated into our understanding of the mental state and its aftermath. Thus Natrum becomes susceptible of application in all mental disorders: neuroses, phychoses, psychosomatic disorders, behavioural disorders, mental retardation especially mongolism, children, and organic psychosis such as alcoholic and febrile and drug reactions. While in this paper, the emphasis is on the mental state, the body however could not be lost sight of. The mind-body is an integral unit; what affects one affects the other. The chief attributes of the **Natrum** personality could be summed up as follows : Aggressive, fighter, anti-Authority, hateful, vindictive, malicious, censorious, ambivalent, unpredictable and erratic, hysterical, neurotic, sensitive, irritable to the point of violence. touchy, brooding hypochondriac, impulsive, sentimental, hasty, secretive, asocial and antisocial (psychopathic), changeable, schizoid and paranoid personality, lachryomose, obscessive-compulsive, perfectionist, will strong as well as poor, the individual whose heart rules the head and who lives only in the Past and the Future but not in the Present, and therefore disoriented and maladjusted.

# Psychedelic Cures

Optical contouring, which produces an effect like pop-art of the '60s, is being us to detect lung damage caused by diseases.

Screening human bodies as if they were contour maps of the countryside m soon provide doctors with a new technique for diagnosing lung diseases and oth ailments.

The method has been developed by medical researchers at London's Brompto Hospital and uses strips of light to measure slight changes in the shapes of chests a patients breathe in and out.

Known as optical contouring, the technique is capable of detecting movement a hundredth of an inch and is being used by the Hospital's lung function unit to detec lung damage caused by diseases such as emphysema and fibrosis.

"At present lung change measurements require patients to be touched and move about. This can cause serious problems with people who are badly injured or ill", sa one of the project's researchers, Dr. Michael Morgan.

"Now we can detect any irregularities in their lung movements merely by shinin lights on them."

Once the patient is illuminated, producing an effect like pop-art pictures of th '60s, the patterns are photographed, their exact positions plotted and the information fed into a computer.

The distortions caused by breathing are then calculated, providing critical informa tion about the behaviour, not just of lungs but also of pulmonary blood flows and othe functions.

"At the moment, turning the photographic patterns into computer programme still has to be done by operators, but we hope in the near future that the entire process can be automated," said Dr. Morgan. "We shall merely shine beams of light on patients film this with television cameras, and the computer will give an automatic read-out the changes and movements in their lungs."

The project, which is headed by Professor David Denison and funded by the Medical Research Council, could be ready for automation within a few years, provid doctors with an important new tool in the diagnosis of lung diseases and other complaints as well as monitoring the effects of treatments on affected patients.

**Robin Mckie**

*in the Times of India*

*dated 5th December, 1982*

# Report and Selected Abstracts of the Third World Congress of Alternative Medicines, Colombo, Oct. 19-23, 1982

**By DR. LEO REBELLO**

"Medicine has been invented by man. Man is imperfect. Naturally, medicine is imperfect. The truth is so vast and comprehensive that one individual or organisation can but have a fitful glimpse of it. I am therefore happy that eminent physicians and scientists from all over the world have assembled here to deliberate on the development of Alternative Medicines. This will go a long way in making the health care delivery system more effective and will bring us closer to the W.H.O. aim of making available Health for All by 2000 A.D.," said Dr. Ranjith Attapattu, Minister of Health, while inaugurating the Third World Congress of Alternative Medicines.

Bandarnaike Memorial International Conference Hall was packed to capacity with scientists, researchers, doctors and health workers from Germany, China, Japan, America, Canada, Great Britain, India, Korea, Pakistan, South Africa, Australia, Sweden, Italy, Czechoslovakia, Spain, Switzerland, New Zealand, Denmark, Kenya, Mexico, France and other parts of the world. They were 1200 strong and had come there to share their knowledge and voice their unity against the "Medical Hegemony and its Obdurate Obstinacy".

Dr. Attapattu was followed by different Heads of Delegations and Ambassadors. Dr. Leo Rebello who led the largest delegation from India said: "Health for All by 2000 A.D. is an utopian dream in the given conditions, where multinational pharmaceutical concerns rule the roost. They dictate to us what health is and we follow them blindly." He added, "The present health system is top-heavy, over-centralised, heavily curative in its approach, urban and elite-oriented, costly and dependency-creating. Unless it is community-based, people-oriented, economic, decentralised, democratic and participatory, the aims will remain only on paper." Dr. Rebello appealed to the participants to unite against this "Medical Hegemony" and spread the truth without fear or favour.

In all 150 papers were presented covering A to Z Alternative Medicines. The most celebrated speakers were R. Voll and G. Stux from West Germany, M. Rahman and M. Nightingale from U.K., C.V.S. Corea and Michael Wheatley from Sri Lanka, Mercedes Duque and T. Sawaya Lopez from Venezuela, Maria Isabel Gorriti from Spain, Georgina Muranyi and Henning Berthelsen from Denmark, Leo Rebello and J. K. Patel from India, Takenori Saito from Japan and Tai Ho Shin from Korea.

The Congress was organised by Prof. Anton Jayasuriya and sponsored by the W.H.O., Academy of Chinese Traditional Medicine, Medicina Alternativa (France), Ministries of Health and Indigenous Medicines (Sri Lanka) and Acupuncture Institute of Korea.

A ten-day post-congress course covering Ayurveda, Homoeopathy, Yoga, Nature Cure, Herbal Cure, Unani and Acupuncture was held. Dr. R. Voll (West Germany), Dr. Leo Rebello and Prof. R. Kumaraswamy (India), Dr. M. Rahman (U.K.), Prof. M. P. Lakdivdas (Sri Lanka) and Dr. Donis Sweetnam (Canada) worked as the faculty. Prof. Anton Jayasuriya was the course director. More than 100 doctors participated in it. The course was much appreciated and it was suggested that more such courses be held to bridge the gap in medicine.

Dr. R. Voll, the father of electro-acupuncture, was unanimously nominated for the coveted first Nobel Prize in Alternative Madicine.

## SELECTED EXCERPTS

"Why is it that patients of all ages, when X-rayed, prove to have their cranium displaced on an ill-faring spinal column? When and how did these injuries take place? I claim that the harm took place while the attending midwife or doctor was assisting the woman during her labour by pulling or dragging the child forwards by its head," said **Dr. Borge Block** of Sweden. He recommended women to revert back to nature's way of giving birth, to put an end to meaningless human sufferings.

In his research paper titled "Drug Addiction and Acupuncture", **Dr. Hari Awasthi** from Hongkong pointed out : "Morphine and Acupuncture can stop the strong emotional reaction. Acupuncture controls the thalamus and it has a good calming effect on the CNS; patients are calmed down and their emotions become stable. After a series of acupuncture treatments, the drugs in the body can be destroyed and excreted as waste. The neurone-dependence on the drugs will diminish and therefore return to their normal physiological condition."

Dr. Awasthi further : said "Inserting a needle into a specific point can adjust tachycardia and bradycardia to normal condition. It can be used to treat constipation, diarrhoea, low and high B.P. as well. To avoid handling difficulties, ear points are mainly employed.

"The basis of the Flyborg Therapy is the discovery of a close connection — a resonance phenomenon – between any organ in the human body and a specific series of frequency pattern, which is characteristic for the organ in question. The existence



of such biological resonance phenomena has been confirmed over the last years by many scientists all over the world, and among them a European group of scientistis guided by Prof. F. A. Popp of the Marburg University in Germany," said **Dr. Geogina Muranyi** of Denmark in her introductory remarks and then elucidated the research carried out by her in detail.

**Dr. B. K. Singh** of India outlined the prophylactic use of acupuncture. Poliomyelitis, Whooping Cough, Measles, Tetanus, Mumps, Cholera, Typhoid, Tuberculosis, Diphtheria were some of the diseases in which he and his team found encouraging results by acupuncture.

**Dr H.Z G.O. Senanayake** of Sri Lanka outlined the use of Ayurveda, Yoga, Acupuncture, Hypnotism, Homoeopathy and Mechanotherapy in the treatment of sexual disorders. Whereas, **Dr. Sherri Goldstein-Fischer** from the U. S. A. introduced a new topic – Aromatherapy. She outlined how the scents could be used to cure Acne, Paranoia, Gangrene, Insomnia, Sexual Disfunctions, etc. **Dr. Cheng-Jen Huang** from Korea explained the electro-acupuncture treatment for Alopecia, Color Blindness, Armpits Odour, Perspiration of Hands and Wrinkles. **Dr. Teodorico Sawaya Lopez** of Venezuela briefed the audience about the miraculous effects of Anamu in the treatment of Cancer. He announced with conviction – "We have before us a wonderful future for the welfare of the human beings." He had brought the plant and a Kirlian picture of the plant, showing the luminous energy of the Petiveria Alliacea.

A book based on the proceedings will be out shortly. Those interested in it may write to Dr. Leo Rebello at 3/2, Jakeria Estate, S. V. Road, Malad (W), Bombay, 400 064, India.

History is something that never happened, written by a man who wasn't there

**Anonymous**

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Ay, Sir, to be honest, as this world goes, is to be one man picked out of ten thousand.

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The nearer we come to great men the more clearly we see that they are only men. The rarely seem great to their valets.

**La Bruvere**

# Abstracts and Extracts

## "MAXIMIZING THE POSSIBLE"

Such is the title of the editorial in 'Saturday Review' for May 1982 by Norman Cousins. He brings home to us the point that it is within the power of a patient to take his cure in his own hands and prove the experts wrong. A staunch advocate of the mind-over-body influence in curing human illness, Norman Cousins, Editor Emeritus of 'Saturday Review,' has his own experience to back him. He has described his dramatic recovery from an irreversible disease in his book, **"Anatomy of an Illness"**. Since then for the past three years, he has been studying some 40 patients who have recovered from supposedly irreversible illnesses, including malignancies, cardiac infirmities, and diseases of muscles and joints. He has especially been trying to learn whether these recoveries have anything in common that might be useful to others similarly afflicted.

The case histories af the persons he has been able to observe and interview in depth reveal certain common facts. The illnesses in all cases followed upon an emotional crisis of one form or another, producing severe and prolonged apprehension or depression. When the diagnosis of the illnesses was made, the patients were told by their doctors that they did not have much of a chance. Though they all experienced panic and the illnesses thereafter became intensified, a point came when a conscious decision was made to reject all notions of inevitability and to take an active part in the quest for their own recovery, instead of relying exclusively on the treatment provided by doctors.

"The underlying philosophy in these points," writes Mr. Cousins, "is that all the patients decided they wanted to live and were prepared to make a supreme effort towards that end. They recognized that they were not going to be deterred by expert opinion...

Treatment for any disease has twin requirements. One is the availability of the best that medical science has to offer. The other is that the patient himself or herself becomes fully involved in the recovery effort. Both the physician as well as the patient participants in the process of recovery. Brain research is now turning up evidence that attitudes have biochemic effects. Attitudes of defeat or panic will constrict the blood vessels and have debilitating effect on the entire endocrine system. Attitudes of confidence and determination activate benevolent and therapeutic secretions in the brain.

Obviously we can't expect to live forever. We can't expect that every disease will be reversed. We can get the most out of whatever is possible. We can give it our best shot. Not until then do predictions mean anything.



## BIRDS HAVE BRAINS TOO

**Times of India, Sunday Review – 16-1-1983**

"BIRDBRAIN" is a euphemisian we use when we want to berate someone and feel that "stupid", or "idiot" is too strong. This epithet perhaps no longer applies. Recent studies show that birds have learning capacities exceeded only by the highest mammals.

The idea used to be that birds have little learning ability and that they are creatures of instinct. The study of bird behaviour was a long time governed by this preconceived notion and it arose because birds do not have the mammals' cerebral cortices. However, experiments indicated that birds learn and it is now known that their learning capacities are in some areas almost as good as man's.

We have all experienced the house crow, so much a part of our lives. He has learnt that we do not usually harm him, no matter how annoyingly he caws. He has learnt that our threatening gestures are sham, to shoo him away, and he ignores them. If I make a short metallic noise, however, like rattling my keys before I pretend to throw something at him, then my shooing is heeded, because he has learnt that if I do have something in my hand to throw at him I am likely to use it as a missile.

The raven (Corvus corax), a cousin of our common house crow, for instance, has been found to be able to count upto seven, in an experiment, where it was presented with a series of marks. A box was kept, with food inside as reward, and marks were made on the box. The raven under experiment could associate the two similar marks. It demonstrated this ability by pointing at or picking up a piece of wood with seven marks, the number as on the box containing the reward (food).

The blue tit, a song bird, did not have to undergo experiments to show its learning capacity. Experts have observed that they learn to find bottles left by English milkmen delivering them in the predawn hours. In order not to disturb the customers, milkmen routinely leave bottles at the door step, to be picked up by the housewife when she awakens. The birds have learnt to find these milk bottles, peck through their tops to drink the cream. Not only that, these birds also know which colour bottle tops yield the richest cream, and select only such bottles for the raid !

In order to put bird behaviour in perspective, we can look at their instinctive behaviour – that shows adherence to a plan not acquired through previous experience or through learning, and relatively constant throughout a species. Instinctive behaviour – is simplest to understand and we can proceed with learned behaviour thereafter.

Behaviour based on instinct includes courtship, nesting, territorial rights, incubation, hatchlings' actions etc., with of course, overlapping areas among all these.

Generally, pairing is preceded by a complex courtship performance. It can be on the ground, in the air, on the water's surface (as in waterfowl). The appropriately named bird swift, has one species Alpine Swift (Apus melba), for instance, which holds the record for speed, agility and endurance in flight. A speed of 150 to 200 miles per hour is claimed for it.

These swifts have a conspicuous wing structure with extremely long primaries. Their legs are short and muscles weak and so they are not used for running; but these birds are superbly adapted to life in air, such that they find food for themselves and their young and catch nest material while flying. They even mate on the wings.

Many aspects come into play in courtship among birds: movement, colouration, ornaments sported by the male are among them. The most familiar instance is our national bird, the peacock (Pave crastus). It is native to India and our country is unusual in that we have them in the wild. The male has a harem of two to five females. The peacock's magnificent plumage, with large eyespots, are common knowledge. The cock, in dense jungle growth, shows off his glory to the hens erecting, spreading and fanning his showy train. He postures and struts in front of the bevy of hens and occasionally goes into paroxysms of quivers. On the other hand, the velvet fronted nuthatch (Sitta frontalis), common in eastern peninsular India, has a courtship display where the male provokes the female with his back turned. The manner of courtship is characteristic for each species and plays an important role to attract a male as also to prevent cross-breeding which might result in an extinction of the species.

## THE GAY PLAGUE IS SPREADING

**Times of India – Sunday Review – 16-1-1983**

A MYSTERIOUS new killer epidemic, deadlier than small pox, is spreading from its origins in America's gay community to adult heterosexuals and children.

Starting inconspicuously in 1978 in San Francisco, Los Angeles and New York, the so-called Acquired Immuno Deficiency Syndrome has since spread to 30 states and 16 foreign countries; more than 60 cases have been reported from Canada, Japan, Haiti, Western Europe, including the British Isles. Most victims are men who recently visited the US, or who have had sex with Americans in their homelands.

AIDS devastates the body's natural defence against illness. Patients are struck down by one 'opportunistic' ailment after another – viral pneumonia, rare fungal mouth and lung infections, tuberculosis, and an uncommon form of skin cancer, Kaposi's sarcoma, hitherto almost unknown in the US.



At San Francisco's health department, Dr. Selma Dritz has the task of interviewing patients and tabulating the grim statistics. Of 843 known victims in the US early this month, 317 have died. Each day across the country, two new cases are reported, doubling the figures every six months.

"That's a very high 38 per cent death rate," said Dr. Dritz, "far worse than Legionnaire's Disease and other recent epidemics. We know no cause. For scientists, it is the medical riddle of the decade."

When the syndrome was first recognised in June 1981, it was labelled the Gay Plague, because almost all the sufferers were young homosexual males, with a sprinkling of needle-using drug addicts. Today, homosexuals still comprise 75 percent of the nearly 1000 cases world-wide, but more and more heterosexual men and women are being infected.

At least 20 children have also been afflicted, and nine have died. Some were apparently infected by an AIDS patient in the immediate family; others are believed to have contracted the disease through a blood transfusion. Similar infections of haemophiliacs, who need frequent transfusions, have caused a tightening of US blood donor guidelines and tests.

Chief cancer specialist at the General Hospital in San Francisco, Dr. Paul Volberding, is deeply concerned over a study which suggested that as many as 80 per cent of homosexual men in the area may suffer from some degree of immuno-deficiency.

"That implies high contagiousness," said Volberding. "The United States might be in danger of a massive outbreak before long."

Why are homosexual men at high risk? At the Federal Centre for Disease Control in Atlanta a 50 strong task force is working to combat the plague. First results from studies indicate that all the gay males concerned are, or were, exceptionally active sexually, sometimes with hundreds of partners in a year. Many had suffered recurrent bouts with hepatitis and other sexually transmitted ailments.

Dr. Peter Drotman, of the CDC task force, said : "The sex acts related to our researchers are also often physically traumatic; they may cause bleeding, there's much exchange of body fluids. Gay women are hardly affected, presumbly because they are more monogamous, less forceful in their sexual activity."

This, plus the evidence of transmission by blood transfusion, supports the notion that the most likely cause of AIDS is a blood borne virus.

Faced with an entirely new disease syndrome, said Drotman, physicians often fail to recognise AIDS symptoms, which are common to many other illnesses – high fever, lassitude, loss of weight, skin lesion like bruises – that indicate the onset of cancer.

So far, the death rate from Kaposi's sarcoma has held to a relatively low 20 per cent. But the rate of AIDS-induced viral pneumonia is 43 per cent, and when the two combine, that rate rises to 68 per cent. Statisticians say that the overall 38 per cent mortality – slightly higher than that of small-pox – comes closer to 60 per cent, when researchers look only at victims diagnosed one year or more ago.

The city fathers of San Francisco have earmarked $ 300,000 from tight local funds to combat the plague, and Federal monies are being poured into the CDC task effort to stem its spread. (By arrangement with the Observer.)

## HAVE A GOOD CRY

You cry when you lose people close to you. You shed copious tears while slicing an onion. And you cry out of sheer joy when you have just won a lottery ticket.

Is there a difference in the tears that you shed on different occasions?

Yes, says William H. Frey, a researcher from St. Paul-Ramsey Medical Centre in Minnesota. Frey investigates emotionally induced tears which he calls by a terminological curiosity – "psychogenic lacrimation."

Several years into his research, Frey concludes that while it is true that the eyes of all mammals are moistened and soothed by tears, it is only human beings who shed emotion-induced tears.

Copious lacrimation, in fact, helps the body to eliminate certain stress-induced chemicals which are harmful. Relief from stress follows.

Tears induced by emotion, Frey has shown, are marked by an increased protein content than, say, tears caused by the garnishing of an onion.

# The Homoeopathic Education Society

Irla Naka, Vile Parle (W), Bombay–400 056

**Chairman** : Shri M. I. Patel **Vice-Chairman** : Dr. M. B. Jain
**Hon. Treasurer** : Shri C. B. Patel **Hon. Secretary** : Shri B. R. Desai

### SILVER JUBILEE YEAR

1982–1983 marks an important milestone in the history of our College – SILVER JUBILEE YEAR.

The year was commemorated by monthly lectures and seminars by illustrious persons of our profession.

Nonetheless, the silvery highlight of the year was the "GET-TOGETHER" on 13-3-83, on the green lawns of the College campus, rendered luminous by colourful lights.

For the first time in the history of the College were invited all the students as well as teachers of the past 25 years. It was heartwarming to see the first batch of physicians graduated in 1961 embracing the latest one of fresh youngsters, while reminiscing the past with nostalgia.

The event fulfilled the purpose of renewing the rapport with "Alma Mater" in its expanding progress. The response was so zestful that there were repeated requests from the four corners of the past students to hold such functions every year.

The President of the Society, Shri Mohanbhai Patel addressed the gathering. Sri B. R. Desai and Sri Chhotabhai Patel graced the occasion.

The present Principal, Dr. Anil Bhatia invited the past Principals, namely Dr. Batra and Dr. Dhawale, to address the audience. The founder Principal, Dr. Adel Behram, Dr. U.M. Menon as well as Dr. P. Sankaran who are no more with us, were very much missed. The senior teachers of the past like Dr. Sarabhai and Dr. Havewala spoke on the occasion.

The present Vice-Principal, Sarla Sonawala, the only senior member to serve the College since its inception, welcomed the past students with feeling and warmth.

Dr. Vishpala Parthasarthy, the young and exuberant compere of the evening, conducted the programme with verve and vivacity. She was greatly helped by Dr. Purswani and Dr. Vijaykar in entertaining the audience with their anecdotes and mimicry.

The memorable evening happily concluded with Dinner for all and prizes for the lucky winners.

## CAUTION

The Central Council of Homoeopathy has been receiving frequent queries to know about the genuineness of institutions which are advertising postal training in Homoeopathy and for arranging registration. It is clarified for the information of the public that institutions advertising any postal course or arranging registration in Homoeopathy are neither recognised by the State/Central Government nor affiliated to the Universities/Statutory Boards/Councils of Homoeopathy. The purpose of these institutions is only to make money, by attracting innocent persons who are anxious to get themselves registered as medical practitioners. The Central Council of Homoeopathy cautions the public that such institutions, as for example given below, have no recognition at all to grant registration as homoeopathic practitioners and the qualifications awarded by these institutions do not confer any right whatsoever on the holders of such certificates to practise homoeopathy in any part of the country :

1. Homoeopathic Medical Mission, Trivandrum.
2. Mavelil Homoeopathic Mission, Trivandrum.
3. Grace Medical Mission, Kerala–3.
4. Bharat Homoeopathic Syndicate, Madurai.
5. Board of Homoeopathic Medicine, Fazilka, Punjab.
6. Central Cancer Homoeopathic Council, Janakpuri, New Delhi.
7. Central Council of Miscellaneous Systems of Medicine, Janakpuri, New Delhi.
8. Registration Guidance Institute, Delhi–53.
9. National Cancer College, Delhi.
10. Premier Homoeopathic Medical College, Chandigarh.
11. Board of Electro Homoeopathic System of Medicine, or any of its Branches or College anywhere in India.
12. Secondary Board of Education at Lucknow, Delhi, Bareili or anywhere in India.
13. Bihar Homoeopathic Pharmacy Council, Patna.
14. Sathi Homoeopathic Medical College, Laherisarai.
15. Medical Advisers Association, Kanpur.
16. Modern Medical College, Darbhanga.

The general public are, therefore, warned to be careful and not to be misled by advertisements issued by such institutions/organisations or by individuals. The public are also advised to seek clarification about the genuineness of the institution/organisation individuals from the Secretary, Central Council of Homoeopathy, by sending a self-addressed stamped envelop (23×10 cms. size).

*Secretary,*
**Central Council of Homoeopathy,**
10–Community Centre, Basant Lok,
Vasant Vihar, New Delhi 110 057.


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EDITOR : **Dr. K. N. Kasad,** M.B.B.S. (Bom.), M.F. Hom. (Lond.)

ASSISTANT EDITOR : **Dr. (Smt.) Vishpala Parthasarathy,** L.C.E.H. (Bom.)


| | |
|---|---|
| असतो मा सद्गमय | Lead me from the false to the true. |
| मृत्योर्मा अमृतं गमय | Lead me from mortality to immortality. |
| तमसो मा ज्योतिर्गमय | Lead me from darkness to light. |
| आ नो भद्राः क्रतवो यन्तु विश्वतः | Let noble thoughts come to us from every side. |

Vol. 18 No. 2 April – June 1983

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# Widening Interest In Homoeopathy

The tremendous advance of Modern Medicine, especially in the field of investigation of the Phenomenon of Disease to the point of visualization of organs and their functions, is the unique phenomenon of our times. This was undreamt of in the earlier centuries. The technological achievements of Modern times have enabled early diagnosis of diseases, even at the pre-symptomatic level of disease-expression. The various Psychological Tests, such as the Rorscharch's Test, the Thaematic Apperception Test (T.A.T.), the Minnesota Multiphasic Personality Inventory (M.M.P.I.), the Psychological Abstraction Test (P. A. T.) etc., have opened the door to a better understanding of the human mind and its operations in health and disease. The refined techniques of anaesthesia have rendered surgery easier than ever. The extraordinary achievements of Surgery – cardiac, neural, transplantation & replacement of organs, vascular, restitution of deformities, etc., etc., – are a feat of the human mind and will. Surgery will always have an abiding place in the annals of therapeutics. At the level of medical therapeutics there have been a spurt of medicinal agents, as well as imponderable agents such as irradiation therapy, magnetism, mesmerism, hypnotism, acupuncture (conventional and electronic), acupressure, radiesthesia (pendulum as well as electronic), and what say you. Some of these have earned the name of **"Alternative Medicines"** and **"Fringe Medicine"**. These abound in the West – especially in Europe, as well as in India, along with the traditional healing arts of Ayurdeva, Nature Cure, Unani, Siddharthyoga, etc. Folk-Medicine, of course, prevails everywhere. To crown all, we have Christian Science, Metaphysical Healing, Spiritual Healing, and so on, ulilizing unknown, unseen Energetic Forces in Nature and in man, the precise nature and 'raison d'etre" of which remain a "terra incognita" to most of us. Witch-Doctors still exist in some parts of Africa – witness, the example of a rickety child with bone deformities restored to normal through immersion of the extremities in one solution to soften the bones, restoration of the normal shape manually and finally re-immersion of the limbs in another solution to harden the bones once again. This was mentioned in the British 'Lancet'. May we add Chromotherapy or Colour Therapy as well.

As against these forward strides in modern medicine especially, what advances (Raeside) have occurred in Homoeopathy? There have been some provings of old drugs and some additional drugs in our homoeopathic materia medica have been proved albeit fragmentarily e. g., Stephenson's Materia Medica, Materia Medica of New Homoeopathic Remedies by O. A. Julian; recent Repertories have come out including the Computors, making the task of repertorisation a bit easier only from the mechanical standpoint and time consumption, but seldom from the **qnalitative standpoint**. Provings have been conducted in indegenous drugs in India through the Central Council of Research in Homoeopathy. There have been no significant advances in the field of therapeutics on the research front, research



being divorced from the fundamental philosophical foundations of homoeopathic practice – being based on the utilization of drugs for diseases, rather than on the use of drugs in individuals with diseases. Newer applications of the data in the materia medica have occurred in the literature from time to time to the patients in clinical practice with gratifying response. Isolated physicians and foci of homoeopathic medical education have evolved better techniques and methods of evolving the totality of the patient in his illness, especially the interview techniques and the application of the various phychological tests for better appreciation of the mental state of the patient, his pre-illness personality – predisposition and disposition. The wide mass of the homoeopathic profession constitute the 'symptom-coverers' (Margaret Tyler). The experience today in India reveals the different brands of homoeopathic practice based on the individual's understanding of the totality, far removed from the basic philosophy of homoeopathy, without which it is impossible to conceive of homoeopathy (Roberts). And that brand which advertises in newspapers and dailies and T. V'. s. makes of homoeopathy a mockery.

Inspite of it there is a considerable interest of the lay public as well as the members of the medical profession other than the homoeopathic one in homoeopathy. The side-effects of modern drugs, especially the chemotherapeutic agents, antibiotics, cancer chemotherapy and irradiation therapy, and the blanket suppressor – corticosteroids, have been occurring with increasing frequency. This awakens the mind of the public, especially the intelligentia. The allopathic profession, especially the general practitioners, are the most awakened and seek for the alternative mode of therapy. It is obvious that the acute illnesses have been controlled over a period of time, only to be replaced by chronic recurrent illnesses, acute infections replaced by chronic degenerative diseases and neoplastic disorders for which modern medicine has no answer. Many intelligent well read patients and physicians are becoming increasingly aware of the new diseases under the pompous label of **"Iatrogenic Disorders"** caused by the so-called 'wonder drugs.' And what about the "Auto-Immune Diseases", caused by the total disruption of the immune apparatus (also in Cancer) and the morbid alteration of the susceptibility of the cell, – may be due to indiscriminate prolonged drugging and aberrent thinking away from the spiritual root and basis of life and living? Kent's lecture on the **"Making of a Man"** in his "New Remedies" is worth re-reading and digesting for application. Many are driven to seek homoeopathic treatment on the above grounds, laymen and physicians.

Let the homoeopathic physicians truly interested in Hahnemannian Homoeopathy awaken to this reality of the resurgence of the public interest in Homoeopathy, and seize this awakening impulse in medical history in our country to guide those who come to them for succour in illness. Let them give the correct guidance to those physicians who come to them to be initiated into Homoeopathy in the best way possible. Many physicians and medical students have come to us for guidance in Homoeopathy from abroad. The best advertisement in Homoeopathy is the curel palliation, as the exigencies demand, achieved by the physician based on the principles governing homoeopathic therapeutics. The most important requisite is the **"Man behind the Doctor"** as an examplar.

# A Method of Remedy Study : Zinc*

JULIA M. GREEN, M. D.

This is a fourth attempt to set forth a method of studying the materia medica by building up the general characteristics from a grouping of particular symptoms. The other drugs used were Kali c., Nat c. and Nat. m., this time it is Zinc. To my mind there is an additional reason for doing it this way. After telling laymen what provings are and showing them lists of symptoms as they appear in the materia medica, with some idea of generals and particulars, they are confused when we give them descriptions of drugs in the lecture form, even though the characteristics stand out much better that way. Therefore, it seems logical to build up for them the individualizing symptoms, for each drug considered, by showing them groups of particular symptoms which go to make up the generals.

Take then, the general features of Zinc as found in several lectures on the drug and list under each the separate symptoms which justify the generalization; thus:

**Enfeeblement :**

Brain-fag from overstudy, from night watching (Clarke, Hahnemann)
Aversion to labor (Clarke, Hahnemann)
Weakness of memory: great forgetfulness (Lippe, Clarke, Hering)
Mental operations very difficult (Hering, Allen)
Repeats all questions before answering them (Hering)
Loss of thought and a soporous condition of mind (Hering, Allen)
Great dulness of head; heavy and confused; obtusion (Hering, Allen, Hahnemann)
Great cerebral, nervous depression; stupefaction (Hering, Allen)
After a little emotion, trembles for long time (Symptomen Codex)
Weak, sick feeling in eyes, constant weariness (Hering, Symptomen Codex)
Face vacant, earthy, as after a long illness, pinched (Hering, Allen)
Weakness of organs of speech; talks with difficulty (Hering)
Prolonged desire for stool which is satisfied only after great effort (Hering)
Faintness, unconsciousness, prostration (Hering, Allen, Symptomen Codex, Hahnemann)

* Read before I. H. A., Bureau of M. M. June 7, 1975, *Homoeopathic Recorder*, 1936, P. 106.



Wearinss, sudden exhaustion, heaviness, (Hering, Hahnemann)
Faintishness when staying up a little too long (Symptomen Codex, Hahnemann)
Coma from cerebral exhaustion; exhausting sleep (Hering)
Weakness and trembling of hands and feet (Lippe)
Tremulous weakness in lower extremities, hollow knees (Allen, Lippe, Hahnemann)
His body feels heavy and his limbs weary (Symptomen Codex, Hahnemann)
Extreme malaise upto fainting (Symptomen Codex)

**Over-Sensitiveness, Irritability :**

Sensitive to others talking and to noise (Hering, Lippe, Hahnemann)
Sensitiveness to open air and to cold (Hering, Allen, Hahnemann)
Sensitive to light ; brain affected (Hering, Clarke)
Dread of the light of the sun (Hahnemann, Hering)
Intolerable pain in left eye (Hering, Symptomen Codex)
Child screams out whenever it is moved (Clark)
Least noise makes her frantic (Hering)
Intolerance of wine (Clarke, Hering, Allen, Symptomen Codex, Hahnemann)
Extreme sensitiveness of vertex to touch (Allen)
Sensation of soreness of the teeth (Lippe)
Talking or listening is distressing; makes him morose (Hering, Allen)
Irritable, peevish, terrified, fretful (Hering, Allen)
Easily angered and very much affected thereby (Hering, Allen)
Alternately fretful, irritable, quarrelsome, despondent, depressed (Hering, Hahnemann)
Frequently able to laugh excessively over a trifle, just as easily vexed (Hering, Allen)
On awaking, fear, cries out, starts, jumps (Hering)
Tendency to fits of passion (Clarke)
Easily carried away by anger (Symptomen Codex)
Inclined to internal anger and chagrin (Hahnemann)
Sobbing on account of vexation without obvious reason (Allen)
Extreme sensibility of cartilages of ears and nose (Hering)
Sensitiveness and painful soreness of upper molars (Symptomen Codex, Hahnemann)
He would like to have someone upon whom he could wreak his anger (Hahnemann)

**Trembling : Quivering**

Violent trembling all over so that she shook the bed (Clarke)

Long continued tembling after every slight emotional excitement (Clarke, Allen, Symptomen Codex)

Loud screaming with trembling, continuous moaning (Hering)

Trembling of feet with difficulty in raising them (Hering, Allen, Symptomen Codex)

Tremor of hands when writing (Hering, Allen, Symptomen Codex, Hahnemann)

Sensation of general trembling without trembling (Hering)

**Twitching :**

General twitching and general trembling (Clarke)

Twitching and jerking of various muscles (Allen, Symptomen Codex, Hahnemann)

Violent muscular twitchings left face (Clarke)

Twitching of children, Chorea (Clarke)

Twitching of left eyeball, lower lid (Hahnemann (Hering)

Twitching in back or any portion of body (Hering)

**Numbness :**

Numbness of lower limbs, formication (Clarke, Hering)

Numbness of fingers when rising in morning (Clarke)

Falling asleep sensation in shoulder joint (Hering)

Falling asleep of right leg as far as knee (Hering)

**Tingling :**

Tingling in the limbs (Clarke)

Tingling at anus as from ascarides (Hering)

Tingling and resounding in head when speaking aloud (Allen)

**Burning :**

Burning and biting in eyes and lids, with photophobia (Clarke, Allen, Hering)

Burning, smarting, inner surface lower lip; right corner mouth (Clarke, Allen)

Burning like heartburn in the throat (Clarke, Hering)

Burning with pressure when reading, eyelids (Symptomen Codex)

Burning in stomach (Clarke, Allen, Hering, Hahnemann)

Burning in stomach when fasting (Hering)

Burning in anus, with itching, during stool (Clarke, Hering, Allen, Hahnemann)



Burning in urethra after urinating (Clarke, Hahnemann)

Burning along the whole spine (Clarke, Hering, Allen)

Burning in chest (Hering, Allen, Hahnemann, Clarke)

Burning in scapulae (Clarke, Hahnemann)

Burning in left forearm (Clarke, Hering, Hahnemann)

Burning in left axilla (Sympatomen Codex)

Burning in flexor surface of finger (Symptomen Codex, Hahnemann)

Burning–painful rhagades between two fingers (Symptomen Codex)

Burning stitches in bones of feet (Clarke, Hering, Allen, Hahnemann)

**Stitching :**

Fine, burning stitches in middle vertex (Allen)

Tearing, pressing stitches in bones of face (Clarke)

Sudden pressing stitch from right zygoma to upper margin of orbit (Clarke)

Stitches in right eye and tearing stitches in ears (Hering)

Stitches in left row of teeth in jaw (Allen, Hahnemann)

Cough with stitches in head (Clarke)

Dull stitches in right temple (Hering)

Sudden violent stitches in left abdomen (Allen, Hering, Symptomen Codex, Hahnemann)

Stitches in cervical muscles (Hering, Allen, Symptomen Codex)

Dull stitches beneath right shoulder (Hering, Symptomen Codex)

Tearing stitches in fingers (Hering, Allen)

Dull stitches from internal ulcer, right side navel (Hering)

A stitch above right foot when running (Hering, Allen)

Sharp stitching upper part, right scapula (Symptomen Codex)

Stitching, pinching in umbilical region (Symptomen Codex, Hahnemann)

**Itching :**

Itching and sensation of excoriation on scalp; pimples (Clarke, Allen)

Frequent sore itching in small spot on right side scalp (Allen, Hahnemann)

Itching, smarting of eyes (Clarke, Hering, Symptomen Codex, Hahnemann)

Itching in ears (Clarke, Hering, Allen, Hahnemann)

Itching left nostril, followed by frequent sneezing (Allen, Symptomen Codex, Hering)

Itching margin left upper eyelid (Symptomen Codex, Hahnemann)

Itching moist eruption both temples (Allen)

Itching in bends of joints. (Hering, Hahnemann)
Violent itching in all joints in succession (Hering)
Itching of things and hollows of knees in evening (Hering, Allen, Symptomen Codex)

Pruritus vulvae (Clarke, Hering)
Leucorrhoea with much itching (Clarke)
Itching in anus (Hering)
Itching in urethra (Hahnemann)
Itching all over with burning or redness (Symptomen Codex)
Itching about the nipples (Allen)
Itching herpes on the back (Lippe).

**Pressures : Tension : Sensation Swelling :**

Pressure at root of nose as if it would be pressed into the head (Clarke, Hering, Allen, Symptomen Codex, Lippe)
Compressive boring or expansive pressure in head (Clarke)
Pressive cephalagia with confusion (Clarke)
Pressing headache with dulness (Hering)
Painful pressure at right inner canthus (Allen)
Pressure in forehead with dulness (Allen, Hahnemann, Symptomen Codex)
Pressive constricting pain in bone beneath and in front of right ear (Hering, Symptomen Codex)
Pressure above right eye, sudden, painful (Hering)
Swelling of nose, externally and internally (Clarke, Hering)
Swelling of palate, submaxillary glands (Hering)
Swelling of the gums (Symptomen Codex)
Tongue swollen, left side, hindering talking, (Clarke, Allen, Symptomen Codex)
Sharp pressure, small spot middle forehead in evening (Hering, Lippe, Hahnemann)
Pain as if stomach was compressed (Clarke, Hering, Hahnemann)
Hypochondria: pinching, griping pressure, small spot (Hering)
Violent pressure and tension in abdomen (Clarke, Hering, Allen, Symptomen Codex).
Pressive aching in pubic region (Clarke, Hering, Symptomen Codex, Hahnemann)
Tensive pain in sternum (Clarke, Lippe)
Violent pressing pain in right mamma (Allen, Hering)
Pressive tension and weakness in lumbar and sacral regions (Clarke)



Tensive pressure, small spot on the back (Allen, Symptomen Codex, Hahnemann)
Pressure in chest extending into throat (Hahnemanh)
Tensive rheumatic pain in spine (Hering, Allen)
Tension in anterior cervical muscles (Hering, Allen)
Tension and tearing in both shoulder joints (Hering)
Pressure and heaviness on both shoulders (Allen)
Rheumatic tension head of left humerus (Allen)
Tensive pain in bend of knees (Clarke, Hahnemaun)
Tension in border of right foot (Symptomen Codex)
Tension in right sole as if tendons too short (Hahnemann)

**Constriction : Drawing : Spasm :**

Drawing in occiput and forehead; gnawing (Clarke, Hahnemann)
Sensation of contraction and cramp in oesophagus (Clarke)
Constriction felt especially in the chest (Clarke, Lippe, Allen)
Sudden, spasmodic bursting sensation about heart (Clarke)
Spasm in stomach and constriction oesophagus (Clarke, Hering)
Spasmodic pain in umbilical region (Clarke)
Sharp pinching pressure left temple (Hering)
Kind of pinching jerking within the ear (Hering)
Pinching in root of nose (Hering)
Pinching and twinging in chest (Hering, Allen)
Convulsive tightness in chest (Hering, Allen)
Spasmodic tension of right hand (Hering, Allen)
Drawing sore pain in muscles of thigh (Hering)
Cramplike drawing in middle of abdomen (Allen)
Drawing in all the limbs (Allen)
Drawing pain in testicles (Allen)
Drawing down both calves (Allen)
Drawing in small of back and spine (Symptomen Codex)
Cramplike, strangulating pain in throat (Hahnemann)
Drawing in both calves from above downward (Hahnemann)
Drawing pain in lower arm apparently in bone (Hahnemann)

**Effects of Suppression : Better from Discharges :**

Too weak to develop exanthemata, menstrual function, to expectorate, to urinate (Clarke)

Relief to all suffering as soon as menses begin to flow (Clarke)

Orchitis from suppressed otorrhoea (Clarke).

Suppressed menstruation with painfulness of breasts and genitals (Clarke)

A running sore was dried up; at next menstrual period had a convulsion (Hering).

Puerperal convulsions with suppression of eruption (Clarke).

(Although much is said of the use of this remedy for the results of suppression and also for relief from discharges, there are only a few hints of this in the provings. This is to be expected because it takes clinical experience to bring out such characteristics. Surely Zinc. will unlock many a desperate case when suppression has done its worst.)

ADD TO THE FOREGOING PHASES OF THE REMEDY :

Small spots affected in a great many cases

Worse after dinner and in the evening

Worse from rest and inactivity; better from motion

Great restlessness of legs and feet; cannot keep them still

Better from rubbing (a valuable guide)

Aggravation from the least bit of wine.

Here we have something of a dependable, workable picture of one of the most useful remedies in the materia medica for affections of the central nervous system, the results of suppression of discharges and eruptions, the bad effects of emotional suppression and baffling of mental ambitions, the results of suppression by strong drugging.

In conclusion, I might report four cases :

1. A case of epidemic influenza which received strong suppressive drugs until it went into pneumonia and on to suppuration in the lungs accompainced by unconsciousness, good weak heart action. The guiding gleam here was the cry; "Rub my feet; rub them quick. Rub them again," when he came out of the coma for a brief few seconds.

2. Influenza apparently recovered, then suddenly relapsed with very high fever, pale, sickly face, half stupor with twitchings of muscles of face, shoulders, arms and legs.

3. Suppression of emotions due to oversensitiveness to criticism, also due to unhappy home life; combined with suppression of gonorrhoea with strong drugs used locally, combined with disappointment in the one thing he wanted to do for a living. It went on into delusions of persecution and a general nervous break which changed [illegible] prematurely into an old man and made it seem as if a hospital for the insane lay just



ahead. Ten months of treatment with a few doses of Zinc., given at long intervals, has changed all that so the patient can see that his persistent thoughts are foolish and imaginary. The general health has improved one hundred per cent.

4. Inveterate asthma from babyhood in a child now twelve years. Convulsions, vicious catarrh, great nervousness and irritability preceded and the asthma was very severe. Constant motion of the feet during the paroxysm pointed to Zinc. and results to date are fairly good. This case is not yet cured.

WASHINGTON D. C.

BOOKS USED :

Clarke's Dictionary of the Materia Medica
Hering's Guiding Symptoms to the Materia Medica
Allen's Encyclopadia of the Materia Medica
Jahr's Symptomen Codex
Lippe's Materia Medica
Hahnemann's Chronic Diseases.

"I DON'T KNOW Who – or What – put the question. I don't know when it was put. I don't even remember answering. But at some moment I did answer Yes to Someone – or Something – and from that hour, I was certain that existence is meaningful, and that therefore, my life. in self-surrender, had a goal.

* * *

"Around a man who has been pushed into the limelight, a legend begins to grow as it does around a dead man. But a dead man is in no danger of yielding to temptation to nourish his legend or accept its picture as reality. I pity the man who falls in love with his image as it is drawn by public opinion during the honeymoon of publicity.

* * *

"Only he deserves power who every day justifies it.

* *

# Fear–Psychology & Homoeopathy

– Dr. G. B. GADGIL

A middle-aged lady came and stood before the table and said, "Doctor, tell me the truth. Am I going to die?" I said, "Certainly. We are all going to die".

Before the incident, her whole case had been taken, she was in the phase of menopause. She had dark forebodings about her health and future, was having bearing-down sensation in the uterus region with a history of LEUCORRHOEA and RINGWORM. So, even a neophyte homoeopathy would have considered **SEPIA**, which was prescribed in 200 potency.

Then she asked, how long she was going to live. I replied that I did'nt know. I added that all of us were certain to die sometime, somehow. No one would live a day longer than one was destined to live. Till then, why worry? I assured her that whatever her complaints were, mental and physical, the indicated homoeopathic remedy will help her. For the fear about her health and future, this forthright psychological approach, without giving any false assurance, and lame hope seemed to help her regain her composure.

Another was the case of an Office Executive, with a much deranged digestive system, a common complaint of modern times. This man was afraid to face the pressures of work in the office, as well as tensions at home. He sought newer and newer escapes, which soon became older and older, and in the end, he was just where he was, only worse. At last, he came to such an impasse that he said he felt like 'committing suicide'. It was here that an experiment in psychological homoeopathy was made. He had fear of facing life. So, if likes cure likes, a stronger, controlled fear, would cure the original fear. This was the starting.

I asked him, whether he had considered the consequence of suicide,. He said he did'nt know and did'nt care. Then I asked him, "Why do you want to commit suicide? Since he remained silent, I continued: "You want to commit suicide, because you think that by doing so, you will get rid of all your troubles,, whatever they are, real or imaginary. But are you absolutely sure of this? Are you 100% certain? If you are, then go ahead. But if there is the slightest doubt, just consider. I do not know whether all troubles end with death or not, nobody knows. If the mind of a person ends with the body simultaneously, then there is no problem, but if it continues, as some say it does, then it will continue with the troubles. The body will be dead and gone. And your troubles mostly are of the mind, and you would have destroyed the

* Paper presented at the Homoeopathic Seminar on ***"Phobias"*** at Lokamanya Hospital, Pune, on 27-4-1980.



body. Would it not be like releasing the thief and hanging the ascetic? Not only this, but you will be much worse off. While the body was alive, the senses working, by experiences through which the mind is formed, there would have been some possibility, in course of time, of your troubles coming to an end, but if you destroy the body, the main channel of solution, you may hang with troubles without escape." In this way a stronger fear, of possible after–effects of death than facing and dealing with problems of life, happened to be induced in him. Eventually, in course of time, along with the indicated remedy **NUX–VOM 200,** prescribed for his other symptoms, this "homoeopathic psychiatry," if it may be called so, put the patient on the road to complete mental and physical health and not just superficially as in the story of the drunkard and the mirror

There was a man who went to a bar and had a couple of drinks. Afterwards, he threw the bottle at the large mirror behind the barman, breaking it into fragments. He apologised and said that after drinking, he became afraid of the mirror and has an uncontrollable urge to smash it. Being a rich man, he was quite willing to pay for the damages. The barman said that in that case he should consult a psychatrist. The barman had a psychiatrist friend. Since a large number of heavy drinkers have some phychic problems, the barman used to direct such customers to his friend as patients and both were doing good business. However, after six months the same man returned to the bar, again had a couple of drinks, and again smashed the newly installed mirror. This time he did not apologise, but pulled out his wallet and asked for the damages. The barman asked him whether he had followed his advice. The man said "Of course, I went to your doctor. I took his treatment for six months. Now I do not have the fear of the shining mirror at all. It has gone. But the urge is the same." This is the partial cure Had this man gone to a homoeopath, he would probably have got **Stramonium** – having fear of shining objects, and perhaps he would have been cured of the fear, as well as the urge.

**A third case** was that of a young man, who was afraid of everything, of crossing the street lest he be run over, of eating or drinking anything outside home, for fear of being poisoned; fear of travel because of accident. He had become listless, would not do anything as he might die on the next day. So what was the use of starting to do anything? He was the son of a millionaire, had been abroad to study art, had successfully completed his course and since his return had got into this state of extreme depression, had not touched a sketch–pen or a brush. The relatives, friends, doctors, psychistriats, could not help him. They tried their best to convince him of the unreasonableness of his fears, but to no avail. After listening to all his fears, he was told :

"You are quite right. It is possible that you may be run over, get food poisoning or be involved in a crash. We read and hear about so many such accidents and people do get killed in them. So why not you? All the other people may be wrong, giving you false hopes. But just as it is possible that you may, there is also the possibility that you may not. After all there are so many people also who are not involved in accidents.

We do not know what may happen tomorrow, but we do know the fact that we are alive today. It is a fact. You must accept it. So why not live fully today, while we can. Why not make the best of it, and for the best thing that you have learnt and can enjoy? Why not take up the sketch-pen and the brush and act now and see what happens?" This psychological approach, along with the second best homoeopathic remedy PLACEBO was the turning point, which helped in setting this man on the road to health.

We have a number of remedies for specific fears or phobias, given in our books. Repetition of some of them, where there are only a few remedies for a rubric, will not be out of place.

Fear of Ordeal – ARG., ARN., GELS., MED.
Fear of dogs – TUBERCULIUM.
Fear of rain – NAJA – remembered by NA – JA. (Don't go in rain)
Fear of Thunder – NAT/C & PHOS (Dont go – where? In the rain)
Fear of glistening objects – STRAMONIUM.
Fear of robbers – ARS & NAT. M.

Some time ago, there had crept such a fear, almost to the point phobia, in the minds of people in some localities on the outskirts of town, that everybody used to be at home before sunset, bolt their windows and doors and would not open them even to their friends. A couple of families had been strangled, the murderers were still at large and all expected that their number was next; there was a specific fear of being strangled and robbed. **Nat mur-30** could have removed the fear.

The normal instinct for self-preservation of the organism, which we have inherited since our days in the caves and jungles when we used to have a sixth sense to avoid a snake or a tiger, stands us in good stead, in springing out of the way of an onrushing rickshaw or hugging the wall on the side of a narrow street, when a truck makes us to do so, in the modern jungles of crowded streets in the cities. This instinct is not a fear requiring treatment, but when the fear becomes a fixation in the mind and darkens all the healthy life of a person, then it becomes abnormal and needs treatment.

Finally for treatment in a patient, along with the I-H.R. (indicated homoeopathic remedy), the P. A. (psychological approach) is absolutely necessary. To the doctor who observes all that the patient does, listens to all that the patient has to say with undivided attention, the right psychological approach or the R. P. A. comes as a spring of water to the well.

शरीरस्य ध्रुवो मृत्युः, भयस्तु मनसोदभवः । Body's death is certain, but the birth of fear is in the mind.

# Case Taking Presentation*

DR. SARLA SONAWALA * *
B. A., D. M. S. (Hons.), D. F. Hom. (Lond)

Miss D – 55, M. A. (English), a writer.

**Past History :** Migraine – 17
T. B. Cervical glands – 25
Appendicitis– 30
Finger – joints – pain – 35
Tachycardia with loss of sleep – 41
Cervical spondylosis – 45.

**Family History :** Parents – died of I. H. D.
Uncle – died of Phthisis
Brother – died of drowning
Brother – 65, healthy.

She consulted me on 18.12.1980 with the following history:

Seven years back, she took hormone tablets to bring on menses. Thereafter, she started having recurrent spells of heavy head with formication, and vertigo agg. anticipation, sun, hot bath, over eating, spices, and amel. cold air. Tachycardia time and again.

She also complained of ascending heat waves, occasionally stiff neck, and twitching of muscles of face and limbs.

**Patient as a person :**

Obese, dark, warts and moles, curly hair, nails ridged and distorted.

Hunger at 6 a. m. Desires spices, milk, sweets, cold things. Averse to salt and bitter. Yet can take or give up the best of foods for the sake of health.

Averse to sun, she carries umbrella in summer. She used to prefer summer, but now winter. Soles hot if puts on slippers. Bouts of sneezing under fan, esp. at 3. a. m.

** Vice-Principal,
Smt. C. M. P. Homoeopathic Medical College, Bombay.
* Paper read at the Maharashtra State Homoeopathic seminar at Poone, on 23.1.1983.

**Menstrual History:**

Had her last period only for 2 days, in August '80 after a year of amenorrhoea. Her menses had been suppressed for 4 months at the age of 17, after her brother's death by drowning. Else her menses were normal, only slight discomfort before menses. She wrote best stories during menses, and always felt better.

**Mental State:**

Social, affectionate and sentimental. Strong likes and dislikes for people. Likes selective company. Anxious about health. Strange fear of sea (since brother's death by drowning). Family relations extremely cordial. Generous with gifts. Enjoys walking. Can fight, if needed.

Jerks on falling asleep, and snores during sleep. Dreams of daily events, illness, dead, big waves of sea, H/o snakes obstructing her path which she overcame and reached a peaceful place, happy dreams of divine.

**Life situation:**

She was born prematurely. A sensitive child, she was fascinated by her mother's religious songs. Since the early age of 5, she began to think against the idea of male superiority, and ultimately decided not to marry unless she fund a man in the image of an ideal couple like her parents. Her mother was powerful, and a social worker. Her father was well-read, serene and tolerant. The patient adored him.

At 17, her brother – 32, died of drowning, The patient had a spell of depression and headaches, with menses suppressed for 4 months.

Bright in studies, she stood first in University in M. A. examination. She taught English in a college from the age 22 to 34. At 25, she learned religious scriptures from a reacher and made him her Guru.

She ventured an independent business of publishing at 34, ending in financial loss. Became an editor of a weekly, but resigned eventually. All along, she wrote novels and short stories. The theme of her novels was a sensitive woman in search of her identity and her conflicts in marraige.

She is a social worker, a good organiser as well. In her long career, she declined a few proposals of marriage. All this she narrated at the first encounter.

**Physical Examination**

CVS–RS–NAD. B. P. – 160/100 – systolic pressure recorded upto 200 in past. Used to take regular tablets for hypertension until she consulted me.



Considering the case in all aspects of mind and body, the following rubrics were selected for repertorisation:

| | (Kent) P. 724 |
|---|---|
| Menopause | 51 |
| Grief, ailments from | 1374 |
| Menses, during amel. | 63 |
| Loquacity | 1243 |
| Dreams of snakes | 48 |
| Fear of water | 1365 |
| Heat, flushes of | 106 |
| Head, congestion | |

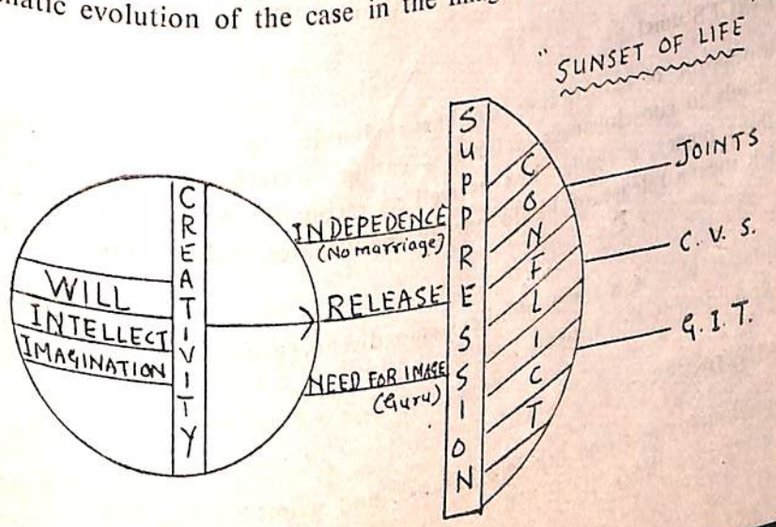
**LACHESIS** – 7/20 headed the list. Moreover, her creative, imagination, religious proclivity as well as deprivation of sex gave further evidence of the remedy.

Ranging from the lower to the higher potencies, **LACHESIS** threaded the treatment throughout.

The acute episodes of joint pains were taken care of by RHUS TOX / CALC-FLOUR and PULSATILLA, as well as CARBO. VEG which quelled the digestive upsets once or twice. Once AURUM did project for hypertension with depression, following death of a relative, while VER–VIR dragged down the steeply rising blood–pressure.

At the end of nine months' treatment, the blood–pressure sought its normal level at 120/80, with general improvement. Even the distorted nails seemed smoother.

The treatment part being over, I shall venture to present a structual representation of psycho–somatic evolution of the case in the image of LACHESIS.



## LACHESIS – A PSYCHO-SOMATIC EVOLUTION

The primordial traits of the personality of the patient begin with strength of will and intellect enriched by imagination, all leading to the creative work. The energy expended in such activity symbolises its release, and to an extent may compensate for the suppression of the most powerful biological impulse that sexual instinct is !

Besides the patient has asserted her independence by refusiug marriage on one hand while the sentimental female in her does need to seek a Guru.

Such contrary desires naturally create an inner conflict that finds an outlet – in this case in tripartite ailments of hypertension, arthritis and indigestion – more malevolent at menopausal stage that marks a sunset of a woman's life.

Furthermore, the inhibitions of LACHESIS seek expression in outward behaviour with its whims and fancies. Quite a few of LACHESIS characteristic symptoms and modalities symbolise the wider dimensious of its mind – conscious as well as subconscious, apart from their physical meanings. The following are a few examples :

### 1) A. F. SUPPRESSION :

The term denotes the "Threat of unlived life". The unfilfilled desires and ambitions, the denial of love and libido are the undoings of LACHESIS life. The deepest passion when denied turns into a venom of hatred, jealousy and cruelty. The suppressed unconscious emotions, like evil spirits, continuall boring from within, permit no peace.

### 2) CONSTRICTION agg :

An obvious corollary of the first, it suggests a "thwarted" psyche that seeks to break free, to be one with the elusive essence of reality. A poet, a lover, a seeker and a seer – all in quest of a fuller, richer expression of life, feel choked and hemmed in.

### 3) DISCHARGES amel :

The opposite of constriction, discharge signifies the release of subconscious. Every thing that leads to consciousness relieves – eating, secretion, pleasant occupation, soft music, soothing poetry, a tender kiss as well as reconciliation with the loved one. Even coition which means release of libido energy, rejuvenates, unlike Phos–acid that depresses a person.

Loquacity also is a form of alleviating discharge as much as alcohol that removes inhibitions and loosens the tongue !

### 4) LEFT–SIDEDNESS :

A good many persons are left–handed, and women may have their left breast bigger. With vertigo, the LACHESIS person may fall leftward. The saliva chooses to



dribble from the left corner of the mouth, and urine forks towards left, even the penis may tilt towards left – such is the curious leftist (i) that LACHESIS is !

### 5) LACHESIS WOMAN :

Affectionate, sharp, active and somewhat aggressive, she can make a good wife but not a beloved sweetheart. She lacks that uncommunicable yet enchanting feminity that is abundantly encountered in Phosphorus. The perpetual sisters of their male colleagues, many a divorced or unmarried maids belong to LACHESIS !

This afternoon of life demands re-orientation towards inner self so that the sunset of life brings with it the serenity and grace to adorn the later years of life.

Shall we set the remedy to rhythm of verse and poem ?

### LACHESIS IN VERSE

Lady LACHESIS
In her forties late
Jitter and titter
Loudly loquacious !

Flights of fancy
Heights of ecstasy
Flow forth in poetry
Beyond mind and memory !

And if
Her latent libido
And juices vital
If choked and pent up !

Turn her mind
Into jealous suspicion
And body to
Sepsis and stasis !

Such be a tale
A woeful one
Of ardent intensity
Of human pollution !

Or a song of glory
To Hering heroic
Who turned such deadly venom
Into a healing bowl of Ambrosia ?

**References** : LACHESIS – Whitmont, Edward, LACHESIS Notes – P. I. Tarkas

# Abstracts & Extracts

## DIABETICS HAVE BEEN EATING WRONG FOOD

Diabetics have been eating the wrong food for 50 years, says the British Diabetic Association. It condemns the traditional low carbohydrate and high-protein diet and now advocates high-fibre foods.

A pamphlet, "Dietary Recommendations for Diabetics in the 1980s", says the old diet, in vogue for nearly half a century, must be scrapped.

The turnabout – which has been described as one of the most remarkable in medical history – is the result of two years' research in Africa and Asia, including Japan, where diabetics eat reasonable amounts of carbohydrates but do not suffer from heart disease, the major killer of long-term diabetics in Western countries.

The paper claims that the old dietary and injection method of treating the ailment, adopted when insulin was discovered in the 1920s, is unproved and could be wrong.

It is now believed that the diet, which encouraged diabetics to compensate for their loss of carbohydrate food by eating meat, cheese and other dairy products, may well account for the high incidence not only of arteriosclerosis but also microvascular complications.

There are thought to be 60 to 100 million diabetics in the world. The U. K. has 600,000. Under the association's new scheme, doctors measured quantities of high-fibre foods such as peas, beans, lentils, wholemeal bread and flour for their patients – foods which hitherto have been restricted. Meat, cheese and other milk products, formerly unlimited, will now be restricted. (PTI)

*'The Hindu'*
*Nov. 27, 1982*



## What the Doctor Says....

## WHY WORRY YOURSELF SICK ?

**by Dr. R. H. DASTUR**

The mind is a powerful ally in the fight against cancer.
The mind is its own place, and in itself
Can make a Heav'n of Hell, a Hell of Heav'n.
– John Milton

Doctor, I feel it in my bones, I am going to die of cancer soon," Amina, a 42-year-old recent divorcee and executive director of a leading advertising agency told me in a tense voice. I reassured her that nothing seemed medically wrong, but a thorough check-up at the Tata Memorial Hospital would set her fears at rest.

Despite a clean chit from the hospital, Amina's doubts persisted. Ever so often she would get check-ups done at my clinic, at the Tata Hospital and at the Mecca of cancer diagnosis, the Stone Kettering Institute in New York during her frequent trips abroad. All cleared Amina, yet she insisted. "I know I have a hidden cancer which will kill me. You doctors cannot locate it."

Three years later, she developed a rare cancer of the peritoneum (the inner lining of the abdominal cavity), and died within three months. Amina's was a typical case of a self-fulfilling prophecy. She willed herself to cancer and death.

Twenty-five years ago when Amina had consulted me, the typical "cancer personality" vividly described by the Simonton husband-wife team of Fort Worth, Texas USA was unknown. Carl Simonton opined that mental attitude and emotional make-up played a role in the development of cancer. The onset of cancer, according to the Simontons, usually denoted emotionally stressful problems about six to eighteen months earlier. More about Amina's personality later.

In complete contrast to Amina was Putli, a fifty-year-old widow. Putli suffered from inoperable breast cancer which had spread to her lungs and liver, for which she was given deep X-ray therepy at the Tata Memorial Hospital. She looked a living skeleton but was always cheerful, whenever I saw her. "Don't worry, Doctor", she would tell me, 'I am not going to die till I get my only daughter Meher married." And live she did for two years and three months after her cancer was detected. She died three months after Meher's wedding. Putli's was a typical case of the will to live. The mind is a powerful ally in the fight against cancer. Putli had a strong desire to live, while Amina believed that battle was lost before it had even begun.

What causes cancer? The four common causes are the carcinogens (cancer-causing substances – nicotine in tobacco, aniline dyes, and a diet rich in saturated fats (butter, ghee, fried foods). However, none of these factors is believed to be the sole culprit producing cancer at a particular time. For why is it that certain individuals despite indulging in undesirable habits escape its ravages, while others leading normal lives become easy victims? The cause is: Stress.

Dr. Hans Selye, the father of stress, propounded the concept of health-stress-disease. In other words, stress causes a break-down in health, and then disease occurs. Animal experiments as well as observations of human beings have established a link between stress and illness, and also the possibility of predicting illness depending upon the degree of stress.

For instance, if rats are exposed to extreme stressors like cold or heat, forced into muscular exercise or if they suffer an injury like a bone fracture, the animals pass through three phases to adapt themselves to the stressors. Initially, there is the alarm reaction characterised by bodily changes - enlargement of the cortex or outer layer of the adrenal gland, construction of the thymus (a ductless gland), spleen and lymph glands, and bleeding ulcers in the stomach and duodenum. Their bodies try to adapt to the severe exposure, which Selye calls the stage of resistance. However, if stress continues beyond their capacity to withstand it, the stage of exhaustion sets in, and they succumb. The incidence of cancer in laboratory animals increased when they were subjected to stress.

The same theory applies to human beings. The incidence of cancer varies with the duration and type of stress arising from mental and emotional problems. In normal circumstances, the body's army – the immune system – protects us against infections and cancer by attacking the foreign invaders, and neutralising or destroying them. But emotional stress which arises from unhealthy emotions like depression or grief due to the death of spouse or loss of a job, loneliness and jealousy, suppresses the immune system and maks us vulnerable to disease.

You will naturally want to know: "Is it possible to scientifically correlate extreme stress arising during periods of emotional upheaval with the incidence of illness in general and cancer in particular"? The answer is: Yes. By cataloguing the different stressors, that is, stress-causing emotional upsets, one can predict the occurrence of a stress disorder like a duodenal ulcer, high blood pressure, heart attack, infection, even cancer.

In 1967, Dr. Thomas Holmes and Dr. R. K. Rahye of the University of Washington compiled a list of 43 stressors, and devised an ingenious social adjustment rating scale to objectively measure the amount of emotional stress caused by different emotional stimuli. For example, death of a spouse has been rated as the most stressful event, and given the numerical value of 100. Divorce is second, valued at 73. Third is



marital separation, at 65. A jail term is rated at 63, loss of job at 47, retirement at 45, and sex difficulties at 39. The lowest stressor is minor violations of law valued at 11.

Dr. Holmes and Dr. Rahye found that 49 per cent of individuals with a stress score over 300 points on their scale, suffered an illness within twelve months as compared to only nine per cent of individuals with a score below 200. However, it is significant that 51 per cent of the individuals with a score over 300 points did not suffer from a stress disorder during the study. This suggests that while stress may predispose a person to illness, "it is not tne event, but how a person reacts to it, that determines the outcome." Every human being in the same situation has the choice of reacting positively or negatively in a crisis. Amina and Putli are cases in point.

"Stress can make or break you," says Dr. Selye. "The secret is adaptability."

– **The Times of India,**
Sunday Review : 22.5.1983

## DIOXIN MAY CAUSE CANCER

**BY WAYNE BIDDLE**

NEW YORK: The deadly chemical dioxin, an unwanted by-product of herbicides, pesticides and other industrial products, is raising increasing concern among government agencies, scientific researchers and people who may come in contact with it.

Communities from New York to Oregon have reported human health problems that they fear are linked to exposure to dioxin, although the links have not been proved scientifically.

Research biologists and environmental scientists generally agree that in laboratory experiments on animals, dioxin has more harmful effects, and in smaller doses, than any chemical man has produced. Twenty-five millionths of a gram is known to be potent enough to kill a two-pound animal. There are 28 grams in an ounce.

Dioxin is nearly insoluble in water, but it clings tightly to soil particles and dissolves in organic solvents like alcohol or oil. It can enter the body by direct skin contact, ingestion or inhalation.

Dioxin was among the hazardous chemicals found in 1978 at the Love Canal near a residential neighbourhood of Niagara Falls, New York. It was also a chemical contaminant of the defoliant Agent Orange, used in Vietnam. Humans, who have been exposed to it near Love Canal, in Vietnam or in situations such as train wrecks or factory explosions, have suffered a variety of severe health problems, including kidney and liver ailments, birth defects and cancer.

In a series of experiments reported in Nature and other scientific journals, a member of the dioxin group of compounds, one called 2, 3, 7, 8–Tetrachlorodibenzene-p-dioxin, or TCDD has shown to be what is called a potent "tumour prompter" in rats and mice.

According to Dr. Alan Poland and others at the University of Wisconsin's McArdle Laboratory for Cancer Research, the model of tumour production derived from these experiments is relevant to humans because the excessive multiplication of cells in the skin of mice is strikingly similar to that evoked by TCDD in human skin.

**Morbid Growth**

Dr. Poland said TCDD did not appear to be a complete carcinogen by itself. But he said it enhanced morbid growth in cells already exposed to potential cancer-causing agents; that is, exposure to TCDD, in connection with other environmental factors, brings on the cancer.

"There is no question that dioxin plays a role in tumour formation in animals and almost certainly has the same action on human cells," said Dr. Howard Eisen, a medical officer at the National Institute of Health. "The basic mechanism is the same."

TCDD is the variety of dioxin found in Agent Orange, which is a mixture of 2, 4–D and 2, 4, 5–T herbicides, TCDD is also the variety confirmed in Missouri soil by the Environmental Protection Agency. Members of the dioxin family, known as polychlorinated dibenzo–dioxins, or PCDDs, are byproducts not only of herbicides and pesticides but also of dyes, pharmaceuticals, wood preservatives and other products known as chlorinated phenols.

Spokesmen at the Dow Chemical Corp. said that by testing their output of the dichlorophenol herbicide 2, 4–D nine times every 27 hours, they make sure dioxin contamination never exceeds 1 part per billion. Although 2, 4–D is closely related to 2, 4 5–T, it is not generally contaminated with TCDD. It does contain other less toxic dioxins, though there has been almost no research on the affects of these.

The possible risk posed by even that level of dioxin must be weighed, industry spokesman say, against the ENORMOUS ECONOMIC value of the products.

Assessing that risk is, of course, part of the problem. Researchers say the risks begin to appear in animals with exposure in the parts–per–1,000 billion range. The Centers for Disease Control have advised Missouri officials that materials containing more than one part per billion of TCDD should be removed from residential areas.



But that figure itself has caused some confusion. Dr. Renate D. Kim–brough of the federal disease agency expressed annoyance with new accounts that reported, incorrectly, that the agency considered dioxin concentrations below 1 part per billion in soil to be "safe". Although this is the detection limit being used in soil test at residential areas in Missouri, she said, it represents a compromise between health concerns and cleanup practicalities, Dr. Kimbrough said exposure to lower concentrations over extended periods could still present a health risk.

**Special Properties**

The special properties of chlorinated phenols, of which dioxins can be a byproduct, are what make them so useful to an industrial society. But those properties, such as heat resistance and electrial resistance, insolubility in water, and chemical durability, are also what make the phenols biologically threatening. Among other things, the substances may collect in living organisms at higher concentrations than in the surrounding ecosystem, a process known as bioaccumulation.

According to Dr. Nancy Kim of the New York State Department of Health's toxic substances assessment unit TCDD fits into one of two major cancer theories. In the first, the hypothesis is that merely one foreign molecule attaching to DNA can set off the cancer process. Because TCDD does not bind appreciably to DNA, it does not match this scheme. But its ability to cause excessive cell multiplication, known as hyperplasia, does fit the second theory, that cancer is caused by repeated irritation of tissues.

Although scientists believe that current laboratory work showing the similarities in animal cancer mechanisms has taken the research a crucial step forward, such theoretical work is only half the puzzle-solving process. The other half is human epidemiology, a tedious, time-consuming matter hindered by all the real-world ambiguities that laboratory work can filter out.

Scientists at the National Institute of Occupational Safety and Health are studying an unusually high incidence of soft-tissue sarcomas among workers exposed to dioxin at two chemical companies in Michigan and West Virgina. In a letter to the medical Journal Lancet for January 1981, the researchers reported that three of 105 workers who dies suffered from the rate cancer. This was 2.9 per cent of the deaths in the group; the general population would be expected to show only seven one-hundredths of 1 per cent.

The study might provide the first international confirmation of a 1977 report from Sweden suggesting that forestry workers exposed to 2, 4-D and 2,4,5–T have a roughly fivefold higher incidence of soft-tissue sarcomas. In addition several studies have revealed an increased incidence of Hodgkin's disease in lumberiacks and wood workers.

(New York Times News Service).

– **Times of India**; 3–2–1983

PRESS NOTE

## HOMOEOPATHIC CANCER HOSPITAL, BELGAUM

Of late cancer is spreading so fast that it threatens soon to become a national scourge. It is not incurable, if dealt with in time with proper medication. It is a constitutional disease and the tumor, pain, weakness and loss of weight are only symptoms of the advanced disease.

Like any other disease, it does require medicinal treatment for a real cure and not merely removal of the tumor surgically or by radiation or chemotherapy; nor can such removal prevent the usual metastses and recurrances.

Besides, chemotherary, apart from being prohibitively costly, involves serious side-effects.

2. Homoeopathy with its strong, long and deep-acting medicines can alone rectify the patient's constitutional defects giving rise to cancer and thus remove its cause. It can prevent or cure it at its premonitary stage, restrain and dissolve the tumor if developed, and is useful even after its removal in preventing recurrences and complications. Homoeopathy also does utilise surgery, but only where absolutely necessary and not in every case. Homoeopathy alone can thus really cure the disease, unless it has advanced to an indurable stage; even then it can allay pain, prolong life and make it less miserable.

3. With a view to meet this national challenge to health, the People's Education Society and Trust, Belgaum, already conducting one of the biggest homoeopathic colleges in the country, has decided immediately to start a Homoeopathic Cancer Hospital. It will possess the most modern equipment including surgical instruments, X-ray plant and a cobalt unit and will be manned by a team of able surgeons, M. D.s and experienced homoeopaths. But its unique and distiguishing feature will be that, besides the conventional use of surgery and radiation, it will also add effective medicinal treatment so indispensable for a cure of any disease.

4. The hospital is expected to cost over Rs. 2 crores and the Society has already sanctioned Rs. 10 lakhs for initial expenses.

5. Another significant feature will be that the public will be regularly informed from time to time of the premonitary symptoms of the diseass by constant publicity, and assistance will be offered in preventing the disease. As an increasingly large number of diseases of elderly persons are now assuming malignancy, they may thus seek preventive and curative relief in time. Homoeopathic medication being least costly, it will be within the means of the poorest of patients; even free treatment will be offered in deserving cases.


# Indian Journal of Homoeopathic Medicine

( Published Quarterly by the Homoeopathic Education Society )

EDITOR : **Dr. K. N. Kasad,** M.B.,B.S. (Bom.), M.F. Hom. (Lond.)

ASSISTANT EDITOR : **Dr. (Smt.) Vishpala Parthasarathy,** L.C.E.H. (Bom.)


| | |
|---|---|
| असतो मा सद्गमय | Lead me from the false to the true. |
| मृत्योर्मा अमृतं गमय | Lead me from mortality to immortality. |
| तमसो मा ज्योतिर्गमय | Lead me from darkness to light. |
| आ नो भद्राः क्रतवो यन्तु विश्वतः | Let noble thoughts come to us from every side. |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The views and opinions expressed by the various writers do not necessarily coincide with those of the Editors.



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# Iscador Therapy Of Cancer – Introduction

Man's understanding of himself is reflected in his understanding of Disease and its Management. Man is influenced by his surroundings and has the capacity to influence them. Man is an evolutionary phenomenon responding continuously to the teachings of Mother Nature and fired by the ambition to rule Nature, not in the sense of conquering Her, but helping and working along with Her; For Nature unaided fails.

Man found it easier to understand Nature in her Physical Expressions and modelled himself, his World and his relation to Nature on the materialistic mechanistic model favoured by Descartes. This, naturally, favoured the mechanical concept of disease illustrated in the researches of Morgani, Pasteur, Virchow and Koch. Therapeutic management followed the 'magic bullet' of Ehrlich and later discoveries of Domagk, Fleming, Wakesman, Kendall, Hench and others.

Descarte's Mechanical Model worked till the end of the 19th century. It proved incompetent to accommodate the discoveries of Rutherford; Max Plancke and Einstein came to the rescue to unlock the secrets of the Atom. New Physics contributed the Principle of Indeterminacy (Heisenberg) – a new interpretation of Causation which departed materially from Mill's position.

Man could now recognize and accept his insignificant position in the Universe. He was no longer the centre of the Universe – in the position of command. This reversal permitted him to appreciate anew the Holistic Concepts of Disease propounded by the ancient Ayurvedic physicians, Hippocrates (Father of Modern Medicine), Paracelsus and Hahnemann, with their emphasis on balanced evolution and functioning.

The 20th century has recorded an alarming rise in the incidence of Cancerous and Degenerative Disorders while recording a concomitant decline in the incidence of Infectious and Communicable Diseases. The rising incidence has been explained on the basis of an increase in the environmental carcinogens affecting the cells directly and adversely, stimulating them to an unlimited growth and multiplication.

The unrestricted, shapeless, chaotic, relentless proliferation of cells – "the cellular Autonomy", overwhelming the human organism as a whole and thriving at its expense – has been overemphasised in the cancerous process. The natural logical consequence was to direct therapeutic measures aimed at destroying the malignant cells – extirpation by surgery, irradiation and chemotherapy. Their use in clinical practice, however, poses the physician with an awful dilemma : a therapeutically effective dose often causes serious toxic effects, viz., depression of the bone-marrow and immunosuppression.



Recent treads in Cancer Research are converging towards the view that the whole organism is involved in the development of Cancer. The cancerous process is the chaotic final stage in a progressive sequence of faulty development with increasing reversion to the original undifferentiated condition, and with progressive liberation from the control mechanisms. A dynamic equilibrium in the organism is normally maintained through the built-in adaptation mechanisms between the ever-present tendency of the cells to multiply and differentiate and the organism which maintains itself by limiting this multiplication within normal growth. The cell is endowed with susceptibility, which in health maintains balance : Cell-Organism Symbiosis. Cancer represents the failure of this Symbiosis. This view shifts the primary responsibility on to the Reticulo-Endothelial System (R. E. S.) which operates the Immune Mechanisms. The environmental factors are trigger mechanisms, **not** the fundamental cause, which resides in the parent cell – the zygote.

Immunosuppressive Therapy and the side-effects of Cell-suppressive Therapy aggravate the problem of successful management of Cancer in the long run, although initial results appear encouraging.

We represent the rational pathogenesis of Cancer as a resultant arising out of aberrant Immune Response of the R. E. S. and which results in local or general imbalance in Cell Ecology. This imbalance, once it reaches a critical level, becomes fully automated. It is no longer dependent on the continued presence of the original initiating factors. The mass of imbalanced cells act as exhausters of the depleted R.E.S., driving it on to increasing aberrations of a progressive type. Rational Management of Cancer, therefore, resolves into :

1. Reduction/Elimination of the Tumour Dose (Antigenic Stimulation of the R. E. S. ) through local ablative surgery;
2. Restoration of the R. E. S Immune Mechanisms through suitable measures:
   a) The **Similimum** – based on the Law of Similars in Homoeopathy and aimed at normalization of abnormal, morbid susceptibility.
   b) **Iscador**$^{R}$ Therapy of Cancer.
3. Mitigation/Elimination of the disturbing agents : – the Environmental Carcinogens.
4. Supportive Therapy (Holistic – Physical, Emotional and Psycho-Spiritual).

From this issue commences a series of contributions on the problem of Cancer and its management with Homoeopathy and Iscador$^{R}$ Therapy of Cancer. Contributions are invited from the readers/contributors on this vexed problem of modern times with illustrative well-documented case-materials.

# Case Presentation *

## CANCER OESOPHAGUS

DR. P. S. WADGAONKAR, * *
B.Sc. L. S. G. D., LCEH, (BOM)

Smt. K.B.B. age 65 from a village in District Kolhapur got progressive difficulty in swallowing solids as well as liquids. After suffering for two months, she was taken to Govt. Hospital, Kolhapur; surgeon in-charge after fluroscopy suspected carcinoma oesophagus middle 1/3. He advised relatives of the patient to take her to Sassoon Hospital, Pune, for admission in cancer unit for needful treatment. Accordingly, the patient was admitted in the Cancer unit of Sassoon Hospital on 5th January 1981. Patient was investigated and date of operation was fixed. Patient had no knowledge about her cancer and operation. Two days prior to the date of operation, she came to know about the same. She strongly refused to undergo operation and demanded immediate discharge. She was convinced by all her relatives and concerned physicians and surgeons. She was warned by Surgeon about seriousness of the disease, and, if she does not get operated, she is bound to die due to this disease within eight days. Inspite of this she refused operation and was given discharge morning of 12th January, 1981. She was brought to me for Homoeopathic treatment on 13th January 1981. Patient was advised to stay in Pune for one or two weeks but patient and relatives refused because of fear of death within eight days. As the patient was only on liquid diet and she was not taking sufficient liquids due to dyspepsia, she was feeling progressively weak. They agreed to stay for five days only. I recorded the case, did investigations and prescribed on 13th January 1981 and asked to report after five day. Patient and relatives were happy to report after five days; that there was no regurgitation after swallowing liquids, milk and tea etc. in the last five days. Patient demanded some medicine and was willing to stay for a few more days in Pune. She stayed a week more, during which time she was progressively relieved. She went to her village with medicines for the period of one month. After a month it was reported that she was able to take semi-solid food without difficulty. Medicine was sent by post for the period of two months after which it was reported that she was able to take even solids without any difficulty. Medicine was continued.

* Paper read at Second Maharashtra State Seminar on Homoeopathy at Pune on 22-1-1983.

** Homoeopathic Consultant, Ex-Sr. Lecturer Homoeopathic Medical College, Pune. Ex. Principal Homoeopathic Medical College, Jalna. President, HMAI., Pune City and District Unit, Pune.



I had an opportunity to go to Kolhapur on 7th June, 81. I managed to repeat all investigations of the patient. X-Ray showed no abnormality and her general condition was improved. I showed this patient to surgeon in Govt. Hospital, Kolhapur, who directed her to Pune. He saw the investigations and the patient, and was glad to see the patient in excellent health but was surprised about the result of Homoeopathic treatment. Medicine was continued. X-Rays were taken on 13th Sept. '81 which show no abnormality. In Dec. '81, I called the patient to Pune for a check-up and showed her to the head of the cancer unit, Sassoon Hospital, Pune, who was going to operate this patient before one year. She saw all investigations and the patient and she was very happy to see the patient cured with homoeopathy, and she congratulated and advised me to work with her in the cancer unit for giving relief to such patients. The patient is under observation since the last two years. There is no recurrence of the complaint; now the patient is in good health.

The case was recorded as following:

**PRESENT HISTORY :**

I **Chief Complaint(s)**

| No. | LOCATION | SENSATIONS | MODALITIES | CONCOMITANTS |
|---|---|---|---|---|
| 1 | Oesophagus (Two months) | Progressive dysphagia Regurgitation | < Food-Solids > drinking liquids | |

II **Associated Complaints :**

| | | | | |
|---|---|---|---|---|
| 1 | General (2 months) | Weakness | < physical exertion | |
| 2 | (2 months) | Dyspepsia | < Cloudy weather | |
| 3 | General Body | Bodyache stiffness muscles | < Rainy season < Cold air > Pressure > Motion | |

III **Patient as a Person (Attributes & Functions)**

1. **Appearance** – Weak Height – 5'–6" Lean. Weight 40 Kg. Emaciation - General. Warts Face, Hair Gray, Nails Ridged, Anaemic.

2. **Digestion** : Appetite – Reduced; Desires – EGG[3], PUNGENT[3], Hot[3], Meat; Aversions – **Fish[2]**, **Milk[2]**, **Sweet[2]**, COLD FOOD and DRINKS[3]. Thirst - Drinks only at the time of meals.

3. **Eliminations** : Urine, Stool, Discharge } N.

4. **Menstrual Function** : Climacteric at the age of 45 years.

**Delivery** : FIND 5; no sepsis

B **Mental State :**

1. **Emotional State :**

Irritable – gets easily angry due to any act against her will. Affectionate - Attachment work, persons. Dreams – Vivid, cannot remember.

2 **Intellectural State** : OBSTINATE[3], Desision, unchangeable[3] FIXED[3]

(C) **Reactions Physical Factors :**

**Meteorological** – Weather Clear >, Extreme DRY >[3] **Heat** <[2] FOGGY <[3] WINTER <[3] CLOUDY <[3]

Air open : >, **Room Closed** >[2], Bath – Hot all seasons.

**Cover** : Prefers heavy covers, woollen sweaters.

**Patient** : $H_2C_3$ – CHILLY :

**Past History** – PUO – before 2 years. Family Hist. F.–expired : Asthma.

**Physical Examination** : Pulse 78; Resp. 22; BP 110/70; Wt. 40 Kg. *Conjunctiva – Pale* Nails – Pale, Ridged, Mucus memrane – Pale Skin – emaciation warts *Tongue–Pale*

**Investigations**

| | 21–1–81 | 7–6–81 |
|---|---|---|
| *URINE* : Pus cells | 2 – H P F | 1 - 2 H P F |
| Epithelial Cell | 2 – 3 H P F | 2 – 3 – H P F |

*STOOL* : Reg. forms of Giardia lamlia seen; Ascaris L. occasional.



| **Blood** | **21–1–81** | **7–6–81** |
|---|---|---|
| Hb | 10.5 gm% | 11. gms % |
| W B C | 8000 / cmm | 800 / cmm |
| Total | | |
| | | .69% |
| | P. .85% | 2% |
| | E 4% | 28% |
| | B 0% | 28% |
| | L 30% | 1% |
| | M 1% | |

**Blood group O negative**

L F T :

| | | |
|---|---|---|
| S Pr – 5 – 10 gm. | | |
| S. Alb 2 – 10 gm. | | |
| S – 91 b 3 gm. | | |
| S – N | | |
| SG PT. | 13 IUK | |
| SG O T | 22 IUK | Al. Ph. 6 Kp |
| S Na | 137.5 | |
| K | 41 – 3 | |
| CL | 106 | |

| **X Ray** | | **14–9–81** |
|---|---|---|
| Ba–Swallow | **21–1–81** | **7–6–81** N A D |
| | Malignant Structure (Ca–oesophagus ?) | |

**Life Situation**

Patient belongs to poor farmer's family. She has faced many hardships in her life. Husband expired early age. All children were young. She brought up all children. She has faced boldly quarrels with relatives for the cause of distribution of property. She has also faced village politics to a great extent. Even at this age she works daily in the field. Her relations with sons and daughters-in-law are cordial but she does not tolerate any act against her mind. Others have to behave according to her will, once decided, she does not change. Very difficult to convince her. She was pursuaded for operation by her relatives, doctors, social workers and political leader from her village, but she did not change her decision. When she was brought for homoeopathy, she was advised to stay in Pune for one or two weeks, but she refused and told me "I will go after five days. If you do not agree to this, I will go now, even without your medicines," Her relations in society are cordial but her adaptation is poor. She is always busy in extracting maximum production in a small piece of land.

## SELECTION OF REMEDIES

**Totality of Symptons**

(1) HARDNESS : **Body** : works in the field even at this age. Hardship in past.

**Mind** : Obstinate[3], not convinced by anybody; refused operation. Fixed[3] – decisions unchangeable. Not shocked by knowing seriousness of disease.

(2) Avarice – Tries to extract maximum income in a small piece of land – Attachment to money – work persons.

(3) Desires – EGG[2] PUNGENT[3] HOT[3] **meat**[2] Aversion – Fish[2] Milk[2] Sweet[2] cold[3]

(4) Chilly : $H_2$ $C_3$

(5) Structure malignant, : dysphagia.

(6) Weakness emaciation, hair gray, nails ribbed, anaemia.

(7) Stool – giardia, Ascaris.

– all these symptoms lead for selection of Calc-fluor.

Intercurrent remedy : Thuja–P/H/o Asthma.
Carcinosin–carcinoma

## PLANNING & PROGRAMMING

**CONSTITUTIONAL** : Calc – Fl 6 x 4 Tabs Three times a day.

**INTERCURRENT** : Thuja 30 H.S. & S O S
Carsinosin 200 one dose a week.

**Diet** : More liquids, Milk.
High protein diet – Meat, eggs.
Vegetable & Fruits.

**Ancillary measures** – Rest. Stop all other medicines.

## CASE FOLLOW UP WITH PROGRESS:

Data to be followed up with expected response

(1) Dysphagia (2) Dyspepsia (3) Weakness (4) Pallor

(5) Investigations : (6) Wt.



| Date | Symptom Changes | Comment | Prescription |
|---|---|---|---|
| 1.3.81 | | | Calc – F1 6x – 4 Tabs/TDS |
| 28.1.81 | | Amel 5% | Ct all |
| 21.1.81 | | Amel 5% | Ct all one month |
| 28.2.81 | | Amel 25% | Ct all one month |
| 10.3.81 | | Amel 25% | Ct all 2 months |
| 15.5.81 | | Amel 50% | Ct all 2 months<br>Thuja 30 once a week<br>Carcinosin 200 once a week. |
| 20.7.81 | | Amel 75% | Ct all 2 months<br>Carsinosin 1 M once a week |
| 15. 9.81 | | Amel 90% | Ct all 1 month |
| 15.11.81 | | Amel 95% | Ct all 1 month |
| 15.12.81 | | Amel 100% | No medicine<br>SL 1 month. |

# A Case of Sick-Sinus Syndrome*

Dr. FAROKH J. MASTER, L.C.E.H. (BOM)

## INTRODUCTION

In its typical form this syndrome manifests as various types of sinus node dysfunction including sinus bradycardia and periods of Sino-Auricular Block.

The syndrome usually occurs in the fifth and sixth decades, but occasionally may affect the younger age groups; symptoms follow a period of asymptomatic sinus bradycardia over many years, and consist of syncope, dizziness and congestive cardiac failure when there is an underlying heart disease. The diagnosis of Sick-Sinus Syndrome is essentially a clinical one and cannot be made until other conditions affecting the sinus node (e.g. digitalis, beta-blocking drugs, inferior myocardial infarction) have been excluded.

The electrocardiogram may be quite normal when a patient is seen for the first time; but suggestive evidence may be present in the form of bradycardia, the periods of sinus arrest and intervening episodes of atrial flutter or tachycardia. Therefore, it is also known as Tachycardia – Bradycardia Syndrome.

The treatment of the Sick–Sinus Syndrome involves permanent artificial pace–making.

## CASE–REPORT

Mr. R.S. From Rajkot, aged 78 years, consulted me on 22-11-1981. **His Chief complaints** were (1) Vertigo and intoxicating feeling for one month, < **morning,** < **eating after,** < motion. Tendency to fall on left side; nausea and headache were accompaniments. (2) Palpitation for 15 days < exertion, < after eating, with anxiety. **Associated Complaints**: Constipation for 15–20 years, with ineffectual urge for the last 20 days; he goes every alternate day. He has eructations which are sour and tasting of ingesta <eating and drinking after.

**Patient as a Person**

Patient is lean with sunken face, dry wrinkled skin, has baggy swelling of upper eye-lid. Vertical serrations on nails and grey hair. He has offensive and profuse perspiration in axilla < exertion. He takes warm water bath in all seasons, likes open air and is averse to fan. Appetite – N., Craving, aversion: Nil, Thirst 1 – 2 glasses of 100 ml/day, Urine – Dribbling, frequency increased at night, sleep disturbed, Dreams of family members and religion.

**Family History** – Father died when patient was 2 year old. Mother died at 77 years – Arthritis. Sister 75 years – 1 blind, cause? Sons – 44 years and 33 years – living healthy, Daughters – 45 years, married, living, healthy 43 years – married, living, healthy, 40 years – expired – accident, 38 years – married, living healthy, 30 years – married, living healthy.

* Paper Presented At U. P. State Conference Under Hmai At Kanpur On 10–4–82.



**Past History**

Head injury 3 months back, Bleeding piles 4 years back; Benign hypertrophy of prostate gland – 10 years back; Koch's infection right lung – 12 years back; Malaria – recurrent Attacks (5–6 times). Dry eczema on dorsum of the foot – 20 years back, > ointment, warm application.

**Detail Symptomatology of Past Illnesses**

(1) Head occipital region – 3 months back, giddiness which lasted for few days – Applied ice locally. (2) Piles – 4 years back – Dark red blood < constipated when, took Ayurvedic treatment. (3) Prostate gland – 10 years back – Dribbling urine occasionally, on sensation of urine passed < night, drinking water. No treatment taken. (4) Right lung – 12 years back – painful dry cough, occasional purulent, sticky expectoration < morning; took anti – TB treatment for 6 – 8 months.

**Life Situation Mental State, Including**

Patient is married for the last 48 years and is staying with his eldest son at Rajkot. His wife expired about 6 years back of Pulmonary TB. He is a retired hardware and paint merchant; now his business is looked after by his son, who, in turn, manages it well. According to his son, father keeps on worrying about the business even though it is running well and unnecessarily feels tense. Also, since his wife's death, he keeps on weeping especially when alone. He is very sensitive to noise and hence wants to sit in quiet place, but at the same time he wants company. For last few months, he has become vary irritable on slightest cause and also anxious about his health ever since the cardiologist had opined that he required Pace–Maker Implant in his body.

**Physical Examination**

**General:** Tongue – Moistt†, white coating in the centre, Conjunctive – Normal, Pulse-37/min, regular at rest, B. P. – 150/90 mm Hg in supine position. Systemic heart sounds normal, No murmurs, – Emphysematous chest, Air entry diminished, bilaterally fine Crepitations on the bases, C. N. S. – N. A D., A. S. – Liver one finger

**Analysis**

| **Physical** | | **Mental** | |
|---|---|---|---|
| **General** | **Particular** | **Emotional** | **Intellectual** |
| 1. Vertigo and intoxicating feeling | 1. Palpitation < Exertion < eating after | Deprivation life<br>Emotional<br>Worries a lot, Weeps | |

< morning
< eating after
< motion

2. Offensive and profuse perspiration worse in axilla
< exertion

2. constipation -every alternate day - ineffectual urge - Eructation - sour - tasting
3. Baggy sweling of upper
4. eyelid

when alone sensitive to noise, Irritable on slightest cause - Anxious about his health

(B) **Synthesis**

**Cause** - (1) Tubercular - Syphilitic - Psoric
(2) Ailments from death of his wife (Bereavement)

**General < and <** : Chilly patient,

**Sensation, complaint & Pathology** - Profuse offensive - Perspiration - in axilla Thirst - 1-2 glasses a day, Sleep disturbed, Dreams - Family members and religion.

**Mental State** - Constant tension worry, sensitive to noise, Irritable on slightest cause.

**Characteristic Particulars :** Baggy upper eyelid

**Selection of Remedies** Considering the strong tubercular base and the present syphilitic expression in the form of Degeneration of the conducting system of the heart as well as the mental state, physical generals with characteristic particulars, **Kali Carb.** was selected. Anxiety with over-sensitiveness and tendency to weep justified the prescription. **Tub. bov** was obviously the intercurrent remedy.

**Follow-up**

| | | |
|---|---|---|
| 24-11-81 | | Kali Carb 30<br>B.D. x 4 days |
| 29-11-81 | G. I. T. Complaints - Status quo<br>Vertigo 25%<br>Weakness 25%<br>Constipation persists<br>Pulse - 46/min | Sac Lac. (S.L.)<br>B.D. x 4 days |
| 2-12-81 | Status quo | Kali-Carb 200<br>O.D. x 4 days<br>- Plenty of fluids |
| 6-12-81 | Constipation<br>Weakness - Status quo<br>Vertigo 50%<br>Pulse - 56/min | S. L.<br>T.D.S. x 7 days<br>Plenty of Fluids |



| | | |
|---|---|---|
| 9-12-81 | Was called to see the Patient as he callapsed in bathroom at 2 a. m. Following signs and symptoms.<br>i) Cold Perspiration<br>ii) Expressionless Face<br>iii) Very chilly<br>Pulse - 36/min<br>B.P. - 110/90 mm Hg. | Kali Carb 1000<br>4 pills every 2 hours |
| 10-12-81 | Pulse - 60/min<br>B.P. 120/90 mm Hg.<br>Vertigo 75%<br>Constipation 50%<br>Weakness<br>C. I. T. | Kali - Carb 1000<br>OD x 4 d. |
| 15-12-81 | Pulse - 60/min<br>B.P. - 120/90 mm Hg.<br>Feels better in every way | S.L.<br>T.D.S. x 7 d. |
| 24-12-81 | Feels ><br>Pulse - 60/min | S. L.<br>T.D.S. x 1 month |
| 8- 1-82 | Feels ><br>Advice follow up every 2 months.<br>Patient went to his native place Rajkot and came to me after one year. | No Medicine |
| 18- 2-83 | Feels ><br>Pulse - 60/min. | No Medicine |

**Investigation** - 12-11-81 **X ray Chest** - Cardiac Shadow is enlarged with left ventricular hypertrophy. No evidence of Koch's infection or pleural effusion is seen.

**Conclusion** -

The patient improved satisfactorily, he is still under observation. Clinically and Electrocardiagraphically he has improved, The cardiologist who advised him for the operation was astonished to find this improvement. The operation has been averted for the time being.

# Allopathy and Homoeopathy

Dr. A. M. SHAIKH*

The two schools of medicine, Allopathy and Homoeopathy, look upon disease from totally different standpoints. Allopathy regards disease as a positive material entity caused by the invasion by an abnoxious foreign element, while homoeopathy looks upon it as a dynamic disturbance of the harmonious relation between the material body and the vital force animating the body.

Disease may be acute or chronic; acute like an occasional simple cold due to exposure to chilly weather or, as is often the case, an acute manifestation of a constitutional taint like repeated colds of a child born of tubercular parents.

Chronic disease dose not 'just happen.' It may be caused by an inherited constitutional fault or acquired by reason of the progressive accumulation of toxic matter in the body. Really acute diseases tend to subside by themselves; but it is the chronic disease which gives rise to the bulk of the misery of old sufferers; and if general health of a country is to improve, the constitutional defects causing chronic illness must be cured.

How far can Allopathy and Homoeopathy meet this requirement ?

1. ALLOPATHY : Till 1840, medical science was almost in a primitive condition, "a catalogue of follies of medical mankind," and it is only during the following 140 years that phenomenal advancement has been made in medical science. But unfortunately it is concentrated on the use of sophisticated instruments, investigations and diagnosis; there is hardly any progress on the side of 'cure' – permanent cure of chronic diseases.

Allopathy is unique in giving instantaneous relief in acute conditions and in tiding over crises and emergencies; but it is practically helpless in curing chronic illness and is therefore resorting to the knife wholesale. Frequent or constant recourse to palliative measures affording temporary relief, however, leads to loss of precious time, when real cure in the initial stages is possible, and the disease then becomes chronic and gradually incurable, often assuming malignancy.

Allopathic palliation has thus become a cause of extensive chronic suffering. The side effects of allopathic drugs have further given rise to a new class of diseases known as iatrogenic diseases.

Allopathic medicines and treatment have of late become extremely costly and beyond the means of poor sufferers. Initial investigations themselves practically eat up

* Chairman, Governing Council, People's Education Society, Belgaum



their purses. The drain is there, whether the patients pay or Government pays by recovering taxes from the people.

2. HOMOEOPATHY : Homoeopathy is the latest medical science. It no doubt avails itself of all the technical, instrumental and scientific methods of investigation and diagnosis used by allopathy, but it has made its own contribution by epoch-making additions to the existing knowledge.

The founder of Homoeopathy, Hahnemann proved that by potentisation an infinitely microscopic dose becomes a million times more powerful, and in place of trial and error and uncertainty, he enunciated a definite law of cure indicating a specific remedy for a specific morbid condition; he has thus revolutionised the medical science.

In Homoeopathy, besides the disease, individual reactions of the patient to the disease are also considered; and further, in addition to physical indications, mental conditions and sensations are taken into account. Homoeopathy does not treat the patient's main disease alone in isolation, but all his complaints in the context of which the main disease has developed.

In regard to medicines, specific medicines are indicated by its law of cure, and being potentised and hence infinitely stronger and deep-acting, they can cure long-standing constitutional deficiencies. This can be done by no other science. It is no wonder therefore that homoeopathy can cure the worst forms of chronic diseases except where they have reached a stage of incurability. Homoeopathy can nip diseases in the bud and can prevent their further development. Its prophylaxis begins with the foetus in the mother's womb and not when millions of becteria have already invaded the system.

Homoeopathy accordingly feels the need to use surgery only in those few cases like big tumors, in which medicine cannot be useful. It should be noted that surgery is no cure of disease; it removes only the result and not the cause of disase which remains and may later give rise to recurrence. Owing to inability to cure organs, organs are being recklessly removed by Allopathy, possibly with adverse effects, as no organ is unwanted.

Homoeopathy as a science should not be judged by the poor specimens of Homoeopaths currentiy practising, as most of them are unqualified, often products of postal courses.

3 PRESENT POSITION : During the few decades there is a tremendous increase in diseases, mot merely in number but in their serious nature. Diseases like paralysis and cancer are becoming common. There is now hardly a family free from disease. A few sulpha drugs, antibiotics and steroids are inadequate to meet the formidable multiplicity of diseases. A pessimist may well fear that if the present position continues it may soon be difficult to find a really healthy person; on the other hand, malignancy may perhaps be extremely common.

The explanation that more diseases are recognised now is meaningless; paralysis can never remain unrecognised, nor tubercuosis, cancer, lunacy or a host of other serious disorders.

Instead of eomplimenting ourselves on the number of hospitals opened and money spent on Allopathy, we should judge by the results, which however are clearly poor, if not disappointing. Mere commonplace, trite lectures on family planning and high sounding expensive disease eradication programmes are of little use. It should be the anxiety and endeavour of every conscientious Government and citizen to stop the downward trend in general health. The earlier the Governments realise the inadequacy of the present medical science to offer health by reducihg disease, the better for the people. The Karnataka State Government has provided during the last few years a paltry sum of Rs. 3 to 5 lakhs for Homoeopathy as against Rs 4000/- to 6000/- lakhs for allopathy. Unani has received Rs. 6 to 13 lakhs. With such treatment there can be no hope for Homoeopathy to thrive in the State and there should then be no need for a Directorate or establishment for the sciences.

5. HOMOEOPATHY UNUTILISED : Although allopathy and Homoeopathy can play a vital role in improving health, it is most unfortunate that Homoeopathy is not being fully utilised. The reasons are twofold; as a legacy of British Rule, Allopathy has been offerd as the only system of medicine during the last few centuries, and people have accepted it as such. Secondly, most of the medical colleges available in the country being allopathic, most of the practitioners are graduates in modern science alone. Thirdly, as Authorities in charge of medical departments both at the Centre and in States are Allopaths, their advice can be in favour of Allopathy alone.

Ministers and other Government authorities naturally are influenced by their advice and accept Allopathy as practically the only medical science and spend almost 95% of budget on medicince on Allopathy alone. 'Medicine' for Governments and for the people at the moment means allopathy and all discussions, seminars, programmes and proposals in regard to health and disease are limited to Allopathy and Allopathy alone. *Do Governments, authorities and medical practitioners not know at all that there are other medical science, much older like Ayurveda or a thousand times more efficacious like Homoeopathy?* A cynic might well wonder whether it is the self-centred arrogance or the gross ignorance of authorities !

Allopathic pharmaceutical firms are exeedingly rich and powerful bodies and they can exert influence in all quarters. But what is most unfortunate for the country is that allopathy has become too powerful to allow the rise of any other medical science.

Accordingly, with thousands of allopathic doctors around us, including Governments advisers, it has been very difficult for a new science to come up, especially where suppression by powerful elements is too strong.



But in any case the result is, apart from the largely disproportionate expenditure, if not a huge waste of funds, it is the country and especially the chronic sufferers who are the losers.

6. SUPERIORITY OF HOMOEOPATHY : Nevertheless people, the chronic sufferers, even with a brief experience of allopathy are slowly realising its limitations and are looking out for an alternative science, especially Homoeopathy. The phenomenal increase during recent years of Homoepathic colleges and Homoeopathic qualified practitioners is a sure indication of the trend. What is therefore absolutly necessary, if at all the fast decline in public health is to be arrested and an effort in the opposite direction is to be made, is that homoeopathy must, along with allopathy, be fully utilised and not neglected.

Its medicines are cheapest but most efficacious and a fraction of the expenditure on allopathy say, one–hundredth, would undoubtedly achieve better and far extensive results. Other State Governments realising this, are taking stupendous action both in regard to popularisation of the science and increase of its practitioners.

In order to encourage and spread homoeopathic education, a number of State Governments like Andhra Pradesh, Uttar Pradesh, Bihar, Orissa and West Bengal have taken over homoeopateic colleges from private agencies for Government management, so that they could be better financed and equipped and that improved standard of education could be imparted.

A large number of Government homoeopathic dispensaries have also been opened in other States : West Bengal 604, Oriss, 233, Keala 158, Andhra Pradesh 113, Bihar 48, Rajasthan 69, Delhi 58, Madhya Pradesh 52 etc., but Karnataka only 5.

It is difficult to understand why some Governments, including Karnataka no doubt aware of this, are still carefully avoiding utilising the science.

7. HOMOEOPATHY IN KARNATAKA : It is most unfortunate that Karnataka Government has done nothing in regard to homoeopathic eduction and has only four or five Government homoeopathic dispensaries to its credit during the last many years. Except the A. M. Shaikh Homoeopathic Medical College, Belgaum the other colleges are small units and have much leeway to make up. The manner in which the homoeopathic statutory bodies in the State, namely the State Homoeopathic Board and the Court of Examiners function is awful and have rather done harm than good to Homoeopathic colleges and education. They are facing legal action due to suits and writ petitions against them.

The picture in Karnataka is therefore very sombre; and if at all public health is really to improve, it is not the expenditure which will be a true pointer but decrease in chronic illness; and between Allopathy, Ayurved and Homoeopathy, Homoeopathy alone can stand the challenge best. Any person or corporate body, with no previous bias and studying the position disapssionately and with an open mind may accept this; in any case it may be agreed that results are not commensurate with the huge funds spent on Allopathy.

8. ACTION NEEDED: The question of national health must therefore be considered as the prime need of the country. First health and then wealth; without health, wealth is meaningless, even long life without health is a curse. Control of dissease, chronic ill-health, is accordingly the most urgent problem of the country.

It is therefore very necesary that a fresh look has to be taken at the miserable state of our public health, and something out of the routine must be done to stem the ever-darkening picture of general health.

Government authorities must therefore pause and think and not proceed in the same traditional manner. During the last 2 to 3 decades, enough damage has been done to people's health and one must cry halt to the slide down.

The position is clearly due to two factors : (1) one-sided, biased or wrong advice given by allopathic authorities to Government and (2) Government authorities tacitly following their advice and not applying fresh mind to the problem.

The Ministers and other authorities may therefore now make personal enquiries and see what Homoeopathy is doing and can do at the hands of competent Homoeopaths. They will then be convinced that in the interest of chronic sufferers and economy in expenditure of public funds, full use of Homoeopathy must be made. The action to be taken will then be –

First, in order to provide the requisite machinery, the following steps are necsssary : (1) Appointment of an able Adviser to Government in Homoeopathy as at the Centre (2) Separate Directorates of health by an able homoeopath who is also an administrator, (3) nomination of able experienced homoeopaths on the Homoeopathic Board and the Court of Exaniners, and (4) an adequate budget provision for homoeopathy and its actual expenditure on the science.

Secondly, for reducing diseases by popularisation and maximum utility of Homoeopathy, it is necessary quickly to open Government Homoeopathic dispensaries and afford genuine and substantial assistance to Homoeopathic colleges to enable them to produce able Homoeopathic physicians to work side by side with Allopaths to mitigate the scourge of disease and improve general health.

# Scope and Limitations of Homoeopathic Therapeutics*

**DR. K. N. KASAD**
M.B.B.S. (Bom.), M.F. Hom. (Lond.)

At the outset I thank the Organizers of this gathering – Dr. Subodh Mehta Medical Centre (Director, Dr. S. K. Mankad & Mr. Gunavante) and the Jaslok Hospital Administration – for giving me an opportunity to talk on **"Homoepathic Therapeutics – Scope and Limitations"**. It is indeed a rare privilege to be invited to speak on this heterodoxical system in the Citadel of Medical Orthodoxy.

## I INTRODUCTION :

Misconceptions prevail in the minds of many homoeopathic and allopatic physicians that homoeopathy is universally applicable, in all diseased states – irrespective of the nature of the disease: functional or structural (with pathology) – reversible or irreversible, curable or incurable. The philosophical substrate or base on which homoeopathic therapeutics rest and the totality of the disease process from its inception to the point of observation are not adequately appreciated. Its precise field of application is not well-delineated; the limits of its application are not taken apprisal of; the limitations of the practitioner in applying the Law of Similars in actual practice to the case on hand are not sufficiently cognized.

## II SCOPE OF HOMOEOPATHIC THERAPEUTICS :

The curability or incurability of the case is related to several factors :

a) **exact similarity** of the drug to the patient with the disease;

b) the degree of **pathology** in the case and the organs involved;

c) the **susceptibility** and the vital capacity of the patient to withstand the impact of the similar stimulus, and

d) the quantum of the **constitutional symptoms** still available in the case record despite advanced pathology, and especially in the vital organs. Usually the constitutional symptoms in the case regress with advancing pathology (the psoric concomitants in the sycotic, tubercular and syphilitic expressions of the disease process – Roberts). The physician therefore is the sole determinant in the selection of the case for homoepathic treatment, its scope of application – curative or palliative, in each **individual** case, in the inherent limitations

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of the system itself as well as the physician himself in his perception of the patient in his illness, on which rests the prescription primarily. A case may be clinically incurable on standard criteria, but homoeopathically curable, and vice versa. What one cannot cure, another can; and vice versa. And it so often happens in the life of the homoeopathic physician, that what had appeared to him to be an incurable case after having gone round the merry-go-round of the chain of allopathic physicians and 'experts' has come round him with a gratifying response to the point of cure/palliation in the strictly Hahnemannian sense (Aphorisms 243 'Organon of Healing') – as the case may be. This he had not earlier anticipated or expected. We shall begin with hopeless cases who have come to me, declared incurable by the official medicine.

## A. CANCER CASES

### Case 1

The male aged 28 years, unmarried, was referred to me by a homoeopathic physician after he was given up by the Tata Cancer Hospital. He sought consultation on 24.11.75 with a tender, hard, fixed mass in the epigastrium and the umbilical region, and liver +++ hard with an ill-defined border. Lymphangiography done on 28.9.74 revealed Paraaortic Lymphnode Metastases with extensive lymphatic calcification on both sides of the abdomen. There was no response to Cobalt therapy as well as to large doses of Chemotherapy, to which he was intoleent. The epigastric mass developed in Dec. '74 along with the liver enlargement. He had a testicular swelling on the left side developing gradually, following injury while driving in 1972, which the patient ignored till it became sufficiently big in August for him to consult a surgeon. Orchidectomy was performed at Sir Harkisondas Hospital on 17–8–78; biopsy revealed **Terato-Carcinoma (Malignant Teratoma) with patches of Adenocarcinoma**. Subsequently he was referred to Tata Cancer Hospital, where he was treated with Cobalt and Chemotherapy. He had a subcutaneous nodule on the left wrist. He also had bilateral renal and ureteric calculi, with hydronephrosis on both the sides; recurrent attacks with haematuria and pyelitis. He also had fibrotic Koch's scars in both the lungs. He also developed on 16–10–75 obstructive jaundice with the persistent mass in the upper abdomen and a huge liver +++++. Chemotherapy was continued with little benefit. He had Pulmonary Tuberculosis at 18; also in the family. At the moment there was no jaundice. On 14–12–74 he had convulsions; cerebral dehydration metastases was suspected. He responded, however, to the measures of cerebral

This was a massive case of advanced incurable Cancer I was confronted with for the first time; there was no response to conventional therapy. After careful homoeopathic history, I ventured to treat the case. **Calc-fl.** was the constitutional remedy with **Syph.** and **Tub. bov.** as the intercurrent remedies. **Iscador Theraphy of Cancer was an adjunct**, prepared from **Viscum album, the Mistletoe.** It was extensively worked upon in all forms of cancer in Europe and found efficacious in a large number of cases. The unorthodox doses of **Calc-fl.** were administered – progressively higher potencies in increasing frequencies



with the intercurrent remedies in between at intervals. The results were amazing : the epigastric mass regressed propressively, the liver shrank to one finger in 2 years; his general condition improved considerably. He was referred back to The Tata Hospital for a follow-up. He was declared fit enough to undergo the operation for the removal of stones in both the kidneys and the ureters, which was done subsequently. He was followed up to 1980, when he was surviving; he was not seen thereafter. By applying the cancer-cure criteria of 5-year survival after the first detection of cancer, he is a 'cured' case. I would say he was palliated; the patient discontinued the treatment. Such a gratifying response was not earlier expected. But with the remedy smugly fitting into the patient and the vital capacity of the patient adequate to withstand the higher voltage of repetitive stimuli, the patient was steered round to a very satisfactory end. What was clinically incurable was homoeopathically curable – retrospectively, if not anticipatorily; i.e. pathological regression apart from subjective improvement. Both Iscador and Homoeopathy act through the Immune Mechanism at the cellular level and not the humoural level.

### Case 2

A case of **Malignant Lymphoma** – ? Hodgkin's Disease with Refractory Anaemia, in a yonng boy of 4 years, was referred to me by a homoeopathic physician from Nagpur, on 12–4–77. The boy had intermittent attacks of high-grade fever (105–106°F) with no chills and no sweats, – for the last three years, worse for the last four months. It was of a cyclic order. No response to antibiotics, as well as to anti-tubercular therapy (Haematonous Disseminated Tuberculosis was suspected). H/O petechiae on the skin. Three blood transfusions were given for anaemia refractory to conventional haematinics; transfusions produced severe reactions including haematuria and haemetemesis. He had generalized itching, but no rash. Clinical examination revealed T. 103°F, P. 200, generalized lymphadenopathy with hepatosplenomegaly +++, generalized hair growth +++. The following investigations revealed marked disturbance of the immune apparatus :

a) W.B.C.: 22800 N. 91 Hb. 6 Alkaline Phosphatasc – 25 K.A.U.
b) Serum Electrophoresis : 'A' : suggestive of Polyclonal Gammopathy
c) Bone Marrow : Leukaemoid Reaction
d) Lymphode Biopsy: Immunoblastic/Immunological Reaction
e) Liver Aspiration Biopsy : Proliferation of Kupffer cells.

X-ray chest showed widening of the Superior Mediastinum, more on the right side. The case was of **Mediastinal Lymphoma (Malignant)** with refractory anaemia. Careful history pointed to the Cycle of **Calc-i., Lyc.** and **Sul,** his constitutional remedy settling down to **Lyc.**, with the intercurrent **Tub. bov.** This case was treated in collaboration with the leading Haematologist in the State of Vidharba at Nagpur. Frequent stimuli in increasing potencies were administered as in the previous case. Iscador was administered simultaneouly. The fever gradually returned to normal, the liver, spleen and the lymphnodes regressed to + in about six months' time (Oct. '77). The chest X-ray revealed no mass in the superior mediastinum; serum electrophoresis showed increase in

gammaglobulin. The child was observed upto Dec. 1980, when he was progressing very well. Then he had a relapse in Jan. '81 and no further information was available. And it was a palliative response not earlier anticipated, and especially retrospectively when he had a relapse, and was no more heard of. The cure in the Hahnemannian sense could not be claimed till there is normalization of the clinical and the laboratory as well as the radiological parameters. The haematologist, being fair and open-minded, appreciated the efficacy of homoeopathic therapeutics when applied adequately. Again this case showed that is was clinically incurable, having not responded to conventional therapy; corticosteroids however were not given; this facilitated the good response under Homoeopathy and Iscador, because steroids, chemotherapy and Iscador are immunosuppressive, mutant and devoid of side-effects, especially of bone-marrow depression, leucopenia and agranulocytosis and all over radiation hazards.

**Case 3**

A baby girl of 4 months, a daughter of a sister in the Railway Hospital, was undergoing treatment in the Hospital for **Pyrexia of Indeterminate Aetiology** for the last two months. She was admitted and discharged thrice with the above diagnosis. Fever did not respond to several antibiotics, steroids as well as Gammaglobulin Injections, save marginally. Prior serum gammaglobulin levels were not estimated earlier, or at any time. All investigations were negative, save urine culture – gram-positive, cocci positive, and leucocytosis with relative lymphocytosis. The immune status of the infant was not asserted. The intermittent attacks of fever were worse in the evening (4–8 p.m.) and NIGHT, upto 104°–105°F, with no chills and sweats on the head. I visited the baby in hospital on 11-8-77. T. 99.5 P. 140 R. 100 with movements of the alae nasi and sucking-in of the costal margins. There was marked hepatosplenomegaly and impaired air entry in the left lung. I diagnosed the case as **Virus Pneumonitis ? with R. E. S. Strain**, as evidenced by the lack of reaction and hypertrophy/enlargement of the immune-competent organs – the liver and spleen. Careful homoeopathic history brought out the following spectra of remedies indicated · **Lyc., Cina, Sul. Calc-i** and **Tub bov.** These were administered as and when indicated at intervals with progressive reduction of fever as well as liver and spleen. Temperature dropped to 99 in a week's time, and rose periodically upto 100, which ultimately settled down to normal with intercurrent doses of **Calc-i.** (Constitutional Remedy) and **Tub. bov**. She remained apyrexial since Nov. '77 and is now quite a healthy child. This case can be truly designated as a *'Cure'*, which homoeopathy alone, after the failure of the conventional therapy; clinically incurable, but homoeopathically curable. It is indeed unexpected, and is difficult to predict beforehand with accuracy. The judgement is obviously retrospective.

## D. PALLIATION – PSORIC CONCOMMITANTS

In an advanced irreversible pathology the constitutional symptoms (the psoric concomitants) progressively, regress, till none of them may be available at all. The case is incurable even from the homoeopathic standpoint, for no prescribing totality for the remedy exists in the case; hence beyond the scope of homoeopathy. If these psoric concomitants exist



even in such advanced cafes, then there is still hope for palliation, perhaps cure, judicious dosage and frequencies. Years ago I was called to see a case of a Gujarati lady of 25 in an advanced terminal stage of Squamous-Cell Carcinona of the Cervix of the Uterus with rectovaginal Fistula. A long-forgotten pessary in the vagina led to an ulcer which later turned malignant. Despite the hopeless condition of the case, the history revealed the classical picture of **Phos.** She was extremely restless, sleepless and in burning agony. **Phos.-30,** a single dose, gave her a restful sleep. Four hours later, the report of her peaceful passing away was received. Here was a classical palliation achieved with a single dose of the constitutional remedy, amounting to **Euthanasia,** about which discussion is going on in the medical profession and the public. Had the remedy been administered in high potency and frequent doses, the termination would have been agonizingly painful and torturesome – the so-called "Killer-Reaction". The same remedy given in different dosage and frequencies gives different types of responses – painless and painful – which makes a world of difference to the patient and the on-lookers at the bedside. And this is Homoeopathy – essentially qualitative, in judging the vital reaction of the patient. This case was quite different from the earlier two cases of cancer. Individualisation is the essence of homoeopathic prescribing – the remedy, the dosage and the frequency of administration.

**Case 4**

A male aged 72, retired primary school teacher, consulted me on 31-1-77 with the history of haematuria due to the recurrence of **Malignant Papilloma of the Urinary Bladder.** He was advised Total Cystectomy with Ureteric Implantation into the colon. In Jan. '75 he had an attack of heamaturia due to Enlarged prostate; suprapubic prostatectomy was performed. Histopathology of the the bladder wall tissue at that time revealed Papilloms of the Urinary Bladder with early malignant change. In March '75 he had retention due to Urethral Stricture and Bladder Neck Obstruction, for which cystoscopy and urethral dilatation were carried out. Now I. V. P. and Cystoscopy showed medium-sized intravesical mass (Papilloma) with bladder diverticulum on the right side. The patient declined the operation. He had active Koch's infection of the lung in the right midzone at that time. He was a patient of chronic bronchial asthma. On careful history and clinical examination which revealed liver +++ with hard edge (indicative of metastases), his remedy turned out to be **Calf-f.** (Constitutional) and **Syph.** (Intercurrent). His spectrum for asthma was **Kali-ars., Ars-i and Thuj.** The case was followed upto Dec. 1978 (about 2 years), when he was symptom-free and the liver had regressed to the costal margin, palpable on deep inspiration. Iscador therapy was administered concurrently. His asthma was controlled and his general condition improved considerably. Cystoscopy was then advised. The patient did not keep contact since then. Again palliation, and not cure.

**Case 5.**

A retired Police Surgeon from Peshawar, aged 76, had consulted me for his urinary complaints due to poorly-differentiated **Adeno-carcinoma of the prostate** discovered in June

1977; T.U.R. was done. He was put on **Nat–p.** and **Tub. bov.** at intervals and treated by correspondence all through, along with Iscador Therapy. He is well to this day, (6 years), He presented a picture of blooming health. The cases could thus be multiplied.

**Limitations of Homoeopathic Pactitioner**

The scope of homoeopathy extends to all parts of the human organism, at all levels of the soma and psyche, – physical and mental diseases, where the totality is available for prescribing built out of the data in the case – expressed or cryptic. Where the precise data is lacking on which to erect the totality of the patient in his illness, homoeopathy is not applicable. It is much dependent on the homoeopathic physician to discern the 'picture' or 'portrait' of the drug out of the chaotic mass of data or the paucity of data in each individual case. Where one may succeed, another may not, and thus one may consider the case suitable for homoeopathy which the other may find unsuitable. This personal factor remains in practice, which renders standardisation of homoeopathic practice difficult, which obtains in allopathic practice. The latter is hence easier to practise, even by compounders and medical representatives.

We now turn away from cancer.

**B. OTHER CASES**

**Case 1.**

A young male of 26 saw me on 1.7.82, with a sheaf of papers and X-rays from the hospital; he was suffering since 1979 from albuminuria, haematuria and hypertension as well as from chronic urethral stricture with bifid urine of Gonorrhoeal origin. The renal biopsy revealed **Membrano–Proliferative Glomorulonephritis (Nephritic Variety).** He has been treated with partial relief – albumin ++ to +++, no R B. C. and B. P. 170–100–105. His urethral problem recurred often, requiring repeated uretheral dilatation over the period of 3 years (1979–82). Thorough history and clinical exam led me to **Calc–f.** as his constitutional remedy, and **Tub. bov.** as the intercurrent. Over the year that he is under homoeopathy, his urine shows alb. + at times whenever he has some upper respiratory catarrh or sore throat; no R. B. C.; B. P. 140-85–90; urine normal – no dilatation required over the last one year. He is still under observation. He was referred back twice to the Nephrology Dept. of the hospital from where he came; the renal profiles both the times were normal, along with the clinical parameters. The repeat of renal biopsy was advised earlier, which was deferred subsequently, on seeing his all–round improvement.

**Case 2.**

A male aged 34 had been suffering from **Chronic Ulcerative Colitis** since 1976, the diagnosis having been established in 1976 through Barium Study and Sigmoidoscopy. He improved under the standard treatment of antibiotics and steriods – oral and topical. In 1978 he had a relapse which did not respond to the treatment at all; extreme urgency



to stool with blood +++++ and mucus +++ and a small amount of liquid stool – must hurry or else soiling the clothes. He was impelled to keep a sanitary pad while attending to his duties in the bank ! He had to attend the toilet several times in the office and felt it very embarrassing. He consulted me on 5.10.82. His constitutional remedy was **Mag–m.** He did not respond to **Gels., Arg–n. Nat–s.** and **Aloes** which seemed indicated for the acute phase, on grounds of an extremely anxious and apprehensive personality and anticipatory anxiety as the causative modality. But **Sul.** was finally decided upon, which controlled the stools promptly – no urgency, no blood, no mucus. no flatus. Till date he is symptom–free and has put on weight. This is an example of cure of an acute exacerbation of a chronic disease. The constitutional remedy has not yet been given; he is still under observation. The response is very gratifying, especially in view of the steroids being given, which act as a blanket suppresser of susceptibility of the patient - thus preventing the emergence of the clear–cut picture of the remedy through the confusion of the immune mechanisms inducted in the system.

**Phase – Appreciation**

The scope of application of homoeopathic therapeutics implies the right appreciation of the Phases of the Disease Process (acute. chronic, intermittent, periodic, etc.) in its evoluiion, the miasmatic evolution and expression of the disease, the transition points in the evolution of the disease and remedy response which warrant the change of remedy to be effected at that time–moment, the cyclic sequence of remedies as warranted by the changes naturally taking place in the case over a period of time, and the emergence of the drug totality as appreciated by the physician. In reality there is no such thing as acute and chronic disease or remedy. These are two phases in a continuous spectrum of the disease process, and not two separate entities. There is a common misconception prevailing in the minds of laymen and physicians alike that homoeopathy is useful only in chronic disease, and not in the acute diseases, because it acts too slowly. In chronic recurrent diseases the scope is indeed wide and more so than in official medicine. But the acute cases do not respond to homoeopathy well if the right remedy is arrived at and administered rightly. I remember having treated years back 3 cases of **Acute Diphtheria** with **Merc–cyan.** and **Diphtherinum** in high potencies alternately with great success – without Diphtheritic Antitoxin (Serum). The diagnosis was confirmed by throat smear and culture before the start of treatment; it was negative after the treatment. Homoeopathy treats the soil, the host, and not the biological environ – the bacterium, the virus, the parasite, the fungus, etc. It restores the susceptibility of the cell back to normal; it is aimed at the immune apparatus of the organism, the building up of the resistance of the body to the various adverse and diverse environs so as to maintain homoeostasis The control of the inimical environment to the point of tolerance has to be maintained by adopting ancillary measures over and above the curative simillimum – to eliminate, to mitigate or to modify the surroundings.

**Case 3.**

A married male of 47 had returned to India for the first time after 25 years from Vancouver, Canada, in a state of extreme **Depression of an endogeneous nature,** which has its origin as a Reactive Depression following an acute attack of Myocardial Infarction. There was no response to Psychotherapy and Psychiatric treatment in U.K. where he had been at first for several years, as well as in Vancouver where he had the attack. After thorough case-taking and evlauation, he was put on **Nat-m.** and later **Mag-m** at intervals. Several personal sittings with him, and a few with the help of the psychiatrist, were also carried out simultaneously. He was steered round back to his former self, very active and agile. He returned to Vancouver. Many functional problems of medicine, neurosis, psychosomatic diseases and early psychosis could be helped with homoeopathy. Electroconvulsivc and Insulin Shock Therapy suppress cell susceptibility, making it more difficult for homoeopathic treatment, as do the steroids, the antibiotics and the cancer chemotherapy.

**Case 4.**

A young man of 27 was being treated by me over the years for his rheumatic complaints with **Lyc.** An X-ray chest – a regular check-up in his place of occupation – accidentlly revealed a fair-sized opacity (round) in the right lung – the so-called **"Coin Lesion"**, arousing the sound suspicion of the malignant state. I referred him to the thoracic surgeon for his opinion, giving him at the time **Calc-f.-6** two hourly. The surgeon advised conservative treatment and observation; it looked more innocent. After two months the X-ray showed no lesion. The case was referred back to the surgeon. He was very much surprised and gave due credit to homoeopathy; he did not say 'spontaneous regression' with contempt as has been done by some oncologists when confronted with good response in malignant tumours under homoeopathy – despite documentary evidence. This is truly a cure ; there is as yet no recurrence.

**Case 5.**

A young lady of 23 years had chronic atonic constipation of long-standing duration, relieved only by enemata. She was discovered to be having **Megacolon (Hirschsprung's Disease);** the radical treatment for this condition is Selective Colectomy – removal of that portion of the colon with congenital absence of nerve plexus in the intestinal wall. This case was relieved to an extent with **Mag-m.** Congenital Anomalies and Disorders are beyond the sphere and scope of Homoeopathic therapeutics.

III. This brings us to the **Limitations of Homoeopathic Therepeutics.**

1. **Large calculi (renal** or **biliary)** unable to negotiate the passages. These have to be removed by surgery; in recent times, the stones are broken by ultrasonic vibrations applied to the point of location. Whether the homoeopathy remedies can crumple large stones I am unble to say; they can expel small ones under the action of the acute remedies, especially **Ber-v** as and when indicated. Frequent administration of high potencies of consitutional remedies can precipitate an attack of renal colic, which, if severe, will have to be met with by its acute complement – e. g. **Lyc.** – **Chel.; Sep.-Berb-v.** or **-Oci-can**. A 63 year old Zoroastrian priest came to me with a fond hope that I shall remove his stone or melt it or crumple it by homoeopathy, as he was promised by some leading homoeopath. He had taken his treatment for over a year, but the stone remained obstinate and refused to oblige. The K. U. B. film showed a large calculus in the urinary bladder. I referred him to an Urosurgeon who operated on him. It weighed 90 grams.



2. **Trauma/Injuries.** Judicious combination of homoeopathy and ancillary measures can be employed. Fractures require surgical and orthopaedic aid along with **Symph.** and **Calc-p.** Traumatic shock (natural or surgical) can be treated with **Acon., Arn.** and **Stront-c.** Bleeding can be checked with homoeopathic remedies, but mechanical pressure, ligature and tourniquet may be required in emergencies, Joint sprains and muscle strains respond to homoeopathy, but may require bandaging, physio-therapy, hot/cold applications, and so on. Foreign bodies require surgical removal; so also ripened abscesses, and localized Effusions, requiring incision and aspiration. Head injuries require special care, to assess localized heamatoma or depressed fracture needing surgical intervention. The sequelae of head injuries fall within the scope of homoeopathy.

3. There is an immense field of homoeopathic treatment – **Pre-Operative** and **Post-Operative,** as well as **Complications of Anaesthesia. Phos.** – in pre-operative anticipatory anxiety and post-operative vomiting. **Nux-v.** – post-operative vomiting due to ether anaesthesia. We have had good success with **Plb.** in post-operative **Paralytic Ileus**. Kent lists two remedies for this condition : Op.,[3] Plb.[3]

4. **Acute Abdomen** A field for Surgery in most cases. I was treating a case of chronic Ulcerative Colitis for over a year. Last year she suddenly developed acute pain in the left iliac fossa with less no. of stools than usual. I referred the case to the surgeon for opinion; before he could arrive, the pain had subsided with **Mag-p-1OM** which I had prescribed earlier. I had suspected sub-acute intestinal obstruction. This was confirmed by the surgeon, who admitted her in the hospital for a full check-up. No surgery was required. Acute Appendicitis – I refer the cases to the surgeon after the pain subsides under homoeopathy! In some cases the referral is instantaneous.

5. **Poisonings** – Antidotal treatment, beyond the field of homoeopathy. Other ancillary measures have to be applied. The residual effects of poisoning could be effectively handled with homoeopathy or isopathy.

6. **Axphyxia – Drowning** – Artificial Respiration and other measures.

7. **Deficiencies** in the body require replacement, and not homoeopathy. Loss of fluids with dehydration – fluids and electrolytes. Loss of blood – blood transfusions; and dificiency of Minerals, Vitamins, Hormones, etc. – Supplements.

8. **Inborn Errors of Metabolism** – homoeopathy is not applicable.

## IV CONCLUSION

It is easy to perceive that Homoeopathy is thus in line with common-sense and does not preclude it; that it is rational and scientific and capable of being demonstrated. It demands selection of the case prior to its application; keep discrimination required to demarcate precisely the field of application and know its limitations. Failures in homoeopathy are due to failure in observing the above criteria, and failure in correct prescribing – the limitation of the physician, as it demads the highest sense of perspicacity. Within these limitations, however, there is great scope for homoeopathy. Precise knowledge of the medical and the para-medical sciences is imperative for the homoeopathic physician, for the purposes of accurate diagnosis, prognosis, selection of the case, the correct remedy(ies), the vital reaction of the patient, homoeopathic posology, the correct reading of the remedy response and the administration of the second prescription, or the sequence of remedies. We can utilize the modern sophisticated and refined methods of clinical investigations for an early diagnosis and knowing the full dimension of the diseased state. No cure can be claimed to be complete till all the laboratory, clinical, radiological, endoscopic and other parameters are normalized. The immune status can be evaluated, as well. The homoeopathic prescription rests mainly on the evaluation of the individual in his illness, more than on the disease itself. And this is the most difficult task for the physician: – 'Knowing the Mind'. Homoeopathy is in line with the 'Wisdom of the Body' which has the built-in adaptation mechanisms of 'Homoeostasis' (Cannon) or 'Internal Milieu' (Claude Bernard), effected through the Psycho-Neuro-Endocrine and the Reticulo-Endothelial Systems presided over by the Biological Intelligence. Left to itself, the body has its own immunizing power, has the innate capacity to restore the disturbed equilibrium. Homoeopathy assists this natural inherent process of recovery. The healing art is older than the human species; the dogs lick their wounds – the saliva has the healing property. Folk-Medicine is not a mere fairy tale. All the discoveries in Medical History (300 years old) are the result of an 'intuitive flash' inspired by some factor in the environment, and later scientifically analysed. Witness the discovery of **the 'fox-glove' (Digitalis)** in cardiac ailments – inspiration coming to William Withering through a milk-maid. It is a curious phenomenon of our times – the utter apathy and the intellectual arrogance of our Allopathic brethren to any other system of the art of healing, other than Allopathy. Blind prejudice, pride and preconception act as barriers in the acquisition of Truth, which is wider than its embodiment in any single system of thought in any field of human endeavour – scientific, religious or philosophical. Inspite of about 50 years of existence of Homoeopathy in the world, it is still considered as 'quacker', and poohpoohed and ridiculed despite proofs and documentary evidence by serious thinkers and practitioners from the school of modern medicine itself, who have taken to Homoeopathy



in dead earnest as the duck takes to water – convinced of its intrinsic worth, merit and reasonableness. There is no cure for prejudice And we leave them alone. But to those who are eager to know and learn. we say that Homoeopathy is in line with the philosophy of life itself; and capable of being demonstrated. No doubt the practice of Homoeopathy is intrinsically difficult. Let us work together in cooperation and co-ordination in the cause of the sick humanity who are not interested in schools and cults of the healing art. All have their place under the sun, scope and limitations. The limitations and side-effects of modern medicinal therapy are coming to the fore more and more as time advances. **"Iatrogenic Disorder"** are an instance in point. Disease labels have altered, but the human morbidity has not altered significantly. Drug Toxicity, Drug-Resistance, Drug-Sensitization and Anaphylactic shock and Allergies are unknown in homoeopathic therapeutics, save aggravations induced by injudicious-selection of the remedy, repetition or potencies. immunosuppression induced by modern medicine is disastorus to the 'wisdom of the body'; whereas homoeopathy is immunostimulant and thus in line with it. Wisdom demands humility coupled with knowledge, compassion for the world of suffering mortals. Let us then work in harmony with each other in the healing of sick – our common task and goal, and thereby act as a bridge over this unfortunate schism in 'the gown of Aesculapius'. (Sir William Osler) Let 'Pragna' and 'Karuna' go hand in hand.

## FOOD FOR THOUGHT AND REFLECTION

"The 'hours by the window' had filled me with a direct certainty that a higher order of reality existed, and that it alone invested existence with meaning. I came to call it later on "the reality of the third order". The narrow world of sensory perception constituted the first order; this perceptual world was enveloped by the conceptual world which contained phenomena not directly perceivable, such as atoms, electromagnetic fields or curved space. This second order of reality filled in the gaps and gave meaning to the absurd patchiness of the sensory world. In the same manner, the third order of reality enveloped, interpenetrated and gave meaning to the second. It contained "occult" phenomena which could not be apprehended or explained either on the sensory or on the conceptual level, and yet occassionally invaded them them like spiritual meteors piercing the the primitive's vaulted sky. Just as the conceptual order showed up the illusions and distortions of the senses, so the "third order" revealed that time, space and causality, that the isolation, seperateness and spatio-temporal limitations of the self were merely optical illusions on the next higher level."

– **Arthur Koestler in 'Janus'**
(Vintage, 1979)

# Case Presentation and Discussion

**Started in January 1982, has been converted into a SERIES.**

SERIES EDITOR : DR. Smt. VISHPALA PARTHASARATHY
L. C. E. H.

Our eighteen month efforts in starting this series have finally borne fruits; our Readers haxe started contributing cases treated and worked out on the classical lines, as demonstrated in this series. This time we introduce Dr. Urjita Jain, a practising Gynaecologist. who has become a serious student of Homoeopathy. Her association with Homoeopathy dates back two years, when she started applying seriously to its study. After completing the various courses offered at the S. M. Medical Centre, she took practical training under Dr. Vishpala Parthasarathy, and later started treating cases under her supervision and guidance. One of the results of her diligent efforts is herewith presented. We hope this series wiil henceforth be regularly supported by similar contributions from our students, colleagues and readers.

Thus we hope that henceforth this series will present the experiences of a cross-section of Homoeopaths; and that the cases presented will be on the lines laid down, as follows :

**Plan of Presentation**:

1. COMPLETE INDIVIDUAL HISTORY including the life situtation and development from childhood onwards.
2. CASE ANALYSIS AND SYNTHESIS :
   A. Discussion of the Patient's mental traits leading to the development of the personality structure.
   B. Repertorial Totality and working, differentiation of indicated group of remedies.
   C. Planning and Programming of Treatment.
3. A Brief FOLLOW UP of the case and CONCLUSION.

At the end of the presentation, **expert comments** will be offered by the Series Editor, or other experts in the field.

# Case Presention and Discussion

DR. URJITA JAIN, M.D., D.G.O.

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1. **CASE HISTORY:**

Smt. YMK, 46 reported on 14.8.82. She is a lower middle class Hindu widow, husband who was a peon, having expired in 1974. She has one married daughter 22. She has no other living relatives.

Her main problem was pain in the right lower abdomen radiating from the sternum; pain as if being bitten, and occasionally lightening-like; with this there is constant epigastric pain. Trouble started in 1975 after jaundice, a year after husband's death, and is marked since 1½ months. Pain starts after food, especially **Sour**[2], FRIED[3], SPICES[3], Fish, **Nuts**[2], **EGGS**[3], and non-veg[2]. > BLAND[3] food, Milk and Stool after. She also gets distension and erructation. Barium meal revealed Gastric Ulcer.

Other complaints are white patches on forehead and left hand,? Iotrogenic in origin; then she complains of tingling and numbness in right arm and leg since 15 years. This tingling is < winter, monsoon, wet getting, < sleep – falling to, even in the afternoon, > after sleep.

Pain in Right shoulder since 2–3 years, but now less frequent. A. F. injury off and on in childhood < work > Belladonna plaster > homoeopathic treatment.

Patient is lean, 38 kg, height 5ft; moles on body and face, scar on Right palm. Wounds slow to heal, tongue posteriorly coated, creamish, gums blackish, teeth carious. No perspiration, appetite normal, craves sweet milk, fruits, and fish which aggravates

eats less salt and is averse to spices. Thirst ++ 2 glasses at a time 3-4 times a day. Menopause Feb. 1981.

She likes summer, hates WINTER and monsoon, cannot stand fan, wet getting. Covers even during summer, takes hot bath.

**Family History** : Mother died due to fever, Father due to old age, and husband died of bronchial asthma.

**Past History** : Jaundice in 1956, again in 1974–75, appendicetomy done in 1979. Koch's abdomen treatment taken for 1½ year. H/o fall on Rt shoulder 4–5 times.

**Investigations** : Hb % - 10.3gms, stool NAD. On histopathology appendix had follicular lymphoid hyperplasia BUN - 13 mg Serum K–4.4, BSF 87 mg, Serum Creatinine - normal. Oral Cholecystography normal.

**LIFE SITUATION**

She was a farmer's only child from Koregaon, Pune. She got married at age 9, came to Bombay at age 10 yrs., and had to stay with a joint family, which separated after 5–6 years. Husband was very good natured and religious. She has only one daughter who married in 1979, but who lives with her, together with her husband and son.

She is quick tempered, sensitive, fond of daughter and her family. She is sympathetic and likes to receive sympathy. Has good relations with neighbours in her chawl. Fearful, anxious especially since brother–in–law and sister–in–law created dispute over property. She talks clearly in sleep and dreams about family members, late husband, animals (cow, dog, snake), **God**, **water**, food, marriage, eating.

## 2. CASE ANALYSIS AND SYNTHESIS

### A. DISCUSSION OF THE PATIENT'S EVOLUTION

An only child of a farmer, so probably broght up a little differently from others in that it was with a little more care. After marriage the joint family system bothered her a little, soon they separated. Husband was employed in an office. She also produced a daughter in 1960. A friendly, helpful soul, she mixes with the neighbours in the chawl.

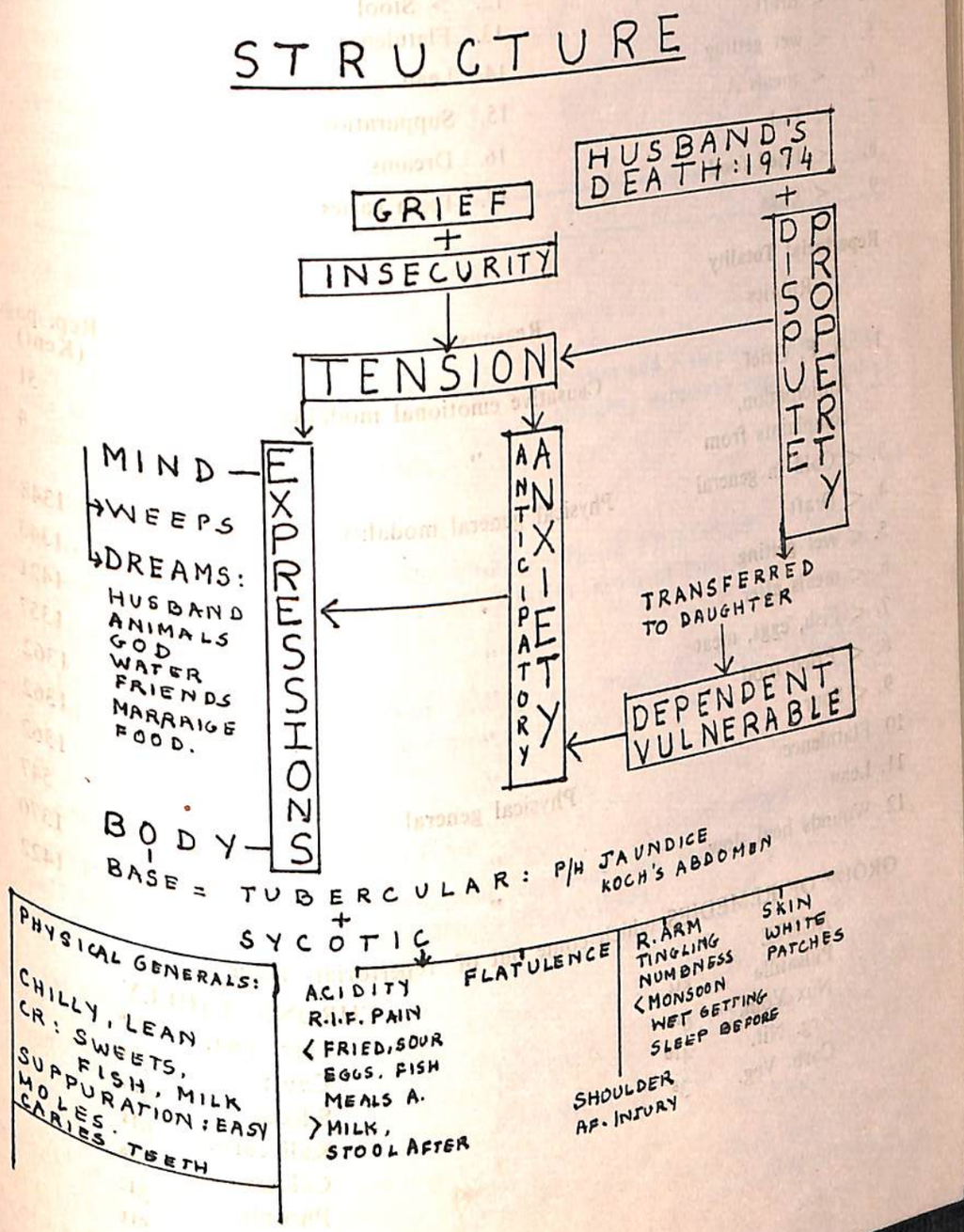
Husband expired suddenly in 1974, it was a big shock, but she took it apparently well and calmly, looked after her daughter well, got her married in 1979, and who lives with her, a support so to speak.

But the effects of the **grief** and the TENSION over property disputes and quarrels with In–laws, are seen in the dreams and at the physical level. To settle dispute, she had to transfer some property to the daughter's name, and this would naturally somewhat enhance the insecurity; though right now relations are cordial and no cause for worry.



**Miasmatic Classification**

Past History of Appendicectomy, Koch's abdomen and jaundice, caries teeth, talking in sleep are **Tubercular** expressions, together with **sycotic** trait shown by Anxiety and the moles.



B. REPERTORIAL WORKING

**Essential Totality**

1. A. F. Grief
2. A. F. Anticipation
3. Chilly patient
4. < draft
5. < wet getting
6. < meals A
7. < Fish
8. < Fried food
9. < Eggs
10. < Sour
11. > Milk
12. > Stool
13. Flatulence
14. Lean
15. Suppuration Skin
16. Dreams
17. Teeth caries

**Repertorial Totality**

| Rubrics | Reasons | Rep. page (Kent) |
|---|---|---|
| 1. A. F. Grief | Causative emotional modality | 51 |
| 2. Anticipation, complaints from | ,, | 4 |
| 3. < Cold in general | Physical general modality | 1348 |
| 4. < Draft | ,, | 1343 |
| 5. < wet getting | ,, | 1421 |
| 6. < meals after | ,, | 1357 |
| 7. < Fish, eggs, meat | ,, | 1362 |
| 8. < Fried food | ,, | 1362 |
| 9. < Sour | ,, | 1362 |
| 10. Flatulence | ,, | 547 |
| 11. Lean | Physical general | 1370 |
| 12. Wounds heal slow | ,, | 1422 |
| | ,, | |

GROUP OF REMEDIES which come out of repertorial filter :

| ACUTE | | CHRONIC CHILLY | |
|---|---|---|---|
| Pulsatilla | $6^{14}$ | Ferr. met. | $8^{16}$ |
| Nux Vom. | $6^{13}$ | Caust | $7^{14}$ |
| Arg. Nit. | $4^{10}$ | Silecea | $6^{15}$ |
| Carb. Veg. | $3^{8}$ | Kali carb. | $6^{14}$ |
| | | Calcarea | $5^{10}$ |
| | | Phosph | $5^{12}$ |
| | | Sepia | $5^{11}$ |
| | | Nat. mur | $4^{10}$ |



**Potential Differential field: (Kent's Repertory)**

| | Calc | Caust | Ferr | Kali | Nat | Phos | Silecea | Sepia |
|---|---|---|---|---|---|---|---|---|
| Desires sweet | 2 | | | 2 | 2 | | | 2 |
| Desires milk | 2 | | | 1 | | | 2 | |
| Cr Fish | 1 | | | | 2 | 1 | | |
| Dreams many | 1 | | 1 | 2 | 1 | 2 | 2 | 1 |
| Dreams water | | | 2 | 2 | 1 | | 2 | |
| Dreams wedding | | | 1 | | 1 | | | |
| Dreams animals | | | | | | 2 | 1 | |
| Dreams old friends | | | 1 | | | | | |
| | $4^{6}$ | | $4^{5}$ | $4^{7}$ | $5^{7}$ | $3^{5}$ | $4^{7}$ | |

**Selection of Remedies**

CONSTITUTIONAL REMEDY

Now we see from our working that Ferrum, Silecea and Kali-c come very close. Ferrum was selected on the basis of multiple food allergies, especially eggs, the sentimental nature–nostalgia and mild anaemia.

ACUTE REMEDY

Pulsatilla comes very high in the working. The < FRIED food[3], > open air, < evening, and the mild nature made the choice tilt in favour of Puls. over Nux Vom.

INTERCURRENT REMEDY

As patient is chilly with marked anxiety and moles over body, THUJA was selected. Tub. Bor. though it covers many aspects was not given, taking into account the past history of TB abdomen.

C. PLANNING AND PROGRAMMING

ACUTE – Pulsatilla – 30 frequent repetition, as required
CHRONIC - Ferrum metallicum 200 – Single doses
INTERCURRENT – Thuja 200

3. **FOLLOW UP**

| Date | Symptoms | Comments | Prescription |
|---|---|---|---|
| 14-8-82 | Pain in abdomen | acute attack | Puls. 30 QDS for 7 days |
| 20-8-82 | Pain spasms 2-3/day and mild shoulder pain, feels giddy. | > but + | Ferr. met. 200 1st dose given. |

| | | | |
|---|---|---|---|
| 28-8-82 | Pain spasms | No further > ? Block | Thuja 200 – one dose |
| 31-8-82 | Pain and other complaints no improvement | No relief ∴ Repetition required | Ferr. met. 200 for 7 nights |
| 6-9-82 | Pain less all over, complains of hard stools and loss of appetite, tingling in arms. Flatuence less. No sleep talking | Responding | Placebo |
| 13-9-82 | Patient better but pain persists. Occasional lightening pain, Appetite better, occasional flatulence. | Better but persists | Thuja 200 2nd dose given followed by Ferr. met. 200 for 8 days, |
| 21-12-82 | Very occasional dull pain upper abdomen. She can eat eggs, fish, meat, fried food without any GIT upset. Complains of tingling in arms, > heat, pressure. | Relief; Acute complaint | Mag. Phos 6x 4 hrly till relief. |

Patient went out of Bombay for 6 months and when she visited in July 83, she was totally free from abdominal pain, flatulence, shoulder pain, hard stools. Her appetite has improved and she can digest better all varieties of food.

**EDITOR'S COMMENTS:**
(Dr. Vishpala Parthasarathy)

This presentation allows three important conclusions to be drawn :

1. The practice of Homoeopath requires diligent application over a period of time, which provides a strong foundation, which stands in good stead over the years. Slipshod and soort-cut methods, that appear expedient and attractive and yield results occasionally, prove to be less than beneficial in the long run by not permitting consistent results to be obtained.

2. Accusations are often levelled that Homoeopathy is a luxury available only to the Intelligentia, l. e. the middle and the upper strata of society, and that the lower, uneducated class cannot give such detailed history. This case proves to the contrary,



time investment and inclination allows a good history to be obtained even from that class, and good results are obtained.

3. Third, and the most striking feature, is that a physician trained in the Allopathic school of medicine, more so a specialist in Gynaecology, has successfully imbibed the Homoeopathic Approach.

In our training programmes we have often found that the first few months, which involve a 180° turn about in orientation, are probably the toughest and the most crucial. The later stages involve only proper application.

An off-short of this, and one which can have tremendous impact on Homoeopathic Research, is the result which would be obtained if this specialized training is brought to bear on the problem of standardising Homoeopathic Research.

This would mean that in every case of the given discase, the possible causative factors would be identified, investigated & correlated to the results obtained. For example, in any investigation of infertilitythe main factors are :

a. Vaginal infection.
b. Tubal.
c. Ovulatory.
d. Male factor.
e. Unexplained fertility, l. e. if all the above are ruled out.

When Homoeopathy successfully treats infertile couples, they could be catalogued according to the above factors.

This approach would allow us :

(i) To conclude which factors get resolved by Homoeopathy.
(ii) It makes comparisons with other systems of medicine possible.
(iii) Most important, it makes the conclusions acceptable and understandable by the other schools of medicine.

No longer then will we Homoeopaths report cases in the following manner; a 15 year standing infertility, given a few doses of Sepia 30 and she conceived. This sort of reporting appears unscientific to the rest of The Medical World and is therefore rejected. Of course, the selection of Homoepathic remedies will still rest on the Individualized approach, each case requiring to be worked out on its own merits and the most similar remedy selected, and administered.

We hope the specialists of other schools, who are of late taking a deep interest in Homoeopathy, will work on the above lines and thus contribute to the growth of Homoeopathy.

READER'S PAGE

# My Fight Against Cancer

Dr. WONG HON SUN, N. D.

**As long as there is breath in the body and the will to live, there is always hope.**

The surgeon untied his head mirror. His face was extremely grave. He just examined my nasal passages and throat, and what he had seen had confirmed his worst fears. On his table lay the biopsy report sheet, upon which were scrawled the three fatal words : "Anaplastic epidermoid carcinoma ! "

"Can't you operate on the tumour, Doctor ?" I pleaded.

The surgeon shook his head. "The tumour is large," he said slowly, "very large. It's quite inoperable."

The tumour, being of the highly advanced "anaplastic" type, had a tendency to enlarge rapidly. In the X-ray film it appeared as a large mass in the nasopharyngeal area (the region high up the back of the throat). It had grown so large that I was asbolutely unable to breathe through my nose. I had lost all sense of smell and could swallow or speak only with difficulty. Moreover, there was persistent bloody post-nasal suppuration and intermittent nose-bleeding.

So this was it ! This, it seemed, was to be the end of the road for me. I was then yet a young man in my early 30s, a man who had never smoked or drunk alcohol in his life, and who had from early childhood been under the constant care of doctors. How could I accept with resignation this cruel death sentence ?

There was now nothing more that the surgeon could do for me; Feeling like a man condemned to the gallows, I left the hospital grounds....to go home and die....

This may be a story. But it is a true one, for it is my personal story. And it might well be the story of thousands of other cancer sufferers, and perhaps of thousands more to come. According to recent medical statistics, more than 400,000 people in India are affected by cancer every year. In my homeland, Malaysia, to-day one out of every five persons falls victim to cancer during his or her life-time. In the United States nearly one in three persons will get cancer before age 74, and one in six will die from it.

Cancer has become a graver threat to the human race than even the atom bomb, and to its alarmingly increasing incidence rate medical science has as yet found no answer. Is there no way of curbing this fearful pathological menace, or is cancer really



a disease that is so mystifying and unique that it can never be adequately understood or controlled ?

Under medical treatment, advanced and inoperable cases of cancer are subjected to radiation treatment, more as a palliative measure than with any hope of a cure. So I was subsequently given X-ray irradiation.

In my early youth I had been constantly ill with indigestion, sore throat, colds and sinusitis. These illnesses had worsened under the strain of my medical studies and were the starting point of a progressive deterioration of my health. Now, greatly emaciated by cancer and, moreover, being constitutionally anaemic, I was in no condition to undergo any protacted course of radiation treatment, which is greatly destructive to the red blood cells.

So I resigned myself to death. The tumour had undergone some shrinkage, but I was still unble to breathe through my nose. There was still difficulty in speech and deglutition, and the bloody post-nasal suppuration hadn't ceased. The tumour, being of the critical anaplastic type, could swell up again rapidly at any time.....

There is no standard naturopathic treatment for cancer and I had to plan my own methods of self-treatment. Some of these were adaptations of the general methods used in the naturopathic treatment of chronic diseases; others were entirely my own, based on fundamental physiological and naturopathic principles.

I planned my treatment of cancer along two main lines : (a) **Eliminative Therapy**: The elimination of the deep-seated toxaemia pervading my system as a whole and the region of the cancerous growth in particular, and (b) **Detoxification Therapy** : The building up of the health and vitality of my body to resist the disease.

It took more than 6 months, from the begining of my self-experimentation, for the nasal obstruction to clear up completely; more than a year for the bloodry post-nasal suppuration to cease.....

The treatment for cancer does not end with the cure ; the cure is but the beginning of the treatment. Even though the tumour had regressed, I still lived in the shadow of death. The natural therapeutic measures which I had used to overcome cancer were continued as **preventive** measures to guard against possible recurrence of the disease. It is appalling to think of the number of supposedly "cured" cancer patients who continue to die needlessly every year because they wouldn't make any personal effort to guard against recurrence of the disease.

It is now more than 20 years after the biopsy. There was a time when I through I would surely die, but unexpectedly I survived. I had staked my life on a theory of treatment, and the theory hadn't proved to be a delusion. Since my recovery from cancer more than 20 years ago, there has been no recurrence whatsoever of any symptom of the disease (as confirmed by medical check-ups), and for the past 10 years I haven't been

ill a single day. Despair had gradually given way to hope, illness to health and debility to vigour.

My recovery from cancer is in no way extraordinary or unique. That the human body is self-healing is an indisputable fact, and there are throughout the world probably many cancer victims who, unwittingly or otherwise, have made a complete recovery through the application of the principles of natural healing.

The recuperative power of the human body from illness to health can only be described as little short of amazing. The cure for cancer must ultimately lie with the patient himself, and the reward of recovery is only for those who are prepared to undergo with fortitude some degree of self-denial. To those cancer sufferers whose prospects of recovery seem dim I would say, "As long as ther is still breath in the body and the will to live, there is always hope....there will always be hope....."

Condensed by permission of the author his from book, "HOW I OVERCAME INOPERABLE CANCER"[

"Behold, I do not give lectures or a little charity, When I give I give myself."
**– Walt Whitman**

* * *

"Labour to keep alive in your breast that little spark of celestial fire, called Conscience.
**– George Washington**

* * *

"The Whole Course of things goes to teach us faith. We need only obey. There is guidance for each of us, and by lowly listening we shall hear the right word....Place yourself in the middle of the stream of power and wisdom which flows into you as life, place yourself in the full centre of that flood, then you are without effort impelled to truth, to right, and a perfect contentment.
**– Ralph Waldo Emerson**

* * *

Vigilance is the path to Life Eternal. Heedlessness in the path to death."
**– The Dhammapada**

# Abstracts & Extract

## GENERATION UNDER A CLOUD

NUCLEAR fall-out from the first atomic bomb tests in New Mexico and Jatar, from tests in Nevada is directly responsible for a sharp decline in the intelligence of American youth, according to new research.

Radio active iodine-131, which causes thyroid damage in the newborn, has impaired the mental development of a whole generation of American children. And the effects have been greatest in the far west of the United States, closest to the bomb test sites.

These controversial claims are made in the current issue of 'Phi Delta Kappa,' the leading educational research journal in the U. S. by Ernest Sternglass, Professor of radiological physics at Pittsburg University, and Steven Bell, from the department of education and psychology, Berry College, Georgia.

They demonstrate a remarkable correlation between declining scores of 17- and 18- year olds on the Scholastic Aptitude Test (SAT) and the extent of nuclear testing during the youngsters' early infancy.

The test is taken by more than a million youngsters every year. It is a multiple choice test (candidates have to tick the correct answer from five choices) which assesses verbal and mathematical abilities. Since America has no equivalent of the English A-level system the SAT is the most important formal exam for prospective college entrants.

In the 1950s and early 1960s there was little change in annual average test scores. Out of a maximum of 800, the average in 1963 was 478 on the verbal test, 502 on the mathematical. Then the scores went into a decline that lasted for 14 years; by 1977, they were 429 (verbal) and 470 (mathematical).

The reasons for the decline have been hotly debated. Television viewing, the Vietnam war, lack of attention to basic skills in schools have been among the causes suggested. The popular view among teachers is that the average has been depressed by the huge post-war increase in youngsters taking the test. But the major increase occurred before the scores fell.

Now, Sternglass and Bell claim to have found the answer. They point out that the decline started exactly 18 years after the first atomic bombs were detonated in New Mexico and Japan. The sharpest decline in scores ever recorded in a single year occurred in 1975, 18 years after the largest test series in Nevada, when large quantities of iodine-131 were found in pasteurised milk. And the decline suddenly slowed in 1977, 18 years after the 1959 US-Soviet moratorium on atmospheric testing.

Graphs showing the annual decline of verbal test scores and the annual kilotons of atomic bombs detonated in Nevada eighteen years earlier are "almost mirror images of each other", say the researchers.

Analysis of regional averages confirms the theory, that between 1974 and 1976, the western region- including Nevada – recorded a fall of 19 points on the verbal test, compared with only nine points in the mid-west. Utah, on the edge of the bomb test area, recorded a decline of 26 on the verbal test and 15 on the mathematical in 1974-76. Over the same period, Ohio – some 2,000 miles to the east of the test site and south of the fall-out clouds – had a fall of just two points on the verbal test, while maths scores rose by four points.

The effect has persisted into the 1980s. In 1982, test scores for the US as a whole rose. Eight States went against the trend. "All were located in the west where iodine-131 was recorded from the first Chine.e atomic test and where underground and near-surface bomb test were resumed in 1964 at "a high rate." There was also low-altitude fall-out from peaceful nuclear testing. In Utah, scores declined by 17 points (verbal and 20 (maths)- "the largest single-year declines ever reported for any state."

The authors conclude : 'The implications are extremely serious for the future of our civilization. If only a handful of small 'tactical' nuclear weapons totalling less than 1,000 kilotons could produce major effects on the cognitive abilities of a generation of children exposed to the distant fall-out, then the intellectual abilities essential to any modern society would be seriously impaired even in a limited nuclear war."

The strength of the theory is that, unlike others put forward to account for test score decline, it explains regional variations. The major flaw is the lack of evidence of corresponding decline in scores on primary school tests. The most authoritative study of declining SAT scores, publised in 1977 by the College Entrance Examination Board, made no mention of nuclear fall-out. However, the report said that primary school evidence (admittedly sparse) tended to rule out arguments that the decline had a medical basis.

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# Indian Journal of Homoeopathic Medicine

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EDITOR : **Dr. K. N. Kasad,** M.B.,B.S. (Bom.), M.F. Hom. (Lond.)

ASSISTANT EDITOR : **Dr. (Smt.) Vishpala Parthasarathy,** L.C.E.H. (Bom.)


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|---|---|
| असतो मा सद्गमय | Lead me from the false to the true. |
| मृत्योर्मा अमृतं गमय | Lead me from mortality to immortality. |
| तमसो मा ज्योतिर्गमय | Lead me from darkness to light. |
| आ नो भद्राः क्रतवो यन्तु विश्वतः | Let noble thoughts come to us from every side. |

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*EDITORIAL*

# Modern Physics and Homoeopathy

**"Concepts of Consciousness"** was the topic of an address delivered at Patkar Hall, Bombay, on 10-11-1983 by Dr. Stanislau Grof, the Founder-President of the International Transpersonal Association (I.T.A.). He is a practising Psychiatrist, especially a psychoanalyst; he is of late engaged in the exploration and study of 'Consciousness', the 'psyche' itself, through analysis by free association, dreams and drugs (L.S.D., Mescarine, etc.). 'Journeys Beyond the Brain' is the title of his book under print. The view of the World or the Universe and of Man has undergone striking alterations from time to time in the history of Scientific Thought, especially Physics. Modern Physics has rediscovered the ancient spiritual tradition and wisdom of the East in the World-View of the Holistic Concept and the Dynamic Nature of the Universe and of Man, which is held in the Homoeopathic Philosophy. Modern Science and Eastern Wisdom (the Vedantic, the Buddhistic, the Chinese and Theosophical) are not incompatible; Spirituality is a legitimate dimension in Science. The Scientific and the Mystical-Intuitional Methodology are both conducive towards the total comprehension of the Reality, - the latter the 'missing link of the former'. The pragmatic application of the Newtonian-Cartesian concepts of the Universe and its phenomenal technological successes in modern science has not deadened the inquiring spirit of man. The philosophical assumptions underlying those concepts were questioned in the light of newer experiences and data unearthed; these were not explainable by the earlier philosophical assumptions, which were overthrown by Faraday, Maxwell, Einstein, Max Planck, Fritjof Capra, Prof. Rhine, Bohm, Karl Pribrahm and Grof. The conceptual frameworks or theories evolved by the mind to explain the phenomena of life were termed "Paradigms" by Thomas Kuehn in his "Structure of Scientific Revolution". Apt similes may be used to explain the relationship betwen the "Paradigm" and the "Reality," as between the 'Menu' and the 'Dinner', the 'Map' and the 'Territory'. The development of science in the history of man reveals a discontinuous process, a series of exploded theories and concepts termed **"Conceptual Catastrophes"**. Four such **'Paradigms Shifts'** in a major way have occurred in the history of Science, especially in Physics :

(a) Ptolaemic Geocentric to the Heliocentric Theory of the Solar Universe of Copernicus and Galileo.

(b) Phlogistone Theory in Chemistry to the Combustion Theory of Lavoisier.



(c) Newtonian-Cartesian to the Einsteinian Relativity Theory.

(d) Einstenian to the Quantum Theory of Max Planck.

To this may be added the latest shift to the Atomic and Particle Physics of Ernest Rutherford and Fritjof Capra.

We shall trace briefly the evolution of the concepts of the universe from the time of Classical Physics in 16th-17th Centuries, (materialistic, mechanistic, deterministic) to the beginning of this century of Modern Physics (relativity and quantum theories and atomic particle physics, - the concepts of Consciousness and Matter, The latter forced one to adopt a much more subtle, holistic and 'organic' view of nature and the universe.

The World-View in Classical Physics was that of Mechanics and Electro-Dynamics. The 16th Century **Newtonian-Descartesian** (1596-1650) **Model of the Universe and Man** was a mechanical one and was a most formidable foundation supporting all of science and providing a firm basis for natural philosophy for almost three centuries. It was as follows:

1. **Space** - the stage on which all physical phenomena took place - is three-dimensional — of classical Euclidean geometry and absolute, always at rest, unchangeable and immovable.

2. **Time** - a separate dimension, again absolute, having no connection with the material world and flowing smoothly, uniformly from the past through the present to the future (linear), without regard to anything external, of itself and by its own nature. Time and Space are thus discontinuous.

3. **Matter** - the elements of the Newtonian world were material particles, which moved in this absolute empty space and absolute time. In mathematical equations they were treated as 'mass points', - small, solid, concrete, and indestructible objects/bodies out of which all matter was made. This model was similar to that of the Greek atomists (Democrates and Leucipus). Both were based on the distinction between the full and the void, between matter and space. Matter was therefore always and essentially passive. Greek atomists did not include force in their model.

4. **Force** - Newtonian atomism includes a precise description of the Force acting between the material particles, simple force, depending only on the masses and the mutual distances of the particles. It is the force of gravity, connected rigidly with the bodies it acted upon.

5. **Motion** - all physical events are reduced, in Newtonian mechanics, to the motion of material points in space, caused by their mutual attraction, i. e., by the force of gravity. In order to put the effect of this force on a mass point into a precise mathematical form, Newton had to invent new concepts and

mathematical techniques of differential calculus. Newton's equations of motion are the basis of classical mechanics. They were considered to be fixed laws and were thought to account for all the changes observed in the physical world.

6. **Consciousness** – matter with its particles and forces between them was seen as created by God, and thus was not subject to further analysis. In the beginning, God had created all these, as well as the fundamental laws of motion, which set into motion the whole Universe; and it has continued to run ever since, like a mechanical machine, governed by immutable laws. Consciousness emerged out of matter, -an epiphenomenon of matter. Life, consciousness, mind and intelligence are mere insubstantial accidentals, a product of a highly developed nervous system, of physiological processes of the brain, inert, passive, blind. The connection between the brain and consciousness was clinically established: head injury, brain tumour, carotid artery pressure and the influence of L.S.D., which gave more credence to this concept.

7. **Principle of Determinism** – The mechanistic view of nature is closely related to a rigorous determinism. The giant cosmic machine was seen as being completely causal and determinate. All happenings had a definite cause, giving rise to a definite effect. The future of any part of the system could, in principle, be predicted with absolute certainty, if its state at any time was known in all details. Newton stressed the strictly **causal** nature of physical phenomena under the immutable laws of motion of matter.

Rene Descartes introduced the fundamental division between the observer and the observed (the world). This formed the philosophical basis of the rigorous determinism of Newton. The universe existed objectively out there, independent of the observer. Such an objective definition of nature became the ideal of all science. The model of nature was characterised by Mind-Body dichotomy, like a machine made up of component parts.

This Newtonian-Cartesian Paradigm based on Philosophical Materialism had striking successes in technological advances. This prestigious model for scientific thinking was applied to all fields of science besides Physics: Chemistry, Medicine, Social Sciences, Economics, Psychology, etc. in the 18th and the 19th centuries. It was extended to Astronomy to explain the basic features of the solar system by Newton, reinforced later by Laplace, the mathematician. Newtonian mechanics was extended to the continuous motion of fluids and to the vibrations of elastic bodies, as well as to explain the phenomenon of Heat – the energy created by the complicated 'jiggling' motion of the molecules. It was considered the ultimate theory of natural phenomena.

The discovery, in less than a century later, of electro-magnetic phenomena by Michael Faraday and James Clerk Maxwell revealed the limitations of the mechanistic Newtonian model to explain the new physical reality. A complete theory



electromagnetism was evolved, through the introduction of a much subtler concept of a **Force-Field** which had its own reality and could be studied without any reference to the material bodies. Newtonian mechanics was replaced by **Maxwell's Theory of Electrodynamics**. This gave birth to the vast techonology of electical engineering, the **Wave Theory of Light** (a rapidly alternating electromagnetic field travelling through space in the form of waves). Visible light is only a tiny fraction of the electromagnetic spectrum, the other fractions discovered later being also oscillating electric and magnetic fields, differing only in the frequency of their oscillation, viz. X-rays, Gamma Rays, Cosmic Rays, Radar and Radio Waves. Maxwell interpreted these fields in mechanical terms as states of mechanical stress in a very light space-filling medium called **Ether,** and the electro-magnetic waves as elastic waves of this Ether, like the vibrations of water and sound waves. Einstein, 50 years later, declared no ether existed; the electromagnetic fields were physical entities in their own right, which could travel through empty space and could not be explained mechanically.

The first three decades of this century changed the whole situation in Physics radically. The concepts of Newtonian World-View were shattered by the emergence of the **Relativity Theory** of Albert Einstein (1915), the **Quantum Theory** of Max Planck, and later, of **Atomic – Subatomic Physics** of Rutherford and Fritjof Capra, the nuclear or high-energy physicist.

**The Relativity Theory :**

1. **Space** is not three-dimensional, but four-dimensional, **Time** being the fourth dimension. Time is not a separate entity; time and space are not discontinuous but intimately connected and form a four-dimensional 'Time-Space Continuum'. There is no universal, uniform, linear flow of time as in the Newtonian model. Time and space are not absolute, but relative to the observer; both become merely elements of the language a particular observer uses for his description of the phenomena. Einstein through insight was convinced of the possibility for men to reach an integral vision of reality by transcending time. His was a static timeless view of the universe, a kind of realization of Spinoza's ideas transported to theoretical Physics, as of Plato and Giordano Bruno. (Prof. Ilya Prigogine, the Nobel Laureate-in his 17th Jawaharlal Nehru Memorial Lecture at New Delhi on 13-11-83 on "Between Time and Eternity - Nehru and Einstein")

2. **Matter** – is not solid, concrete, elementary particles, but a form of **Energy.** Even an object at rest has energy stored in its mass, and the relation between the two is given by the famous equation $E = mc^2$, c being the speed of light. The constant c is of fundamental importance for this theory. It was extended to include gravity, i.e. the mutual attraction of all massive bodies. It is widely used in astrophysics and cosmology. The force of gravity has the effect of 'curving' space and time and ordinary Euclidean geometry is no longer valid in such a curved space, just as the two dimensional geometry of a plane cannot

be applied to the surface of a sphere. The curvature of three-dimensional space is caused by the gravitational field of massive bodies. There is a correlation between time, space, matter and energy. All measurements involving space and time are relative; the whole structure of space-time depends on the distribution of matter in the universe, and the concept of 'empty space' loses its meaning.

3. **Field Concept** was further elaborated by Einstein.

Einstein's emphasis on scientific humanism was evident in his perception of moral values. His attempts to reach an intemporal vision of the universe went on parallel with his emphasis on free creativity of man and on aesthetic beauty as an essential component of scientific activity. His was an unified view of the universe, a Thought-system rather than a mechanical one made up of separate component objects. His intuitive perception of order, pattern and harmony inherent in all the operations of Nature bordered on the mystical, when he affirmed:

"The most beautiful and most profound emotion we can experience is the sensation of the mystical. It is the power of all true Science. He to whom this emotion is a stranger, who can no longer wonder and stand rapt in awe, is as good as dead. The cosmic religious experience is the strongest and noblest mainspring of scientific research."

The science of **Atomic Physics** came to birth at the turn of the century with the discoveries of X-rays and Radioactive substances, which could not be explained in terms of classical physics mechanistic world view. The **phenomenon of radioactivity** furnished definite proof of the composite nature of atoms, which not only emit various types of radiation, but also transform themselves into atoms of completely different substances. These phenomena were used as new tools to probe deeper into matter. Max von Laue used X-rays to study the arrangements of atoms in crystals. Atomic probing was carried out by Earnest Rutherford through the bombardment of atoms by the alpha particles emanating from radioactive substances, these particles being high-speed projectiles of sub-atomic size. The atoms turned out to consist of vast regions of space in which the extremely small particles – the electrons – moved around the nucleus, bound to it by electric forces. Matter as being hard, solid particles was no longer tenable. This was the **Planetary Model of the Atom**, which when magnified to the size of the biggest dome of St. Peter's Cathedral in Rome, would have the nucleus of the size of a grain of salt and the electrons as the specks of dust whirling around it in the vast space of the dome. The other particles – protons and neutrons – were also discovered. The laws of Atomic Physics formed the basis of Chemistry. The number of electrons in the atoms of an element determine the element's chemical properties; the whole periodic table of Elements was built up on the basis of the integral arrangement of the electrons in the atoms of the elements, with their



**The Quantum Theory** made it clear that even these particles were nothing like the solid objects of classical physics. The sub-atomic units of matter are very abstract entities which have a dual aspect. Depending on how we look at them, they appear sometimes as particles, sometimes as waves; and this dual nature is also exhibited by Light which can take the form of electromagnetic waves (Wave Theory) or of particles (Corpuscular or Particulate Theory). This apparent contradiction gave rise to 'koan-like' paradoxes which finally led to the formulation of the Quantum Theory. Heat or Light radiations are not emitted continuously, but the energy appears in the form of **'energy packets'** (Max Planck) or **'quanta'** (Einstein). These were recognised as the fundamental aspect of Nature. The light quanta are the bona fide particles now called **'photons'**, massless and travelling always with the speed of light. Einstein extended this concept to all forms of electromagnetic radiation, as being not only waves but also quanta.

The seeming contradiction or incompatible paradox at the sub-atomic level was resolved through **Heisenberg's Principle of Indeterminacy or Probabilities**. At this level, matter shows 'tendencies to exist' and 'tendencies to occur', with no certainty of definiteness in time, place and manner. These tendencies are expressed as 'probabilities' and these are associated with mathematical quantities which take the form of waves. This is why particles can be at the same time waves. They are 'probability waves', not 'real' three-dimensional waves like sound or water waves. All the laws of atomic physics and atomic behaviour are expressed in terms of these probabilities. The solid material objects of classical physics dissolve into wave-like patterns of probabilities and these patterns, ultimately, do not represent probabilities of things, but rather probabilities of interconnections, which alone confer meaning. Quantum theory thus reveals **a basic oneness of the universe**. Atomic probing reveals nature not as any isolated 'basic building blocks', but rather as a complicated web of relations between the various parts of the whole; as a unified integrated intricate network or of web processes, events; an immense uninterrupted flow of information – in and behind which there is **Cosmic Order**. We do not deal with objects separately, but with their representations in the mind, with their **complex interrelationships of the parts to the whole and of the whole to the parts**. Solid objects are an illusion, in isolation. These relations always include the observer in an essential way. The human observer constitutes the final link in the chain of observational processes, and the properties of any object can only be understood in terms of the object's interaction with the observer. The classical ideal of an objective description of nature is no longer valid. The Cartesian partition between the I and the world, between the observer and the observed, cannot be made when dealing with atomic matter. The observer, the observed and the process of observation, become links in the phenomenon of observation. The Mind-Body dichotomy in the model of Man is replaced by a complex integrated Mind-Body Entity with interactions of one on the other. The wave nature of the electrons imparts 'probability waves' arranged in different orbits to their movements around the

nucleus inside the atom, unlike the electron particles circling around the nucleus in the Planetary Model of the Atom. The electrons settle in orbits in the atom in such a way as to preserve an optimal balance between the attraction of the nucleus and their reluctance to be confined, – the two opposing, competing forces in the atom. It is the high velocity movement of the electrons which makes the atom appear as a rigid sphere, just as a fast rotating propeller appears as a disc, and gives matter its familiar solid aspect. The electron waves in the orbits arrange themselves in such a way that 'their ends meet', i. e., they form **patterns known as 'standing waves'**. The wave nature of the electrons accounts for the identity of the atoms and for their great mechanical stability. The atomic state can be completely specified by a set of integral numbers, called 'quantum numbers', which indicate the location and shape of the electron orbits.

The basic unusual features of the **atomic world** can be summed up as follows:

1. Tendencies to exist and tendencies to occur; 'Probabilities'.
2. Particles reacting to confinement with motion.
3. Atoms switching suddenly from one 'quantum state' to another.
4. An essential interconnectedness of all phenomena.
5. The basic force which gives rise to the atomic phenomena is the force of electronic attraction between the positively charged atomic nucleus and the negatively charged electrons. The interplay of this force with the electron waves gives rise to the tremendous variety of structures and phenomena in our environment; the interaction between electrons and the atomic nuclei is thus the basis of:
   a) All chemical reactions.
   b) Formation of Molecules, i. e., aggregation of several atoms bound to each other by mutual attraction.
   c) The basis of all solids, liquids and gases.
   d) The basis of all living organisms and of the biological processes associated with them.

In order to understand the nature of matter further in its ultimate essence, one has to study the nature of atomic nuclei which contain practically all its mass. In the 1930s, the quantum theory had unravelled the world of atoms. It was therefore the main task of physicists to understand the structure of the nuclei, their constituents and the forces which hold them together tightly. We enter the realm of **Nuclear Physics**, which we shall discuss in the Editorial of the next issue of our Journal, along with the relevance of New or Modern Physics to the Principles and Practice of Homoeopathic Philosophy, which antedate Modern Physics. New Physics validates the sound foundations and structure of Homoeopathy.

# Self–Awareness and Homoeopathy *

Dr. G. S. HEHR, MBBS, DPM

**Wisdom alone is the source of pleasure.**
**Folly is the source of misery.**
**Weishaupt**

(**Synopsis** : Hahneman recommended a **psychological exercise that was based on the ancients.** Recent studies have shown that it is likely to be of immense value to everybody. The exercise should have become an integral part of homoeopathy, but has not done so. Stalwarts of homoeopathy have missed this point. In every commentary on Hahneman's work and in every restatement of the same, this aspect of Hahneman's teaching has been overlooked.)

**The Self-conscious Mind :**

"Man is self-reflecting in that he has the ability to objectify himself.... Man alone is conscious of himself and is alone capable, as it were, of standing outside of himself and regarding himself as an object. It has been proposed by Eccles to use the term self-conscious mind for this highest mental experience. (2) It implies knowing that one knows. The ancients recognised and appreciated this phenomenon of self-awareness. Not only that, they also devised esoteric practices that were based on this appreciation; and they were adept and deft in carrying out these practices. My purpose is not to develop a solipsistic thesis on these grounds, but I do maintain that these practices have unfathomed potentials for health and happiness, and that Hahenmann had recommended these practices for promotion of positive mental heath and for enhancement of "wisdom" - a fact that has been generally overlooked by his students.

All religious schools in India recommended the practice of self-awareness. The Vedas mention, in at least eight different places, that "experience the vicissitudes of life, while the other is just aware of it."(3) Patanjali's Yoga Sutras apprise that attention to self leads to enlightenment.(4) Geeta extols again and again the advantages of being aware of (or established in) self. It is maintained that a person who is established in self, is free from the conditioning influence of pleasure and sorrow and that the actions of such a person would be more efficient.(5) The significance of the practice becomes evident when we realise that conditioning is a common cause of emotional and psychosomatic disturbances. Buddhism implores mindfulness of inner sensations and emotions as the means of attaining "wisdom".(6) Jainism suggests

* Reprinted from British Homoeopathic Journal Vol. 72 No. 2, April 1982. pg 90.

self–observation (7) for the purpose; and for the Sikh scripture, "wise is the man who is conscious of his mind."(8)

The Holy Koran has a recitation: "There are signs of divine power in your own selves, will you not see, consider?"(9) In ancient Greece this perspective was realized and led to a distinction between esoteric and exoteric practices; the former being a teaching meant for those whose aspiration was "true wisdom", the latter being popular ordinary knowledge.(10) According to Platonic philosophy, man's task consisted in the intutive perception of ideas.(11) Confucius, the great Chinese philosopher, taught "looking straight into one's own heart."(12) The central teachings of Japan's Shinto have been summed up by Nitobe as: "Know thy self: reflect into thy mind.(13) This type of practice is a world–wide experience of mankind and has spanned ages. The end of all esoteric practices is understood to be the same: self-knowledge... . . it being posited that provided a man genuinely knows what he is, he knows the essence of everything.(14 ) So the ancients used terms i.e. meditation, self-awareness, self–knowledge, self–observation, self–consciousness, etc. etc.. interchageably.

**Development of Hahnemann's Concept of Self–awareness :**

"When we behold the large family of mankind acting as they do...., scarcely deigning to cast a single glance towards the real blessings of this world, WISDOM and HEALTH.... we can scarcely refrain from pitying...." These are the words with which Hahnemann prefaced his work, The Friend of Health in 1792.15 In the same place he stated that it was not his mission to point out the means of ennobling the mind. Why he said so, we do not know. However, in the same work, he did suggest "attention to one's sensation" and acting on these, as the means of deciding the quantity and quality of the nutriment one needs, but he did not generalize the application of the technique. It has been shown that Hahnemann's affirmations in this regard have been borne out by recent scientific experiments 16 It is of interest to note that the scientists who designed and carried out those experiments had nothing to do with Hahnemann or homoeopathy and that the experiments were carried out in an altogether different context.

In 1806, Hahnemann ended one of his essays "What are Poisons? What are Medicines?" with these words: "SAPERE AUDE" (Dare to be wise.) This quotation from Horace pleased him so well that he adopted it as a motto in the second (1818) and subsequent editions of his Organon.(17) Not only that, he also suggested a technique for enhancing wisdom in paragraph 148 of the same work. There is nothing corresponding to it in the first (1810) edition of the Organon. In the third (1824) edition there is no change regarding this aspect. The same material appears as a footnote to paragraph 135 of the fourth (1829) edition, and as a footnote to paragraph 141 of the fifth (1833) edition. In the sixth and last edition, completed in 1842 but published in 1921, it retains the same position and form.(18).



In paragraphs 121 to 140 of the last edition of his Organon, Hahnemann lays down, in detail, instructions for carrying out pharmacological experiments on healthy human volunteers. Then, in paragraph 141, he suggests that the physician should test the effects of the drugs on himself, provided he is healthy, so that he knows with the greatest certainty the things that he has experienced in his own person. In a footnote to the same paragraph he refers to "other and inestimable advantages" of the procedure. Among other things he mentions: "....by such noteworthy observations on himself, he the physician will be brought to understand his own sensations, his mode of thinking and his disposition (the foundation of all true wisdom : know thyself). The phrase, translated by Becker as "know thyself" appears in Greek in the original text.

This inclusion of "know thyself" by Hahnemann in the text of the Organon has been generally overlooked or ignored by his followers, may be because of the fact that the whole clause containing this phrase appears in parentheses and perhaps because the phrase itself is in Greek, or else because the sentence appears complete without the material enclosed in parentheses and this clause itself appears complete without the Greek phrase. Another reason for this could be the fact that we have forgotten the esoteric practices and as Goethe once remarked: "Was man weiss, sieht man (one sees what one knows)." We overlook the phrase because we do not know the practice: and finally because the practice does not appear related to therapy.

Why Hahnemann offered it in disguise, is anybody's guess. Knowledge of Greek and Latin was compulsory for physicians in the West, in Hahnemann's times. Hahnemann was deeply concerned to make homoeopathy as perfect as he could and imparted the formula of Thales personally to his students. For him, the esoteric practice had already reached its acme. This is apparent from some of his letters which we will consider shortly.

Most editions of the Organon available today either keep the phrase in its original form, i. e. in Greek, or else omit it altogether, the only exception being the edition published by the Roy Publishing House, Calcutta(19) There, too, the translation appears on the last page, separate from the text, and is likely to be overlooked. Hamlyn has dropped the whole section pertaining to "know thyself" from his restatement of the Organon(20) and Hochstetter has excluded the Greek phrase from his edition of the Organon(21) None of the commentaries, including Kent's Lectures on Homoeopathic Philosophy, Close's Genius of Homoeopathy, and Roberts' The Principles and Art of Cure by Homoeopathy, has any comment on this vital aspect of the Master's teaching. Sarkar is no exception(22–26) I think this act of omission is a great injustice to Hahnemann and limits our appreciation of the great man. It also restricts the scope of utilizing his teachings on the subject of mental health and leaves an imperceptible but significant lacuna in the treatment of chronic diseases.

**Origins of Hahnemann's Views :**

It is not certain when Hahnemann came to know about nosce te ipsum, Latin for know yourself, or the formula of Thales (know thyself). Probably he realized its full significance after he had studied and followed Confucius and practised the technique. In 1826 he wrote to Stapf: The translation from the Chinese into German of Confucius' works by Schott is very desirable.... It conveys to the reader Divine Wisdom.... Confucius showed us the straight path to wisdom.23 According to Ezra Pound, 12 Confucius' straight path to wisdom is "looking straight into one's heart". For Hahnemann this is the foundation of all true wisdom, as we have already seen. In a letter to a patient, Hahnemann, in 1830, recommended a watch over one's physical inclinations and imaginations.24 The opinion that Hahnemann owed his views to Confucius becomes more probable when we find that his contemporaries did not hold such views.

Hufeland, in 1796, recommended "hope", "love", "joy", 'cheerfulness', "serenity" and "contentment" for mental health(25) He also remarked : "physical and soul exercise.... is of most benefit when not merely the body, but also the soul is exercised and kept aware at the same time."(26) Like Hahnemann, he gave credence to internal sensations in the matter of nutrition(27) but he did not elaborate further and never explicitly recommended these as a means to attining wisdom. Sinclair gave detailed instructions for ennobling the mind. These included emphasis on physical exercises; control of passions; moderation in mental exertion; avoidance of terror, shame, anger, etc.; practice of care and meditation (on the authority of Hippcorates – no further elaboration) moderation in venery; correct habits; consolation and faith(28) Heinorth, in 1818, wrote of "sin" as a cause and of "piety" as a necessary panacea for all moral (mental) maladies(29)

Sinclair, in preparing his work(30) had reviewed nearly two thousand works then extant and had culled material from all the authorities of the day. C. S. Hufeland (1761–1836) was a contemporary of Hahnemann and a professor of medicine at the University of Jena. He, too, is well known to all students of homoeopathy, as many of the earlier works on the subject were published in his famous Journal der praktschen Arzneikunde (1795–1836), a journal that is still remembered, even in non–homoeopathic circles, as "Hufeland's Journal"(31) So the views of these authorities can be taken as representative of the then current thinking. It is obvious from the above cited works that the views of Hahnemann, on the subject of ennobling the mind, were distinct from those of his contemporaries.

**The Technique :**

It is rather simple that one is tempted not to follow it. All that one has to do is to watch one's own sensations, inclination, thoughts, emotions and desires without taking any action, even a mental one, just observation and nothing more.



**Role of Esoteric Practice in Theraphy :**

Discussing the treatment of chronic diseases, Hahnemann wrote: "Uninterrupted grief and vexation increase the sevetity of the symptoms (of chronic diseases); in order to advance a cure, a physician should enliven and keep from ennui the mind of a patient; to relieve the patient of grief and vexation must be the chief end of physician's care; the physician should inculcate the patient to bear patiently and with equanimity all the sufferings and afflictions for which he is not to blame and which it is not in his power to change. He should not let grief and vexation continually beat on the patient." He further asserts that therapy is not feasible unless the physician can fulfill these conditions and that he would do better to relinquish the treatment if he cannot. (32)

Psychological effects of meditation commonly reported are: relaxation, calmness, quietness, peacefulness, less need for defensive attitudes and greater tolerance; emotions are harmonized and often a joyful tranquillity is reported; the ability to cope with the struggle of life is improved(33) "It has been reported that mental hospital patients on modern (allopathic) therapy who can become significantly involved in meditation are more likely to be discharged from hospital, and are less likely to require readmission. There is also some evidence that meditation decreases the amount of psychotropic medication required. The adjunctive usefulness of meditation seems to hold regardless of diagnostic categories."(34)

How well these benefits fit in with Hahnemannian requirements! Of course, there is no emotional disturbance for which there is no homoeopathic remedy. Yet the practice of self–awareness can go a long way towards helping the patient, especially in cases where a hostic psychological environment continues to operate.

But there are other advantages too. It has been observed that watching uncomfortable somatic sensations takes away their discomfort; disturbing emotions and thoughts disappear by just observing them; one gets more enjoyment and greater contentment if one is mindful of sensations signalling the processes leading to fulfilment of body needs, e.g., during the act of eating one gets much more pleasure and satisfaction if one remains aware of all the sensations accompanying the act, than one would when one's attention is somewhere else; and if attention is directed to the pain due to external injuries, burns, stings, etc., relief of pain is speedy and healing prompt. A curious fact about this relief is that it is preceded by a perceptible aggravation. This initial aggravation is only transient and not unlike the one sometimes observed after administering a homoeopathically selected remedy. The beneficial effect in all these cases is evident in about two minutes. If a patient starts meditating, the indications for the homoeopathic remedy become more clear(35) Thus the same process of self–awareness helps to alleviate both physical and psychological symptoms and helps us to harmonize our position as spectators and actors in the great drama of existence This practice, along with homoeopathic therapy, may, it appears, assuage those often quoted lamentations of Plato :

# Perceiving Leprosy*

DR. DILIP B. DIKSHIT
L. C. E. H. (Bom)

PLAN OF PRESENTATION

Introduction
Allopathic Therapeutics: Problems
Hahnemannian Miasmatic Approach
  Problem – Definition
  Problem – Resolution
Methodology
Analysis
Homoeopathic Management: Standardised Perceiving
Conclusion
References
Appendix A: Special SCR Format
  Leprosy
Appendix B Illustrative Case Reports

## INTRODUCTION

Some years back, a patient was referred for intractable complaint of intense generalized burnings and intolerance to heat, developing after Allopathic treatment for Tuberculoid Leprosy. She was obese; perspiration on head was marked. Other features of the patient suggested Calc. iod. which was given in the 6th potency, every four hours. The patient had not recorded much improvement even after Allopathic treatment for 1 1/2 year. On Calc. iod., however, in just four months, not only were these burnings and intolerance to heat relieved but also her lesions of Leprosy showed remarkable improvement.

We tried to seek guidance from the Homeopathic Literature in the old journals and books. We drew a blank. Apart from a few Rubric and recommendations in books on Therapeutics. We found no evidence of Case Reports/Analysis which gave detailed guidance on the Management of Leprosy – a fairly common and distressing disease.

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The Dermatologist who had referred this patient was impressed by the result obtained. He was further dissatisfied with the results obtained in his practice with the usual Allopathic medication. He agreed to co-operate in a Research Project as an expert and gave us reports on slides. A surgeon also co-operated and guided in the management of deformities. We decided to take up this project under the auspices of the I. C. R., Bombay and executed it in private practice, in the absence of public facilities.

## ALLOPATHIC THERAPEUTICS: PROBLEMS

Introduction of the Sulphones in the chemotherapy of Leprosy was a landmark : prior to that, there was hardly any medication which had consistent benefical effects. Dapsone® treatment has been in sufficient vogue through the free-distribution agencies, Government as well as private charitable, for us to realise sufficiently well the advantages as well as the limitations of the same.

Bacterial resistance with consequent clinical improvement with no corresponding bacterial improvement, precipitation of Lepra reactions of a severe type, drug toxicity and sensitization reactions of varying severity are the problems with the Dapsone medication.

Newer, more potent medications pose the problems of costs: Clofazimine being 30 times more costly, while Rifampicine is 90 times more costly than Dapsone. Greater potency against Lepra germs also parallels greater toxicity for vital organs like the Liver, Kidney, Bone-marrow, Brain and Nerves. Some of these reactions render the drug totally unsuitable for a particular patient.

Lepra reactions pose a serious problem. Some of the patients need hospitalization for effective management. Recurrences are fairly frequent, making patient acceptance low.

Failure of Allopathic medication, after considerable promise, makes the patient desperate.

Allopathic medication in no way improves the ability of the patient to fight the germs of Leprosy. That is a general drawback of all Chemotherapy/Antibiotic Therapy.

**Primary Homoeopathic Physician**: Dr. Dilip Bhaskar Dikshit, L. C. E. H., Hon. Physician, I. C. R., Bombay, 38, Pradhan Building, 2nd Floor, Opp. Khandelwal Mawavala, Thane West.
**Clinical Expert**: Dr. A. D. Kharkar, M.B.B.S., D. V. D.
**Surgeon**: Dr. A. T. Thakkar, M. B., F. R. C. S., D. G. O.
**Project–Director and Consulting Homoeopathic Physician**: Dr. M. L. Dhawale, M. D., Hon. Director, I. C. R., Bombay.
The Project has been executed since 1975 in the private medical practice of Dr. D. B. Dixit in the Thane – Dombivli – Kalyan region. The project it being continued and extended as a permanent one, through the association of other specially trained Homoeopathic Physicians working for the I. C. R., Bombay.

All this indicates the need for an effective alternative approach to the problem of the management of Leprosy through medication.

Our study indicates that Homoeopathy scores on all points, **provided** we learn to translate effectively the Hahnemannian Miasmatic Approach to the patient in suppressed susceptibility, who presents himself with poverty of symptoms and poor reactivity to homoeopathic medication.

We are able to do it. Hahnemann stands vindicated !

## HAHNEMANNIAN MIASMATIC APPROACH

We attempted Homoeopathic treatment on classical lines, basing the remedy-selection on the presenting Totality of Symptoms. We were surprised to note a consistent lack of response to the remedy administered !

We reviewed critically these Records, re-interrogated these patients and discovered that with the onset of Leprosy and its subsequent progress, **all** evidence of earlier ill-health showed a progressive tendency to disappear. In addition, the onset of Leprosy did not produce a clear Sector Totality in the area of affliction and which would direct in a positive manner to the Similimum. Even the Constitutional generals were not clearly evident in a characteristic manner.

Under the circumstances, we concluded that Leprosy patients came under the category of "one sided diseases" as described in § 1/2 - 184 of **Organon of Medicine**. This state we attributed to suppressive measures/effects and decided to adopt the Miasmatic Approach for Problem-Definition and Problem-Resolution.

## PROBLEM-DEFINITION

**Leprosy patients demonstrate:**

1. Scanty Data.
2. Absence of Characteristic Symptoms.
3. Disappearance of earlier characteristic expressions of chronic/periodic disorders like Asthma with clinical relief corresponding to the onset of Leprosy.
4. Failure of the patient to respond to the administration of the Constitutional medicine selected on the basis of integrated evolutionary Hahnemannian Totality, relying heavily on Data drawn from the Past Personal History and Family History.
5. Presenting Miasmatic Totality of a non descript type:
   A. Syphilitic : in most of the patients.
   B. Tubercular : especially in Neural cases; rarely in the oher types.
6. Common Tubercular Base : in **all** patients.
7. Submersion of individual Constitutional Expressions of Totality and its displacement by the Presenting Totality, Syphilitic or Tubercular as the case may be.



8. This submerged expression does not make itself accessible for therapy till the Presenting Totality has been effectively eliminated through the repeated administration of the indicated anti-syphilitic remedy adequately supported by the Nosode Tuberculinum/Bacillinum. This is denoted by the **change** in expression which can be missed, unless we are on the look out for the **specific** expressions of the Constitutional Remedy indicated for the case. We need, therefore, to study our cases in fair detail, right at the beginning.

9. **Lepra Reaction**: This is a hypersensitivity response to the proteins liberated by the Lepra bacilli. We interpret this miasmatically as an acute exacerbation of the Syphilitic Miasm and prescribe accordingly in 200 potency. 4 hourly, till we are able to control the same. Assistance of Tuberculinum/Bacillinum might prove necessary in difficult cases. We have seen the course of Lepra reaction being complicated by an Acute Psychotic Episode presenting itself as an alternation. Whether this was related to the prior administration of Dapsone/Cortisone, it is difficult to determine. This particular case we found it impossible to handle in an effective manner.

   At times, a patient might report for the first time with a Lepra Reaction. Such patients present a clear picture – Sector Totality of Syphilitic exacerbation and respond well to medication.

   Lepra reactions are also observed in a patient under Homoeopathic Treatment. These occur at the fag end of the treatment, when all superficial evidences of local lesions have receded and we might be thinking in terms of ending the treatment. They are generally non-febrile and Urticaria is often seen. They cease on stopping the drug, to recommence as soon as the drug is resumed. They show a progressive decline in intensity, even though the drug is continued. Concomitantly, the patient shows accelerated clinical improvement, local as well general. Their occurrence, quite late in the course of treatment, indicates that the normal susceptibility of the patient is getting restored, the clinical improvement being an index of the same. They also indicate contact with the proteins of Lepra bacilli, dead or alive. We, therefore, continue with the treatment well after "apparent cure", till all possibilities of getting Lepra reaction are excluded.

10. We have also observed that patients demonstrate progress as per **Hering's Law of Direction of Cure.**

11. **Psychological Maladjustment**: Social stigmas, disfiguring disabilities, functional incompetence, denial of job opportunities – all these produce a depressive response in the patient. The clinical diagnosis of Leprosy and failure of the promised cure inducts an understandable anxiety-response in most patients that call on us for Homoeopathic Treatment. This demands careful evaluation and Management.

## PROBLEM-RESOLUTION

Problem-Resolution has to be logically related to Problem-Definition. Its

comprehension, therefore, should not pose any serious problem to the Homoeopathic Physician reasonably conversant with Hahnemann's Miasmatic Theory as interpreted by Roberts[1] and Kasad[2].

The problems were resolved by adhering to the following:

1. By treating first the dominant Miasm with appropriate anti-miasmatic remedy. The presenting Totality guides us in this.
2. Alertness in spotting the changes in symptoms and miasmatic phases and effecting appropriate changes in medication.
3. Prolonged medication with the indicated anti-syphilitic remedy in low potency.
4. Frequent use of Tubercullinum/Bacillinum as inter-current remedies; weekly in Neural cases and careful stepping up to daily in Tuberculoid types.
5. Utilising Hering's Law of Direction of Cure as a reliable evidence of right progress under a right homoeopathic medicine.

We have found these patients exhibiting low susceptibility. Consequently, they demand repeated doses of the Sector Totality Remedy. This is often selected on very scanty data or, at times, purely on grounds of relationship to the probable chronic constitutional remedy. Even then, we have found a poor initial response when the administration was not supported by periodic, frequent administration of the indicated intercurrent remedy.

Lepra Reactions caused by Chemotherapy often demand a different Sector Totality Remedy, based on the presentation characteristics of the patient.

Lepra Reactions under our Homoeopathic Treatment, however, have been controlled merely by suspending the medicine temporarily. The remedy is resumed again in the same manner; it is re-suspended, if required by the recurrence of trouble. Gradually, under this plan, the trouble recedes.

The phase of Constitutional Prescribing occurs much later. Case-Taking, however, has to be thorough right from the beginning to determine the probable sequential plan of Homoeopathic Management, with precise anticipation of changes in symptom-groups. This facilitates the detection of a change in phase, which otherwise is very easy to miss in the face of suppressed susceptibility with the poverty of expression that results.

Expressions of Hering's Law have rarely proved troublesome. Sector Totality Medicine is continued as a routine, unless these manifestations prove quite troublesome. In that case, temporary suspension is ordered. If, however, a Periodic Disease like Asthma erupts, it often demands a change in the prescription in total accord with the new Sector Totality of the paroxysm. It is essential to remember, however, that the **Inter-current Remedy does not change.**

In our experience, the usual variety of acute illnesses/disturbances spare these patients. This is in full accord with Hahnemann's experience as reported in the **Organon of Medicine.**



## METHODOLOGY

The entire Project was handled in private practice, with little access to Clinical Investigations, except Skin Biopsy. This proved a serious limitation, especially from the standpoint of Clinical Research with its more exacting demands.

All patients have been investigated in detail and recorded in the SCR. The special demands of clinical observation and recording, especially for follow-up of local lesions, led to the evolution of the Special SCR format: Appendix A. We have not as yet pressed it into routine clinical recording. We propose to do it shortly.

Under the limitations, it was not possible for us to adopt the current Classification with its accent on Histology and Bacteriological Investigations.

We have employed the earlier Classification: Tuberculoid, Lepromatous, Neural and Indeterminate. The criteria, the prognostic as well as Homoeopathic Therapeutic implications are presented In Table 1.

Follow-up is recorded in the usual Progress Sheet after recording the items in which change for the better is expected, arranging the hierarchy as per expectations of improvement, local as well as in the Associated Complaints. Reappearance of general characteristic symptoms indicative of constitutional reawakening is emphasised in preparing the list of Criteria.

## ANALYSIS

2 – 7. The results obtained in the current series of patients are presented in Table Nos. These are self-explanatory.

A few points need special emphasis :

1. Low susceptibility explain the tolerance of patients to the administration of Homoeopathic remedies in repeated doses over a prolonged period.
2. Clinical improvement is seen with restoration of susceptibility through combining with the antimiasmatic remedy based on the presenting totality, the intercurrent remedy in frequent doses as discussed earlier.
3. Remedies need to be continued till evidence of overflow symptoms deliver us proof of restoration of susceptibility.
4. Indications for Constitutional Homoeopathic Prescribing are seen much later after the patient is under this "combined" treatment for quite some time.

We are presenting in Appendix B examples of cases that bring out certain peculiarities of patients of Leprosy improving under Homoeopathic Treatment.

**TABLE NO. 1 : CLINICAL CLASSIFICATION**

| ITEM | TUBERCULOID (T) | LEPROMATOUS (L) | NEURAL (N) | INDETERMINATE (I) |
|---|---|---|---|---|
| **Criteria** | Macular, anaesthetic patches<br>Pigmentation ±<br>Local Nerve ±<br>Local Lymph Nodes ±<br>Peripheral Nerves<br>Thickening<br>Sensory loss<br>Heat & Cold ↓<br>Burnings<br>Lepromin Test ± | Skin – diffuse infiltration; flat or thick patches<br>Nodules -- Ulcer<br>Extension – Skin<br>Nerves, Lymph Nodes<br>A. F. B. + or –<br>Skin Biopsy:<br>Foam Cells + | Nerve involvement +<br>Neuritis<br>Motor loss<br>Nerve thickening<br>Skin lesions ○ | Lesions: Ill-defined<br>Pigmentation ↓ in Patches<br>Macules – Erythematous<br>without definite sensory loss<br>Mixed variety |
| **Progress**<br>——→ <<br>> ←—— | Slow | Fast | Slowest | Slow |
| **Improvement** | Patch : thickness<br>Sensation<br>Colour<br>↓<br>Nerve: thickening | Nodules: Colour, Size<br>Reactions<br>Hypopigmentation<br>Anaesthetic Patches | Pain, Numbness<br>Paraesthesias<br>↓ Nerve thickness | Same as (T) |
| **Therapeutic**<br>Presentation<br>Sensitivity | Syphilitic (s)<br>Low | Sector Totality +<br>Constitutional +<br>High ○ | Tubercular (T)<br>Least | (S) or (T)<br>Low |



**TABLE NO. 2**

| | |
|---|---|
| *Total Number†* | 137 |
| No. Presented for Leprosy (Primary Complaint) | 97 |
| Drop Outs | 46 |
| No. Under Observation | 91 |

| PERIOD OF OBSERVATION | 5 Yrs | 4 Yrs | 3 Yrs. | 2 Yrs. | 1 Yr. | 6 mths to 1 Yr. | Less than 6 mths | Total |
|---|---|---|---|---|---|---|---|---|
| Number of Cases | 26 | 12 | 10 | 26 | 20 | 16 | 27 | 137 |
| Result Clinical Cure Good* | 22 | 10 | 7 | 18 | 16 | 10 | 20 | 103 |
| Fair** | 4 | 2 | 3 | 4 | 2 | 4 | 1 | 20 |
| Nil | | | | 4 | 2 | 2 | 6 | 14 |
| Relapses | – | | – | – | – | – | – | 0 |

* GOOD – Sensation – Discoloration – Lesions – Disappeared or Disppearing – Result on all counts.

** FAIR–Partial–Sensations Improving but Discoloration or Lesions same or Slightly less.

† This does not include 83 patients who called in the past 2½ months. Many show good improvement. Total Number=220.

**TABLE NO. 3**

| CATEGORIES | PERIOD OF OBSERVATION | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 5 Yrs. | 4 Yts. | 3 Yrs. | 2 Yrs. | 1 Yr. | 6 months to 1 Yr. | Less than 6 months | % Improved |
| Tuberculoid | 20 (20) | 10 (10) | 8 ( 8) | 18 (15) | 10 ( 9) | 10 ( 9) | 14 (12) | 92.2 % |
| Indeterminate | 4 ( 4) | 1 ( 1) | 2 ( 2) | 4 ( 3) | 6 ( 5) | 4 ( 3) | 6 ( 4) | 81.4 % |
| Neural | 2 ( 2) | 1 ( 1) | - ( ) | 1 ( 1) | 2 ( 1) | 1 ( 1) | 3 ( 2) | 80 % |
| Lepromatus | - ( -) | - ( -) | - ( -) | 1 ( 1) | 2 ( 1) | 1 ( 1) | 4 ( 3) | 75 % |

NOTE : 1. Basic Types : Tuberculoid and typical Lepromatous. All other forms will be considered as Indeterminate **or Dimorphous.**

2. Figures in brackets indicate cases which improved.

**TABLE NO. 4**

| DROP-OUTS | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | PERIOD OF OBSERVATION | | | | | | | |
| Improvement | 5 Yrs. | 4 Yrs. | 3 Yrs. | 2 Yrs. | 1 Yr. | 6 months to 1 Yr. | Less than 6 months | Total |
| Good | | | | 8 | 5 | 3 | 1 | 17 |
| Fair | | | | 5 | 4 | 4 | 7 | 20 |
| Nil | | | | 3 | 2 | 2 | 2 | 9 |
| | | | | | | | TOTAL | 46 |



**TABLE NO. 5**

| PRESCRIBING INDICATIONS AS OBSERVED IN THE SERIES | | | | | | |
|---|---|---|---|---|---|---|
| MERC IOD FLAV | HEPAR SULPH | ARSENIC ALB. | HURA H. | CALTROPIS | MERC. IOD RUB | CALC FI |
| Dominant Syphilitic miasm<br>Hot patient<br>Throat complaint<br>Post 1/2 tongue Coated<br>Or – No contra-indication i. e. not Silica patient | Chilly patient<br>Syphilitic Base<br>Suppurative Tendency | Chilly patient<br>Pain burning<br>Local heat | Leprosy<br>Burning Lt. Foot<br>Rt. foot cold<br>Throat | Resistance to Hep. Sulph. & Merc iod flav | Glands<br>Throat :<br>Lt. ---Rt. | Sycotic Dominant<br>Joint pains<br>Backache<br>Varicosity |

| Constitutional Remedy | This is selected on classical lines, adhering to the Totality that forms the " Portrait of Disease " ( 6, Organon of Medicine) | | | |
|---|---|---|---|---|
| | TUBERCULINUM | | BACILLINUM | |
| | Tubercular Base<br>Hot patient<br>Nerves | | Tubercular Base<br>Chilly patient<br>Respiratory<br>Concomitant | |

**TABLE NO. 6**

* *A single case at times demands more than one acute remedy at different times. The total number thus exceeds the total number under observation.*

| ACUTE | MERC IOD. FLAV | HEPAR SULPH | ARSENIC ALB/IOD | HURA H. | CALO–TROPIS | MERC IOD RUB | CALC FLOUR | |
|---|---|---|---|---|---|---|---|---|
| | 45 | 37 | 8 | 14 | 4 | 3 | 40 | |
| CONSTITU–TIONAL | CALC IOD | NAT MUR | CALC FLOUR | SILICEA | ANTIM CRUD | KALI BICH | MAG SULPH | FERRUM SULPH |
| | 8 | 18 | 7 | 12 | 2 | 14 | 5 | 1 |
| INTERCURRENT | TUBERCU–LINUM/ BACILLI–NUM | | | | | | | |
| | 137 | | | | | | | |



*TABLE NO. 7*

| CLINICAL IMPROVEMENT | PERIOD OF OBSERVATION | | | | | | |
|---|---|---|---|---|---|---|---|
| | 5 Yrs. | 4 Yrs. | 3 Yrs. | 2 Yrs. | 1 Yr. | 6 months–1 yr. | Less than 6 mths. |
| 1. **Lesions** | | | | | | | |
| A. Colour Size Induration | 22 | 10 | 7 | 16 | 14 | 2 | 5 |
| B. Sensations | 20 | 8 | 9 | 20 | 16 | 12 | 17 |
| C. Nerve Thickening | 2 | 1 | | 1 | 1 | 1 | – |
| 2. **General Health** | 18 | 7 | 6 | 8 | 9 | – | – |
| 3. **Associated Diseases** | | | | | | | |
| Asthma Warts/Corns Colitis | 10 | 2 | 2 | 3 | 3 | 2 | |

NOTE : Overlap of criteria explain the discrepancy in the totals.

## HOMOEOPATHIC MANAGEMENT : STANDARDIZED PERCEIVNG

As a result of our clinical experience in the Homoeopathic Management of 220 patients of Leprosy since 1976, we are able to make certain formulations which allow us to proceed with relative ease in the management of these patients, otherwise difficult to handle effectively. These recommendations are based on our clear appreciation of the Philosophy of Chronic Diseases as presented by Hahnemann and interpreted by Roberts[1] and by Kasad[2].

1. All patients have a Tubercular foundation which demands Tuberculinum/Bacillinum in weekly doses in Neural Types and carefully stepped up repetition even daily : in Tuberculoid/Indeterminate type, depending on the state of susceptibility that obtains.

2. Lepromatous patients present with well-defined Sector Totality with a heightened sensitivity. The First Prescription is from the anti-syphilitic Group and is best administered in the 200 potency, repeated 4 hourly and monitored by the remedy-response. The same applies to Lepra Reaction (Natural/Dapsone).

3. Tuberculoid types present Syphilitic Miasm with low Susceptibility demanding repeated administration of the remedy in low potency.

4. Neural types present with Tubercular Miasm which demands weekly doses of Tuberculinum/Bacillinum, the Constitutional Remedy appearing very late in the course of therapy

5. Remedy-Relationships plays an important role in remedy-selection. Hence, the Case needs a full study right from the beginning so that effective Planning and Programming of Homoeopathic Treatment is undertaken.

6. Inflammatory swelling in connection with the thickened nerves often subside under the influence of antisyphilitic medication and demand continuation of treatment till the entire thing gets controlled. In our experience, Merc. iod. flavus is often indicated.

7. Differential indications of commonly indicated remedies are presented in Table No. 7.

## CONCLUSION

Homoeopathy offers a definite Cure for Leprosy. It is gentle, permanent, on well-defined principles, easy to comprehend and apply. Relapses hardly ever occur. Patients show all-round improvement, local as well as general and follow Hering's Law of Direction of Cure that leads to restoration of Health.

Homoeopathic Treatment can help all varieties of Cases, inclusive of those that have proved resistant to Allopathic Medication or show troublesome toxicity to it.

Homoeopathic Treatment proves the cheapest in terms of the cost of Drugs.

Homoeopathy is demanding on the Physician's time,

Aphorism 1 alone can effectively pay for this !



We hope to interest public authorities to take a greater interest in the setting of Homoeopathic Treatment Centres for Leprosy.

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2. Kasad, K. N.: Following Papers in the **Symposium Volume on Hahnemanni Totality**, 1978, I.C.R., Bombay: Symposium Council:

(i) Paper C. 1 : Disease (Natural and Drug), A Phenomenological Approa

(ii) Paper D. 2 : Repertorial Concept and Technique : The Bridge That Gul The Gap Between The Natural Disease And The Dru Disease.

(iii) Paper G. 2 : Homoeopathic Prescribing : Acute -- Chronic; Th Unbalanced Image : Standardized Prescribing.

## APPENDIX A

### SPECIAL SCR FORMAT: LEPROSY

Extensi

ONSET — Sudden/Gradual Spread
LOCATION
TYPE: Lepromatous / Tuberculoid / Indeterminate / Neural
TUBERCULOID : SKIN : LESIONS DEFINED OR NOT
Flat or Macular
Thick
Raised above surface
Colour
PERIPHERAL NERVES : Thickening
Sensory Loss
Heat and Cold
Blunt and Sharp
Touch :Light or Deep
Neuritis
Numbness
Burnings

LYMPH NODES
LEPROMIN TEST
LEPROMATOUS Biopsy: Lepra or Foam Cells
Skin: Diffuse infiltration / Thick patches / Nodules
Extensions: Eyes / Nose / Mouth / Larynx / Other organs
INDETERMINATE Ill-defined Lesions / Hypopigmented patches
Erythema macular without definite sensory loss
NEURAL NERVES: Thickness - Palpable Nerve Abscess
Pain: Burning / Sensory Loss
Emaciation Motor Loss
SUSBSIDED LESIONS : Area of Diffuse Infiltration
Atrophic Skin Patches : dry, shrivelled

## SPECIAL SCR : FOLLOW-UP CRITERIA

LESIONS

1. Number
2. Location- s
3. Size
4. Colour
5. Surface
6. Margins
7. Thickening
8. Sensory Changes : Heat–Cold Sharp–Blunt Light–Deep
   Numbness Burnings Neuritis
9. Nerves
10. Bacteriological Examination
11. Histological Examination
12. Lepromin Test
13. Sweat Test

| No. | 2 Mth. | 4 Mth. | 6 Mth. | 8th Mth. | 10th Mth. | 1 Yr. |
|---|---|---|---|---|---|---|
| | | | | | | |

## APPENDIX B

### ILLUSTRATIVE CASE REPORTS

CASE No. 1

Male, 25 yrs., Tuberculoid Leprosy with Contractures.

This case was referred by a Surgeon who had earlier witnessed cures with Homoeopathic Treatment. This patient was already under Standard Allopathic Treatment for 4 years. The Surgeon thought he would operate on the patient after the nerve function improves under Homoeopathic treatment. Merc. iod. flav. 30 was given 4 hourly. In 2–3 weeks his contractures became less, he was able to keep his fingers straight; wasting also reduced considerably. Tuberculinum Bov. 10 m was given weekly along with Merc. iod. flav. 30 for 2½ years continuously. Sensations of Touch and Pain returned within 2 weeks. The treatment was continued to secure improvement in motor function and wasting. 85% improvement was noted at the end of 2½ years. The treatment was discontinued when symptoms of throat trouble, indicative of over-effects of Merc. iod. flav., were obtained. On stopping the medicine, these symptoms disappeared within a week. The patient went to Dubai after wards and we lost track of him.



CASE No. 2

Male, 31 yrs., Borderline Lepromatous

This patient was referred by his employer for swelling of his feet and foot–drop. He under regular Dapsone treatment without much help. He had loss of sensation in both the limbs, especially in the lower limbs below the knees. Hanging down limbs increased the oedema. He was prescribed sling for his foot–drop.

He had pain and swelling in all joints, worse first motion and better by continued motion.

He was given Calc. fl 6x 4 hourly along with Tub. bov. 1 m. every week. His oedema disappeared soon. Foot–drop also disappeared in 1–½ months.

Six months later, patient developed pleural effusion after getting wet and recovered from the same with Allopathic Treatment. Oedema of the feet and pains recurred.

This time, he received only Calc. fl. 6 4 hourly ; Tub. bov. was not given in view of the history of Tuberculosis. He reeovered fast and is now quite well for the past 1–½ year.

CASE NO. 3

Male, 13 yrs., Tuberculoid Leprosy

This child had a light–coloured patch on his right knee for the last 5 years. The family Physician treated it as Vitamin deficiency. In his school when there was a Lecture on Leprosy, he demonstrated to others the absence of sensations. That is how his case was detected.

He came straight for Homoeopathic treatment and received Merc. iod. flav. 6–4 hourly and was advised to commence the treatment only after the Biopsy was done. In one week, everything became normal. The patient developed cough and cold while under treatment for two weeks. To combat this, the potency was raised to 30; Tub. bov. 10 m was given at weekly intervals as support. This treatment continued for 6 months. The patient is under observation for 5 1/2 years and is doing well.

CASE NO. 4

Female, 56 yrs., Macular Anaesthetic Patches : Tuberculoid Leprosy
Bronchial Asthma

Patient presented herself with anaesthetic patches on Right Arm, wrist and face in 1977 December and which had increased after treatment with Dapsone Her Asthma of the last 25 years was ameliorated in terms of intensity as well as frequency o paroxysms, with the onset of Leprosy. At present she had only an occasional attack.

Enquiry elicited the following characteristics :

1. Asthma attacks around 3–4 A. M.
2. Hot patient.
3. Moon Phases agg.
4. Depression in the past.

Her constitutional remedy was fixed as Kali bichromicum on the strength of the past symptoms. This was given in the 6th potency in frequent doses which were raised in potency progressively : 30, 200, 1 m, 10 m, 50 m. Tuberculinum 10 m was given in weekly doses.

Improvement in the Leprosy brought in recrudescence of her Asthma in increasing intensity and frequency. In addition, the presenting totality of the paroyxsms showed frequent changes, which called for appropriate changes in the Sector Totality Remedy. Thus, the following remedies were required : Merc. iod. flav , Hep. sulph., Arsenic iod., Arsenic album Antimony tart. in 30 and 200 potencies.

Now, with this treatment, both the troubles showed further improvement. The patient continues to be under observation and treatment.

CASE NO. 5

Male, 8 yrs. Tuberculoid Leprosy

This boy was referred by the skin specialist, as he was not responding to the regular treatment. He had one small anaesthetic discoloured patch on his right wrist with Ulnar nerve thickening quite marked. He was hot, lean and thin and apart from grinding of teeth, no other characteristics were available.

He was given Merc. iod. flav. 30 4 hourly and Tuberculinum bov. 1 m weekly. In 8 months sensations were restored, but the nerve thickening remained. He was now given Tub. Bov. 10 m every night, at times thrice a day. With this schedule, the nerve thickening became much less and the patch disappeared. The nerve, however, is still palpable.

# Testimony of Clinic

## A CASE OF PSORIASIS *

DR P. S. WADGAONKAR - (Pune)
B. Sc., L.S.G.D. L.C.E.H. (Bom.)

MISS S. S. S., Age 16 years was suffering from skin eruptions for 5 years. DIAGNOSIS - PSORIASIS, she was treated by Allopathic dermatologists, Ayurvedic and Homoeopathic Physicians. There was temporary Palliation with recurrence. She was brought to me on 21-9-81. Routine investigations and investigations for Culture Skin Clip and deep skin biopsy were done. Treatment started on 21-9-1981, and complete restoration by 30-12-1982. Since then there is no recurrence.

I. **CHIEF COMPLAINT :**

| Location | Sensation | Modality | Concomittant |
|---|---|---|---|
| Skin | DULL RED PAPULES | < Summer | Hair Fall. |
| ↓ | Reddish patches | | |
| U. Ext. Elbows | Covered with | | |
| ↓ | Silvery White | | |
| L. Ext. Knees | Scales. After | | |
| ↓ | Removal of Scales | | |
| Back | Bleeding Points | | |
| ↓ | appear. | | |
| Scalp | Itching | | |
| 5 Yrs. | | | |

II. **ASSOCIATIED COMPLAINTS :**

(1) Headache since 7-8 years, attacks once or twice a month, Hammering Pain. < Sunrise to Sunset. < mental & physical exertion with bodyache.

(2) Coryza Watery discharge, stuffing of nose since 7-8 years off and on- < Rainy season.

(3) Fever & Chill off and on once in 2-3 months. Temperature 101° to 102° With Nausea & Vomiting.

(4) Since one year tingling in extremities.

* A Case presented at 2nd Homoeopathic Scientific Seminar Maharashtra Jan. 1983.

**APPETITE** - reduced. MC—Scanty.
Leucorrhoea – Thin White bland Washable MC before.

Desires – **Warm food.**[2] PUNGENT[3]

Aversion – MILK[3] **Sweets**[2] **Veg**[2]

CHILLY – HC4. Allergy – Banana, Ground-nuts.

Irritable – Obstinate.

Anxiety – anticipatory.

Memory – Weak.

Decision – Unchangeable.

Contradiction – agg. Anger agg.,

Grief – Agg. Weeps – answers refuses.

**P./H /O.** Chicken Pox.

**F/H/O** : P.G.F. – Asthma, Chr. Bronchitis. C.C.F., Hypertesion.
M.G.M. – Fibroid , C C F.
P.U. – Ulcerative Colitis. Peptic Ulcer Ambliopia.
Mo – Sinusitis, Fever.

O/E Teeth – Caries,

Nails – White Spots,

Hair – Split, Falling,

Glands – CERVICAL +++

**TOTALITIES**

**Constitutional :**

CALC FLOUR :

BODY : DESTRUCTION : Teeth Caries
Hair Fall & Split
Nail Spots
Skin Erruption

CERVICAL GLANDS+++

DESIRES : **Warm Food**[2]
PUNGENT[3]

AVERSION : MILK[3]
**Sweets**[2]
**Vegetable**[2]

CHILLY : $C_4H$

MIND : HARDNESS : *Obstinate*
*Fixed Decisions*

Contradiction <

Anger <

Grief <

Answer Refuses



**Intercurrent :**

1. SYPHILLINUM : F/H/O Ulcerative Colitis
Hair Fall
Teeth Caries

2. THUJA : Asthma, Bronchitis
NAT. SULPH : Fibroid, Hypertension, C.C.F.

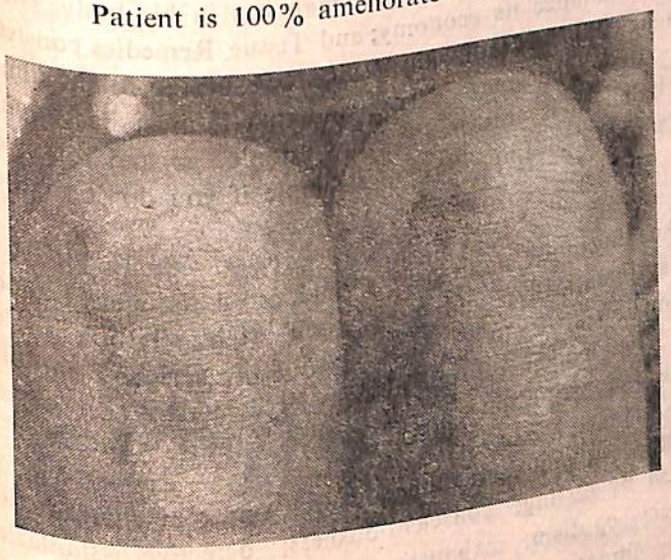
**Acute :**

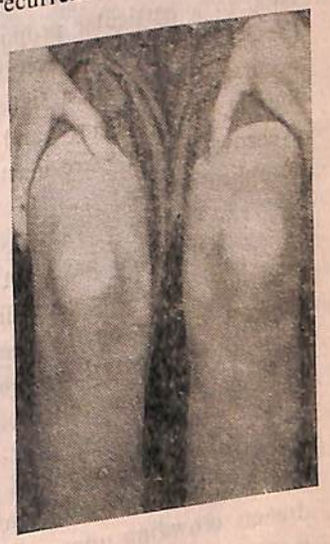
RHUS TOX : Skin Reddish Patches
ARS ALB : Erruptions with Scales, Itching
NAT MUR : Headaches < Sunrise – Sunset
↑ Hammering < Mental Exertion
with < Physical Exertion
Coryza

PROGRAMME OF TREATMENT

Cal. Flour 20 to C. M. Potency is given after observing remedy reactions Syphyllinum is given as Intercurrent up to C.M. Potency when amelioration was stopped. RHUS TOX 30 was given during acute recurrence of eruptions. After giving Cal. Fl. all associated complaints such as Headache, Coryza, Fever, tingling of extremities etc. were removed without recurrence.

Patient is 100% ameliorated last two years without recurrence.





# Can You Beat That

Prof. M. P. LAKHANI (New Delhi)
M. Sc. (Chem.), M Sc. Phy.)

I don't like doctors – I mean I don't like to go to them – No, I mean, I don't like to go to doctors, that is Allopaths, for treatment. I have more than half a dozen doctors – men and women – in my family. I like them; some of them have distinguished themselves in their profession. And some of my dear friends are Allopath doctors. So, the point of not liking them does not arise. I don't like Allopathic system of medicine. If I fall ill, I like to be treated by a less crude and a less brutal system of medicine. Life is already difficult, I would not want it to be made worse by the prospect of bitter medicines and long, vicious, pricking needles. No. I prefer Homoeopathy, and still more the system of Tissue Remedies. This last one, I have been practising myself for more than the last two decades. And I have achieved some wonderful and remarkable cures, after Allopaths threw up their hands, along with their arms. If I were to tell you about these cures, your mouth would water and you might decide to fall ill, in order to be cured by me, and have a Drawing-room topic to talk about 'such a wonderful cure'. But then, that is sure to bore your listeners, except those who are 'wonderfully' ill

Now, why do I like the Tissue Remedies system? It is so rational; it is so simple; it is so easy to administer. The learned say, that man has in his body twelve salts, in a particular proportion, that balance its economy; and Tissue Remedies consist of these 12 salts. Whenever there is a deficiency of any salt, one or the other ailment occurs. Sickness is a signal that some deficiency exists and that it must be supplied. Supply the deficiency and the balance is restored. Now, don't go and raise your eyebrows saying "Are matters so simple?". Life, indeed, is simple if you don't go about complicating it.

Of late, I have not been keeping quite as fit as I should, so I thought I should study my own case carefully and systematically, and put myself right. I took out the thickest volume on the Tissue Remedies to study and classify the various symptoms. Well, the ailments I was suffering from made a formidable list, from A to Z. Let me list them for your enlightenment and appreciation :

"Anxiety combined with agitation and fear; amorousness, anger at contradiction; anger with indignation; amelioration by resting; conscientiousness; defective assimilation; dreams crowding upon one another; egotism; exhaustion after overwork; fatigue after mental work; gesticulation; hasty; impatient; indiscreet; jerking in sleep; mistrusting; nervous; offended easily; peevish; snoring; talkative; vehement; weariness in ankle joints; 'zidi'."



All the symptoms are due to lack of only two salts in my body–in the language of the learned, they are called Natrum Muriaticum and Silicea; but vulgarly known as the common salt and the common earth; respectively. All that I need to do now is to put a wee bit of the common salt and the common earth in a four–ounce bottle of distilled common water, and take a teaspoonful of the solution, three times a day, and presto ! I am cured !! All these symptoms disappear!!! Now, can you beat that ? My wife has different views on the matter, though; she says, our body is made of so much earth and we bolt enough salt down our throat every day, and if that can't do you any good, what can one millionth part of salt and earth in four ounces of water do ? Ignoramus ! There are more tricks between health and disease than mice and man can think of.

" The Sick should be the D Soctor's books. " **– Paracelsus**

* * *

" When we cannot find contentment in ourselves, it is useless to seek it elsewhere." **Francois de la Rocheffoucauld**

* * *

" BELIEVE, when you are most unhappy, that there is something for you to do in the world. So long as you can sweeten another's pain, life is not in vain.... Robbed of joy, of courage, of the very desire to live, the newly bereaved frequently avoids companionship, feeling himself so limp with misery and so empty of vitality that he is ill–suited for human contacts. And yet no one is so bereaved, so miserable, that he cannot find someone else to succour, someone who needs friendship, understanding and courage more than he. The unselfish effort to bring cheer to others will be the beginning of a happier life for ourselves.... Often when the heart is torn with sorrow, spiritually we wander like a traveller lost in a deep wood. We grow frightened, lose all sense of direction, batter ourselves against trees and rocks in our attempt to find a path. All the while there is a path – a path of faith – that leads straight out of the dense tangle of our difficulties into the open road we are seeking. " **Helen Keller**

# Green Revolution by Homoeopathy

Dr. K. S. KHALSA *
B. M. S.

In modern scientific age, out of the world recognized systems of medicine, Homoeopathy has acquired a great advancement in the line of ours within a short time. This system of medicine is very simple, gentle, economic, non-toxic, free from side effects and is based on Atomic Theory.

Its principle SIMILIA SIMILIBUS CURENTUR was established by the learned and famous physician Dr. Hahnemann, a German, after experimenting on human beings, continued thinking and deep study of the obtained results for many years. The people and Homoeopaths all over the world pay their tribute to that great man Sameul Hahnemann in the month of April for his contribution to suffering mankind. His disciples were and are busy in continuous study, thinking and research and are spreading the light of knowledge all over the world by serving the poorest with cheapest medicines even in the interiors of the country where modern facilities are meagre. This system of medicines has not only the capacity of making every being healthier or making the prevention of disease possible but amazing results even on animals and plants have been observed. Being based on atomic theory, only infinitisimal quantity of medicine is capable of preventing the disease and keeping the vital force in strong and healthy condition. Complete cure is possible only in this system of medicine, because other systems only treat while this system cures also permanently. According to an old Chinese proverb **'To treat is a Labourer's work while to cure is an architect's work."**

Dr. A. D. Khan, a respected member of Ujjain unit, after long research and experiments has verified that mixture of certain homoeopathic medicines has been found to be very beneficial to the crops vegetables, and fruits. If Government, after due verification, accepts this research for the use on large scale, a fantastic green revolution in the field of agriculture can be made, solving the food crisis of the nation. Dr. Khan, through Ujjain unit, is ready to show the results of green revolution with his undermentioned formula to the Government with condition that Govt. should agree to open its dispensaries, hospitals and colleges with a separate and sufficient budget for encouragement of homoeopathy, like allopathy.

Dr. A. D. Khan has laboured hard continously for 18 years in getting the results of green revolution after long research and experimentation of mixture of certain homoeopathic medicines in different potencies.

* Secretary Ujjan Unit and Vice-President, M. P. State Branch Homoeopathic Medidal Association of India.



The formula is as follows :

(1) Silicea in 98000 potency (2) Zinc. Phos. in 99x potency (3) Mag. Phos. in 50x potency (4) Strophanthus in 8x potency (5) Natrum Phos. in 13x potency (6) Lacithin in 200" (7) Sol in 15000 potency.

Capsules or tublets of 5 grain can be made of the mixture of the powders of above medicines. This capsule or tablet is to be dissolved in 10 litres water by biochemic method in the order 1: 3: 3: 3. Spraying of this solution only 5 times on the leaves of the plants is sufficient for the crop. In general, where chemical fertilizers, costing Rs. 300/400 are required for one crop in one bigha land, the cost of this mixture comes out to Rs. 60/70 only, thus curtailing 80% cost on the fertilizers. Though to believe difficult, but even male-papaya tree has yielded sweet and tasty fruits at some places as claimed.

Following are the main advantages of the use of homoeopathic capsule for green revolution:

1. The yield of the crop is increased to 25 to 60%.
2. In comparison to expenses on chemical fertilizers, the cost of fertilizer is minimised to 20%.
3. The diseases of the crops are eradicated to the extent of 80% in comparison to the use of chemical fertilizers.
4. Harvesting of the crops is about a fortnight earlier on the use of homoeo. capsules than the use of chemical fertilizers.
5. When chemical fertilizers are used, more than 5 times irrigation is necessary, while in the use of homoeopathic capsules, only 3 times irrigation is sufficient. Thus there is economy of water, electricity, energy and labour. Sardar Mangalsingh Khanuja, Kanuja farm, Post Kasrawad, Dt. Khargone had used homoeopathic mixture on the crops on comparative basis and found that the land treated with chemical fertilizer needed 125 kg seed and 5 times irrigation yielding 1400 kg. crops, while 1/3rd land treated with homoeopathic mixture needed 40 kg. seed and 3 times irrigation yielding 700 kg. crops. The land ratio being 3 : 1

   Low cost, low labour, little water, less electricity, and maximum crop gives us cent per cent or even more profit.
6. The quality of the yield (vegetable, fruit, grain) is well formed and tasty.
7. The quality of the yield is better as compared to the yield as a result of chemical fertilizers.
8. In the chemical fertilizers, the quantity is to be increased every year while the quantity of capsules are to be decreased every year. 120 capsules are

needed in the 1st crop, 100 capsules in the second crop, 80 capsules in the 3rd, 4th and 5th crop and any further use of capsules is not needed in the 6th, 7th and 8th crop. But the yield is the same as in the first crop, thus the fertility of the land is preserved.

9. The seed of the crop becomes hybrid in each crop when homoepathic capsules are used.

10. The continuous use of the chemical fertilizer make the soil hard which also injures the feet of the farmers, but when the homoeopathic capsules are used, the fertility of land increases every time, the soil remains soft and farmers get rid of the injury to their feet.

Dr. Om Prakash Sharma, village Kasravad, Dt. Khargone, M.P. got 9" long beans and 3 ft. long bottlegourd with the usual taste maintained by the use of the above homoepathic mixture.

Dr. B. L. Jain, Dewas M. P. got tasty and larger maize cobs by the use of same mixture. Shri Bhagwatiprasad Sharma, Vivil Hospital, Shajapur M. P. has got a considerable change in the flowers and the brinjals by the use of this mixture for 12 days continuously. Shri D. G. Dange, LIC Ujjain has informed in writing to Ujjain unit regarding the yield of sweet and larger papayas and fragrant flowers of rose, Jasmine, mogra etc in larger quantity.

Not only the farmers of East and West Nimar but the farmers of Maharashtra have started taking profit by the use of these capsules.

The Homoeopaths should co-operate with each other, following the principles of Hahnemann, making their joint contribution for a healthier nation by helping in the eradication of tropical diseases and should strive by heart head, hand and soul for curing the nation of its tropical illnesses, bringing a socio–economic change in the society. This can be the only tribute to HAHNEMANN, the father of Homoeopathy.

"Let your words be of velvet and your arguments of steel."

– **Swami Sivananda**

* * *

"As a man thinketh in his heart, So is he."

– **Solomon**

## READER'S PAGE

Dr. P. G. Bhalerao
Swanand Society, Sahkarnagar, No. 2
Parwati, Pune 9

7th Nov. 1983

**Re : Case presentation by Dr. Urjita Jain, M.D., D.G.O. of Smt. YMK**

Dear Sir,

The case as presented with personal history, family history, life situation and the present symptoms was studied and it was found that the remedy i. e. Ferrum Met, selected by the physician, was not the similimum but a similar remedy. The repertorial working of the characteristic symptoms, analysis and the final differentiation works out more in favour of Lycopodium than Ferrum Met. Lycopodium is also more favoured because of the past history of Jaundice, appendicitis and Koch's abdomen, pain in right shoulder and the causative symptom, i.e. ailments from grief. Lycopodium is also antisycotic as Ferrum Met.

If Lycopodium would have been prescribed, the period of the disease would have been shortened. Pulsatilla, an acute remedy, is also more related to Lycopodium.

Actually, it appears that Pulsatilla and Thuja both have worked to the complete cure of the disease.

We do not know whether examined the case thoroughly through repertorization. If you had done it, you would have arrived at Lycopodium definitely.

We hope that you will go through the case again and will offer your remarks.

Thanking you,
Yours faithfully,
(P. G. Bhalerao)

**Reply from Series Editor (in conjunction with Dr. Urjita Jain)**

For every case which we treat, it can always be argued that another remedy could have helped better; this is a self-defeating argument as it is inconclusive. When a case has not been helped, we would definitely review the case, rework it and find a better suited remedy; but where a case has shown a gratifying result, I think reworking it is a waste of time.

As far as this specific case is concerned :

1. Lycopodium is a Hot remedy, here patient is Chilly.
2. Patient was actively treated from 14-8-'82 to 13-9-'82 – 1 month is not long by any standards, for an ailment 7 yrs old.

3. Refer to Boenninghausen's Therapeutic Pocket Book -Relationship Chapter Ferrum – Puls – Thuj are closely related.

4. See the follow up carefully: on 14–8–'82 Puls relieved the acute pain, no further 7 till3 1–8–'82, when Fer Met was given, repeated every night; by 6–9–'82 marked 7; balance was cleared up by Thuj and Fer M again every night. From the follow up it is quite clear that Thuj helps to remove anti-sycotic block, but basically Fer Met relieves the pain.

5. Repertorization was done fully, only the repertory sheet is not attached, and only the Chronic Chilly Group was represented in the Journal. In the Reportorial working, Lyco gets $6^{14}$ and in PDF Lyco gets $4^{7}$.

6. For any further doubts, the remaining follow-up is given, and the readers can draw their own conclusions.

| | | |
|---|---|---|
| 5–3–83 | No Pain abdo | No ℞ |
| 3–11–83 | No Pain, No Pigmentation | No ℞ |
| 5–1–84 | Well. Weakness | Alpha Alpha BD. |

7. In conclusion, I have only to say that Fer. M is not a very well proved remedy, therefore little used. From our clinical experience we have expanded its symtomatology. Our readers are well advised to the same.

## OBITURY

Dr. S. P. Chatterjee (Satya Pada Chatterjee), Joint Secretary General of Homeopathic Medical Association of India, died on 15th September, 1983 at Tata Main Hospital, Jamshedpur.

Born on 2nd September, 1926. In his early life he joined Military, then resigned and started business. Lastly joined TISCO at Jamshedpur in 1954. Since then he practically devoted his life for advancement of Homoeopathic Science.

From the beginning of Homoeopathic Organisation Dr. Chatterjee devoted for its cause. During the critical days of the organisation he stood above groups and gave a lead, always trying to keep it a non–political organisation. He stood for the formation of a National Organisation i. e. Homoeopathic Medical Association of India and fought for its ideal thinking. From the grass-roots of local Unit Secretary he, by dint of his devotion to the Science and untiring efforts, rose to the most prestigious post of Joint Secretary General of Homoeopathic Medical Association of India. He was also Advertisement Editor of Indian Journal of Homeopathy. Dr. Chatterjee was the principal organiser of 1st All India Homoeopathic Congress 1978 and 2nd Bihar State Conference 1981 of Homeopathic Medical Association of India held in Jamshedpur. He was the first Homeopath who received viable recognition from TISCO.

He served the people through his two clinics, one in Patna and other in Jamshedpur.

He is survived by his wife, six sons and one daughter.

# Abstracts & Extracts

## 1. POLLUTION & HEALTH HAZARDS

A Recent report in the British Medical Journal deserves to be noted by all those who are concerned about pollution and its health hazards in this country. The well-documented report has established a close correlation between poisonous lead contained in the exhaust fumes of cars and the level of intelligence of children. Lead compounds, routinely added to petrol as anti-knocking agents, have been found to retard the mental development of children who breathe the air polluted with exhaust fumes. The link is brain damage but the exact mechanism through which this comes about is not yet understood. Ninety per cent of the lead present in the atmosphere comes from petrol fumes. What is more alarming is that almost three-fifth of all the lead found in children is accounted for by petrol fumes.

The thousands of tonnes of lead dust that are not swallowed by people in the cities of the West get accumulated in the environment and enter the food chain, poisoning people even further. The situation in India's big cities is unlikely to be qualitatively different. But this country has, regrettably, not imposed a ban on the use of lead additions as have the U.S., Japan, the USSR, Sweden and Australia. The time to do so is now after all, there are reasonably cheap and safer substitutes for lead.

**– The Times of India, 30–3–1983**

## 2. TRANSPLANTS QUESTIONED

Three cardiologists at the Papworth Hospital England, urge that the Heart Transplant program there be discontinued, and the money now spent on transplants used to strengthen preventivc measures and conventional treatment of heart disease **(London Observer, Aug. 1982)**. Not only is the present survival rate discouraging, but patients have a tendency to emotional disturbances. One doctor noted that the majority of people he knows in cardiovascular medicine feel that the results of heart transplants do not warrant their continuation. It is encouraging to note that some doctors are willing to buck the side of "scientific progress" and admit that a "successful" operation may be a disaster for the patient. The first heart transplant was performed in 1967. Nineteen months later it was reported that the patient's "new" heart was beginning to show recurring signs of the disease which necessitated the transplant.

Regardless of occasional ethical and practical protests from doctors, transplants of several sorts continue. It stands to reason that use of organs taken from bodies of others would have a variety of effects. Every cell and organ in the body bears the impress of the psychic as well as the physical condition of the person. A wide range of possible invisible influences may be present in the organs of the human body.

### 3. GENE-SPLICING

The line drawn between the "living" and 'non-living" is fading. "Chemistry and Physiology" are the two great magicians of the future, who are destined to open the eyes of mankind to the great physical truths. "The technique of gene-splicing" implies a modification of organisms, that was unimaginable a hundred years ago. The need for restraint in this sort of experimentation is the subject of a special issue of **"Environment" (July/August 1982)**. "Most of the public", the editor comments, "has a deep suspicion of things biochemical and matters dealing with recombinant DNA." As the public suspects, little is known about what actually happens in gene-splicing. Agreeing that caution is in order, the contributors to "Environment" recommend strict controls on such interferences with natural heredity.

### 4. SPLIT-BRAIN STUDIES

In his acceptance speech for the 1981 Nobel Prize for medicine, Roger Sperry discussed the far-reaching implications of new studies of the brain. **(Science, Sept. 24, 1982)** Radical brain surgery, which severs the nerve tissue connecting the two hemispheres, shows that the brain interacts with consciousness and is not entirely "pre-programmed" by the neurological structure. Follow-up tests indicate that without the linking band of nerve tissue, each hemisphere tends to function as a whole brain, and appears "to be using its own precepts, mental images, associations, and ideas." This cannot be explained, Sperry said, by the "so-called classic view in neurology of a dominant, or major left language hemispere and a subordinate, or minor non-language hemisphere" of the brain. Noting the 'growing wave of semi-popular speculations," he said:

'The left-right dichotomy in cognitive mode is an idea with which it is very easy to run wild. Qualitative shifts in mental control may involve updown, front-back, or various other organizational changes, as well as left-right differences. Furthermore, in the normal state, the two hemispheres appear to work closely together as a unit, rather than one being turned on while the other idles.

**The Causal Agent**

While Dr. Sperry avoids postulating "mind" as an entity or principle, he seems to be skeptical of a purely mechanistic explanation of mental processes. He observed that the more scientists learn about human nature, the more they respect "the inherent individuality in the structre of the human intellect." Mental differences and abilities in humans are so striking, he said, that distinctions in facial features and even in fingerprints are "simple by comparison". Sperry suggests that consciousness functions as a causal agent in its relation to the brain.

'In effect, and without resorting to dualism, the mental forces of the conscious mind are restored to the brain... from which they had long been excluded on materialist-behaviourist principles. Basic revisions in concepts of causality are involved in which the whole besides being "different from are greater than the sum of the parts", also causally determines the fate of the parts.'



**Beyond Behaviourism**

While metaphysics can scarcely be excluded as the means of explanation of the depths of character evinced by human beings, admiration is due to scientists who have the courage to recognize dignity and moral value in mankind and to seek an explanation. In conclusion, Dr. Sperry says that the recognition of a whole world of inner experience is gaining wider acceptance:

'The results add up to a fundamental change in what science has long stood for throughout the materialistic-behaviourist era. The former scope of science, its limitations, world perpectives, view of human nature, and its societal role as an intellectual, cultural and moral force all undergo profound change. Where there used to be conflict and an irreconcilable chasm between the scientific and the traditional humanistic views of man and the world, we now perceive a continuum. A unifying new intepretative framework emerges with far-reaching impact not only for science but for those ultimate value-belief guidelines by which mankind has tried to live and find meaning.'

---

" If we want to know what happiness is we must seek it, not as if it were a pot of gold at the end of a rainbow, but among human beings who are living richly and fully the good life. He will not be searching for happiness as if it were a collor button that has rolled under the radiator. He will have become aware that he is happy in the course of living twenty-four crowded hours of the day.

Just as no one can be happy in work which is centred entirely about his own person and deals exclusively with the satisfaction of his own immediate needs, so no one can be entirely happy in tocial relations which focus only in himself and his immediate and narrow sphere of influence. To find happiness we must seek for in a focus outside ourselves.....

If you live only for yourself you are always in immediate danger of being bored to death with the repetition of your own views and interests. Choose a movement that presents a distinct trend toward greater human happiness and align yourself with it. No one has learned the meaning of living until he has surrendered his ego to the service of his fellow-men. "

**W. Beran Wolfe**

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2. **The Building Committee**
   1. Shri B. G. Bhatt
   2. Shri R. G. Patel
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3. **The Accounts Sub-Committee** :
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4. **The Research and Development Committee** :
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   3. Dr. (Mrs.) Vishpala Parthasarathy
   4. Shri N. H. Kisnadwala
   5. The Principal (Ex-Officio)

**Appointments made to the teaching posts** :

1. Dr. S. M. Sanjanwala, M.D., D.G.O., part-time Lecturer in Physiology with effect from 16-4-1984.
2. Dr. Pankaj Shroff, M. S., -Part-time Lecturer in Surgery with effect from 1-10-1983.
3. Dr. N. P. Shukla, L.C.E.H., Jr. Lecturer in Pharmacy with effect from 1-10-1983.
4. Dr A. S. Nanabhai, Demonstrator in Physiology with effect from 1-10-1983.

**Post of Part-time Compounder** :

On account of a heavy rush of out - patients on certain days, the Council sanctioned a post of a part-time compounder on temporary basis on Rs. 150/- p.m.

**Construction work** :

The work of the first floor of the hospital is almost complete and tiles are being fixed to the walls. Half the portion of the ground floor on the west side which is being tempororily used as lecture rooms will be converted into a part of the hospital after these lecture rooms are shifted to the old college building, where three lecture rooms are almost ready. The work of construction of the auditorium is in progress.

The work of construction of roads in the campus by raising its level to the level of the municipal road is now completed.

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